STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145338	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westmont Manor Hlth & Rhb	512 East Ogden Avenue Westmont, IL 60559

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 - 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** 39537 Based on observation, interview, and record review the facility failed to ensure a resident (R1) was free of physical abuse from another resident (R2) for 2 of 3 residents reviewed for abuse in the sample of 3. This failure resulted in R2 entering R1's room and hitting R1 over the volume of a TV. R1 sustained multiple facial injuries; abrasions to the left hand and ear; and required evaluation and treatment in the emergency room . The findings include: On 4/23/24 at 12:04 PM, R1's frail body was tilted to the right to watch the TV. R1's entire face was covered with bruises of various colors and stages of healing. R1 had a golf ball sized hematoma (blood filled lump) near his left cheek and eye. R1 had a dressing to the left side of his nose. R1's face was swollen, and his facial features were distorted. R1 stated, I was attacked by the guy next door because he said my TV was too loud. That's all I want to say without my lawyer present. R1 used his right arm to hold the remote control and adjust his blankets. R1 didn't use his left arm during the interview. R1 did not make eye contact during this interview and frequently looked from the TV to the floor. R1 denied pain at this time. R1's Facesheet printed 4/23/24 showed diagnoses to include, but not limited to: Stroke with left side weakness, protein-calorie malnutrition, nontraumatic subarachnoid hemorrhage (brain bleed), hyperlipidemia, hypertension, major depressive disorder, anemia, anorexia, contracture to unspecified joint, insomnia, and gout. R1's Physician Order Sheet dated 4/1/24-4/23/24 showed a new order on 4/19/24 to apply a cold back to R1's left eye/forehead for 20 minutes at a time every shift for 24-48 hours. Also, monitor bruising/swelling to left eye and neck and notify the Provider for any signs and symptoms of a complication. Monitor laceration to the left side of R1's nose, abrasion to left ear and left ring finger. This document showed R1 had new orders for treatments to the left ear, left ring finger, and left lateral nose. R1's facility assessment dated [DATE] showed he had moderate cognitive impairment; did not demonstrate physical or verbal behaviors towards others; did not reject care; had impairments on one side of his upper extremities; and impairments on both sides of his lower extremities; and was dependent on staff assistance for toilet hygiene, shower/bathing, and chair to bed transfers. (continued on next page)

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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F 0600 Level of Harm - Actual harm Residents Affected - Few	R1's Care Plan initiated 4/19/24 showed R1 was at risk for abuse due to needing assistance with ADLs (Activities of Daily Living). R1's Care Plan initiated 4/19/24 showed, Resident has (lacerations, bruises, etc.) r/t (related to) trauma, laceration left side of nose, abrasion left ear, left ring finger, bruises left eye/forehead and neck . R1's Care Plan initiated 11/17/22 showed R1 had limited ability to move in bed related to left hemiplegia and hemiparesis. R1's Progress Notes showed on 4/18/24 at approximately 9:19 PM, V18 (LPN - Licensed Practical Nurse) heard resident yelling Nurse. V18 went to R1's room and found him lying in bed with a golf ball sized lesion to his left cheek, open wound to left cheek, and a small, dime-sized open wound to his left ear. There was a moderate amount of hemorrhaging (bleeding) from all sites. When asked what happened, R1 stated, the guy in the wheelchair from next door came in here and he hit me. R1's Ambulance Report dated 4/18/24 showed R1 was a victim of an assault. This report showed R1 was lying in bed with a 4 inch hematoma just distal to his left eye and another 2 inch hematoma to his left cheek. This report showed R1 stated, My neighbor attacked me because my TV volume was too loud. R1's ED (Emergency Department) Attending Note dated 4/18/24 showed, R1 is a [AGE] year old male with a past medical history of HTN (hypertension), HLD (hyperlipidemia), CVA (stroke) with residual left hemiplegia who is bed bound, who presents to the emergency department for evaluation after alleged assault. Patient reports that he was attacked by his neighbor who struck him in the face with the TV remote multiple times. Has a large hematoma to (his) face . Physical Exam: . Large hematoma over left cheek . This document showed a laceration repair was required for a 2 cm x 1 cm laceration on the left cheek. This required 4 steri-strips to close the laceration. This document showed R1's ED diagnosis was Traumatic injury of the head and assault. R1's Nursing Admission Evaluation dated 4/19/24 showed bruising and swelling to R1's left eye, forehead, and neck; a 3 x 1.5 cm laceration to his left cheek/lateral nose with 5 steri-strips; a left ear abrasion 0.5 x 0.5 cm; and an abrasion, swelling, and bruise to left ring finger. This assessment was completed by V13 (Wound Care Nurse). R1's Provider Note by V20 (NP - Nurse Practitioner) showed R1 was recently sent to the emergency roiagnom on [DATE] for facial contusions after a physical assault. This note showed R1 was assaulted by another resident and sustained wounds to his left cheek, left ear; bruising around his left eye; and steri-strips were applied to the left side of R1's nose. This note showed R1 had bruising and swelling around his left eye. The facility's abuse investigation contained a timeline that showed on 4/18/24 at 8:55 PM, R2 self-propelled his wheelchair into R1's room. At 8:56 PM, R2 self-propelled his wheelchair out of R1's room and the CNA (V6) heard R1 cry for the nurse and went into the room. At 9:25 PM, the police arrive at the building and at 9:40 PM the paramedics arrived. This timeline showed that R1 was taken to the hospital at 9:45 PM by ambulance and at 10:06 PM, R2 was removed from the building by the police, in handcuffs. