

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 02/18/2026
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent a resident from being abused by another resident in accordance with facility policy. This applies to 1 of 5 resident (R5) reviewed for abuse in the sample of 9. The findings include: The facility filed a report dated January 12, 2026, to the department that described an incident between R8 and R5. The report showed on January 11, 2026, while in their shared room, R8 hit R5 on the forehead without provocation. R8's EMR (Electronic Medical Record) showed R8 was admitted to the facility on [DATE], 2026, and was discharged from the facility on January 15, 2026. R8 had multiple diagnoses including major depressive disorder severe with psychotic symptoms, alcohol and cocaine abuse, chronic obstructive pulmonary disease, and asthma. R5's EMR showed R5 was admitted to the facility on [DATE], with multiple diagnoses including major depressive disorder, chronic obstructive pulmonary disease, history of malignant neoplasm of the breast, history of healed femur fracture, history of alcohol abuse, cannabis abuse and anxiety disorder. On February 11, 2026, at 2:30 PM, R5 stated prior to the altercation R5 and R8 were friends and shared a room. R5 stated on January 11, 2026, when R8 came back from community pass R8 was talking loudly and seemed anxious. R5 stated since she and R8 were friends, R5 thought she would be able to calm R8 down. R5 stated she went to the doorway of the bathroom to talk to R8. R5 recalled as R8 came out of the bathroom R8 reached out and pulled R5's hair and hit her on the forehead. R5 stated she quickly left the room and went to get staff assistance. R5 stated she was surprised by R8 and upset by R8's actions. R5 stated she was not injured by R8. On February 10, 2026, at 11:30 AM, V1 (Administrator) stated the incident between R5 and R8 was substantiated for abuse. The facility reported an incident on January 11, 2026, between R5 and R8. An altercation with R8 was the perpetrator and R5 was the victim. R8 was discharged from the facility on January 15, 2026. The incident was investigated and reported as required to the department. R5 stated what R8 did was a surprise to everyone, both staff and R5. R5 stated R5 was a CNA and there was nothing the facility could have done differently to prevent the incident. The facility report indicated abuse was substantiated and that R8 had been discharged from the facility. R5 had no injury related to the incident. The facility's policy titled Abuse Prevention and Reporting dated February 2, 2026, showed the facility affirms the rights of the residents to be free from abuse and establish an environment that promotes resident safety and security.</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
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