

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/31/2025
NAME OF PROVIDER OR SUPPLIER  River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  50 North Jane Elgin, IL 60123	

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>Based on interviews and record reviews, the facility failed to protect R2's right to be free of abuse from another resident. This applies to 1 of 4 residents (R2) reviewed for physical abuse. The findings include: The facility's Incident Report to IDPH (Illinois Department of Public Health) on 11/14/2025 showed that on 11/10/2025, R3 grabbed R2 by the neck, and the local police were called. On 12/27/2028 at 12:10 PM, R2 said when R3 came to R8/R9's room to see R9, R8 (R9's roommate and R2's girlfriend) told him to get out. R2 stated when he tried to intervene, R3 got upset and punched him in the neck. R2's Face Sheet showed R2 had been residing at the facility since 03/17/2017 with mental health diagnoses including schizoaffective disorder, depressive type, personality disorder, schizophrenia, post-traumatic stress disorder, disorder of psychological development, and suicidal ideation. R2's MDS (Minimum Data Set) dated 12/17/2025 showed R2's cognition is intact. On 12/28/2025 at 1:00 PM, R3 said he went to see R9 in the room, and R8 told him to get out of the room. R3 acknowledged R2 was present and when R2 tried to intervene, R3 got upset and hit R3 on the neck. R3 said he was sent to the hospital for evaluation and that his pass privileges were revoked. R3's Face Sheet showed R3 had been residing at the facility since 10/22/2025 with mental health diagnoses including schizoaffective disorder, anxiety disorder with depressed mood, and adjustment disorder. On 12/28/2025 at 3:30 PM, V9 (Registered Nurse) stated that staff told her R3 was aggressive and pushed R2 by the neck. V9 said the social worker intervened and separated them, and R3 was sent to the hospital for psychiatric evaluations. On 12/28/2025 at 3:00 PM, V1 (Administrator) said that, upon investigation, the incident was substantiated. V1 said the facility failed to provide a safe environment free from abuse for R2. V1 said it is the facility's policy to maintain a secure environment for residents and to ensure they are free from abuse by residents and staff. The facility's Abuse policy dated 01/2020 in part showed that the residents have a right to be free from verbal, physical, sexual, mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion, or mistreatment.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 145308	If continuation sheet Page 1 of 1