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	R2's Facesheet printed 4/23/24 showed he had diagnoses to include, but not limited to: COPD (chronic obstructive pulmonary disease), major depressive disorder, hypertension, diabetes, and osteoarthritis. R2's facility assessment dated [DATE] showed he was cognitively intact; had no behaviors against others; and was independent for toilet hygiene, shower/bathing, personal hygiene, bed mobility, sitting, standing, and transfers. R2's Care Plan dated 4/18/24 showed R2 demonstrated behavior distress related to ineffective coping mechanisms involving an incident with a fell ow peer on 4/18/24. The interventions include but are not limited to: Explain to me the Rules of Conduct and my obligations to treat others with dignity and respect at all times. Ask me to treat others as I would like to be treated. If I become verbally or physically abusive attempt to calm me by explaining to me that this is not the way, we talk/behave and that we do not touch other people. If talking to me is not successful in stopping the behavior, try to walk with me to a quiet area, away from other individuals. R2' Progress Notes dated 4/18/24 showed R2 physically assaulted another resident, causing injuries to the other resident. V14 (Nursing Supervisor) interviewed R2 after the incident. R2 admitted to the act because the volume of the R1's TV. R2 verbalized that he did swing at R1, and this resulted in R1's injuries. V14 called 911 to report the incident to the local police and R2 was later taken to the police station. On 4/23/24 at 11:24 AM, V3 (local fire Chief) said he was not at the facility on the evening of 4/18/24, but he did receive a call that evening from the paramedics on scene. V3 said one resident had been assaulted by another resident. V3 said the victim (R1) had been taken to the emergency room and the perpetrator (R2) was charged with battery. V3 said he remembers this because it was an odd circumstance. V3 said R2 was in a wheelchair, so the fire department had to assist R2 in getting to the police station. On 4/23/24 at 1:18 PM, V2 (DON - Director of Nursing) said she was not in the building when the incident happened. V2 said V14 (Nursing Supervisor) called her and reported that R2 went into to R1's room and hit R1 because of the volume of his TV. R2 is very alert and oriented. R2 is responsible for himself and is able to move around in wheelchair without assistance. V2 said the local police took R2 to the police station and processed him. V2 said R1 is alert and oriented but can be forgetful at times. V2 said R1 is able to make his needs known and prefers to be left alone. V2 said R1 reported that R2 hit him in the face with the remote. V2 said on 4/18/24, R2 admitted to V14 (Nursing Supervisor) that he had hit R1. V2 said R1 had extensive bruising to his face and neck. V2 said R1 is refusing to talk to V1 (Administrator), V15 (Social Services Director) and V16 (LCSW - Licensed Clinical Social Worker). V2 said this incident would be classified as physical abuse and the facility had determined that the incident did happen. On 4/23/24 at 1:44 PM, V13 (Wound Care Nurse) said she was not present when R2 hit R1, but she had completed a skin assessment on R1 after he returned from the hospital. V13 said R1 had steri-strips to a laceration on the left side of his nose. There was bruising and swelling to his left eye and there was a scratch on his left ear and ring finger. V13 said R1 told her he got beat with a TV remote. V13 said she had seen R1 before the incident and he didn't have any bruises to his face. V13 stated, His face was pretty bruised. He had several traumatic injuries and I'm guessing his hand was a defensive wound. His injuries were pretty extensive. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	On 4/23/24 at 1:50 PM, V14 (Nursing Supervisor) said she was notified by V6 (CNA) that R1 had been hit. V14 said she went to R1's room and immediately saw the facial injuries. V14 stated, I asked [R1] what happened, and he replied, The guy in the wheelchair hit me. I wasn't sure who he was talking about then, [V18 - LPN] said it could be [R2]. I went to R2's room and he admitted to hitting [R1]. He told me that he asked [R1] to turn down his TV and [R1] said NO!' [R2] said [R1] swung at him and he swung back. [R1] had a bruise on his left check and blood coming from the crease of his nose. He also had injuries to his left ear and ring finger. [R1] told me that [R2] came in his room and demanded he turn down the TV and [R1] said No and [R2] started hitting him (R1). [R1] went to the hospital for his injuries and [R2] was placed in handcuffs and arrested by the police. The whole situation was very surprising. I hadn't known [R2] to be aggressive before. On 4/23/24 at 2:12 PM, V6 (CNA) said she was charting at the nurses' station when she heard screaming. V6 said she went to R1's room and saw him in bed and his face was bleeding. V6 said she reported it to the V14 (Nursing Supervisor) right away. V6 said R1 told her, the old man in the wheelchair hit me. V6 said the only person she saw in the room was R1's roommate and he was sleeping in bed. V6 said she didn't see R2 in R1's room, but R2 could self-propel his wheelchair independently. On 4/30/24 at 10:14 AM, V18 (LPN) said she didn't witness the incident. V18 stated, I was the nurse for [R1 and R2] that night. I'm not sure what happened. I just heard [R1] yelling for help. The CNA (V6) and I went to his room, but [V6] got there first. When I went in [R1's] room he was on his back. He was bleeding on his face, cheek and mouth. He said, the guy in the wheelchair came in and hit me. I completed a head to toe assessment and notified the Administrator. I provided first aide to [R1] and [V14 - Nursing Supervisor] came to help me. I did not interview [R2] about the incident. [V14 - Nursing Supervisor] did that interview. On 4/30/24 at 11:00 AM, V20 (NP) said she was not present when R1 was hit, but she did see R1 the next day. V20 said she was familiar with R1. V20 said when she arrived on 4/19/24 she noticed that R1 had a lot of new bruising and swelling to his face. V20 said R1 had steri-strips to the left side of his nose; bruising to his left eye and neck; and abrasions to his left ear and ring finger. V20 said all of R1's injuries were related to the physical altercation with R2. V20 said R1 would not discuss the incident with her. The facility's undated Abuse Prevention Policy showed, 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 . 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 . Definitions: .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 .