STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145011	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Care of Evanston	500 Asbury Street Evanston, IL 60202

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to implement facility abuse policy post resident to resident physical altercation. This failure affected one (R2) of three residents reviewed for abuse. Findings include:Facility reported incident on 3/15/26 between R1 and R2, it was reported to administration that an altercation occurred, both residents separated immediately and nurse on duty completed head-to-toe assessments. Both residents sent to hospital for evaluation. MD and family notified. On 4/23/26 at 11:50AM, V1 (Administrator) said that abuse assessments and care plans should be updated at minimum quarterly, annually and post any incident or significant change. V1 said that facility abuse policy indicates resident assessment should be updated post incident to reassess residents. V1 said she is aware it was not completed for R2. On 4/23/26 at 12:03PM, V3 (Social Service Director) said that social services is responsible in updating abuse care plans and abuse assessments post any incident or significant changes. V3 said she is unsure why it was not completed for R2. On 4/23/26 at 2:40PM, V2 (Director of Nursing) said that the residents abuse care plan and assessments should be updated after incident to reassess and identify the risk levels for abuse, based on facility abuse policy. R2 is a [AGE] year old, admitted to facility on 1/23/26 with the following diagnosis in part but not limited to: encounter for palliative care, anemia, hypothyroidism, unspecified protein-calorie malnutrition, hypokalemia, Parkinson's disease, acute on chronic diastolic congestive heart disease, pleural effusion, gastro-esophageal reflux disease, pressure ulcer of sacral region, generalized edema, pneumonitis due to inhalation, chronic kidney disease.R2 Social Service Assessment/abuse screener dated 1/27/26- indicates low risk.R2 abuse care plan- not available. Facility Policy on Abuse and Retaliation- revised 1/2026GuidelineTo provide information for the facility on managing abuse. PolicyThis facility affirms the right of our residents to be free from verbal, physical, sexual, mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion, or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. To do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property and mistreatment of residents. This will be done by:-establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment. - identify occurrences and patterns of potential mistreatment.- immediately protecting residents involved in identified reports of possible abuse, neglect, exploitation, mistreatment, and misappropriation of property. - implementing systems to promptly ad aggressively investigate all reports and allegations of abuse, neglect, exploitation, misappropriation of property and mistreatment, and making the necessary changes to prevent future occurrences. V. PreventionAbuse may be prevented by instituting the following systems:-Identify, assess and care plan appropriate interventions for residents with the following behaviors/situations:-verbally aggressive behavior-physically aggressive behavior The facility will take steps to prevent potential abuse while the investigation is underway, -Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his or (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	her safety, as well as the safety of other residents and employees of the facility. In addition, the facility shall take all steps necessary to ensure the safety of residents including, but not limited to the separation of the residents. -Residents who are the victim of abuse will be examined for any signs of physical or psychological injury. Increased supervision for the victim will occur. Room od staffing changes will occur if needed to protect resident from alleged perpetrator. Emotional support and counseling will be provided.