STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145268	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenview Terrace	1511 Greenwood Road Glenview, IL 60025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its abuse prevention policy by not providing an environment free from abuse to protect one resident (R2) from physical abuse by another resident (R1), resulting in R2 being hit several times by R1. Findings include:R1 was an [AGE] year-old former resident of the facility, deceased [DATE], with medical diagnosis including but not limited to encounter for palliative care; cognitive communication deficit; anxiety disorder; and depression.R2 is an [AGE] year-old resident of the facility with a Brief Interview for Mental Status (BIMS) score of 15/15, with medical diagnosis including but not limited to unspecified fracture of first lumbar vertebra; nondisplaced fracture of sternal end of right clavicle; displaced simple supracondylar fracture without intercondylar fracture of left humerus; and history of falling.On [DATE] at 10:18 AM, R2 said he was asleep in bed at night on [DATE], when his roommate, R1, fell from his wheelchair to the ground, crawled over to R2's bed, and began hitting R2's legs with his fists, about ten times, boom, boom, boom, boom (motioning with his fists). R2 said he felt a little pain but was more afraid than anything.On [DATE] at 11:05 PM, V2 (Executive Director) said on [DATE] at around 10:00 PM, V20 (CNA) was putting R1 in bed, then stepped outside the room to retrieve two pillowcases R1 had requested. V2 said before V20 re-entered the room, she heard R2 cry out. V2 said upon entering the room, V20 saw R1 on R2's side of the room, holding on to R2. V2 said V20 then separated R1 and R2, called V22 (Floor Nurse), and removed R2 from the room.The facility's final investigation notes noted, in part, V20 said when she entered the room, R1 requested two pillowcases; she stepped away briefly to obtain them, and, upon reentering, heard R2 say R1 was grabbing him. The investigation notes further stated V20 immediately separated the two residents and reported the incident to V22.The facility Abuse and Neglect Policy statement, revised [DATE], states in part, It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse.

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