

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Symphony Northwoods		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 Pearl Street Belvidere, IL 61008	

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>35178</p> <p>Based on interview, and record review the facility failed to ensure a resident (R2) was free from physical abuse for 2 of 6 residents (R1 and R2) reviewed for abuse in the sample 6.</p> <p>The findings include:</p> <p>The facility's Abuse Investigation dated 03/01/2025, showed, around 6:00PM, R1 and R2 were in the dining room at the table. R2 started to wave at R1. R1 was looking down then sat up and noticed R2. R1 suddenly slapped R2 in the face and her glasses fell to the floor. When asked why he hit R2, R1 stated, she had it coming.</p> <p>On 03/13/2025 at 2:24PM, V5 CNA-Certified Nursing Assistant said, R1 and R2 were sitting at the table together. I was down the hall walking towards them. R1 slapped R2 knocking her glasses off. R1 has other aggressive behaviors. We constantly observe him for aggressive behaviors.</p> <p>On 03/12/2025 at 9:00AM, V1 Administrator said, It just came out of the blue, knocked off the glasses. We just did a GDR-Gradual Dose Reduction on R1 ' s quetiapine (anti-psychotic), decreasing it from 50mg to 25mg.</p> <p>R1's current Care Plan on 03/12/2025 shows, R1 exhibits and has a history of behaviors including verbal and physical aggression towards staff and sexually inappropriate comments to staff.</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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