

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Generations at Regency		STREET ADDRESS, CITY, STATE, ZIP CODE 6631 Milwaukee Avenue Niles, IL 60714	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50519</p> <p>Based on interview and record review, the facility failed to prevent and protect a resident from resident-to-resident physical abuse. This failure applied to two of two (R1, R2) residents reviewed for abuse.</p> <p>Findings include:</p> <p>Facility reported incident (FRI) dated 10/11/2024 documents: R1 reported to the nurse that R2 slapped her in the face. R1 was noted to have a scratch to the left side of face.</p> <p>R1's face sheet dated 01/08/2025 documents that R1 is a [AGE] year-old female admitted to the facility on [DATE] with diagnosis history of Hypertensive heart disease, dyslipidemia, gastroesophageal reflux disease, chronic obstructive pulmonary disease, chronic kidney disease and depression.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents that R1 has a Brief Interview for Mental Status (BIMS) score of 9 (moderate cognitive impairment).</p> <p>1/06/2025 at 12:05 PM V9 (Licensed Practical Nurse/LPN) said that R1 does have behaviors during her shift and speaks the same language as R1 and able to communicate well. R1 is alert but forgetful and has no aggressive behaviors. R1 experiences behaviors during the PM shift/sundowning such as crying and talking continuously. V9 (LPN) translated for R1 and said that R1 was using the restroom and was coming back to her bed when R2 got upset, slapped her face and left two red marks to the face. R1 said that the nurses were putting medication on her face but the scratch is healed and the roommate is no longer in the room.</p> <p>R1's nurses notes dated 10/11/2024 documents: R1 noted to have small red scratches on left side of the face, and order for bacitracin medication twice a day for 7 days.</p> <p>R2 is a female admitted to the facility on [DATE] with the diagnosis history of dementia, strokes, atrial fibrillation, end stage renal disease on hemodialysis, diabetes, depression, arthritis, heart failure, hypertension, and Hyperlipidemia.</p> <p>R2's Minimum Data Set (MDS) dated [DATE] documents that R1 has a Brief Interview for Mental Status (BIMS) score of 8 (moderate cognitive impairment).</p> <p>(continued on next page)</p>

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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/06/2025 at 11:55AM R2 was sitting at the edge of the bed and waiting for lunch, verbalized being tired and did not want to talk regarding the incident with R1. R2 said, I do not remember anything, leave me alone.</p> <p>1/07/2025 at 3:00 PM V8 (Certified Nursing Assistant/CNA) said, I witnessed R1 and R2 fighting and R2 said that she had dialysis and was very tired and wanted to sleep but R1 was talking and talking, when R2 threw a cup of water on R1 and scratched her face. V8 said that R1 was upset that R2 had three sons visiting and was inside of the bedroom. R1 started to talk and R2 didn't understand R1 and they started to fight. It was the only time I have seen R2 getting aggressive and R1 is never aggressive.</p> <p>01/07/2025 at 3:33PM V11 (Licensed Practical Nurse) said that R1 called and notified V11 that R2 hit R1's face with her hand. V11 stated that R1 and R2 were separated and one scratch was noted to R1's left side of the face. V11 notified supervisor and V1 (Administrator). V11 said that R2 was tired and wanted to go to sleep and R1 was talking nonstop. R2 got upset and had a fight with R1 and the language barrier between that made it worst.</p> <p>01/06/2025 on 1:27PM V4 (Social Services Director) said that was not aware of any incident involving R1 and R2 because he was out town on vacation (10/09/2024-10/20/2024) and V3 (Assistant Administrator) and V1 were covering for him during that time.</p> <p>01/07/2025 at 3:30PM V2 (Director of Nursing) said that R1 and R2 had no previous aggressive behavior and R2 was moved to the first floor and no aggressive behavior was noted for R2. R2 stayed on the first floor and returned to the fourth floor on 10/24/2024. V1 and social services were the ones responsible to evaluate and decide if resident is safe to return to the same unit prior to moving R2 with another resident.</p> <p>01/07/2025 at 3:35PM V1 sad that R2 moved back to the unit after the interdisciplinary team met and social service completed an evaluation. Facility completed behavior assessment and monitor for R2's behaviors. V1 was not able to provide notes of the meeting or social services assessment.</p> <p>On 01/07/2025 at 3:35PM V1 (Administrator) presented policy titled: Facility Abuse Prevention Guidance (Revised October 2022), which reads: Policy Statement: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order 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, deprivation of goods and services by staff and mistreatment of residents. This will be done by: -Orienting and training employees on how to deal with stress and difficult situations, and how to recognize and report occurrences of abuse, neglect, exploitation, and misappropriation of property.</p> <p>-Establishing an environment that promotes resident sensitivity, resident security, and prevention of mistreatment.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention (77 Ill. Adm. Code 300.330). Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment (42 CFR 483.12 Interpretive Guidelines)</p>		