STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145418	A. Building B. Wing	02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenues at Royal Oak	605 East Church Street Kewanee, IL 61443

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. 34048 Based on interview and record review the facility failed to protect a high risk resident from physical abuse for one of three residents (R1) reviewed for abuse in a sample of three. Findings include: The facility's Abuse Prevention and Reporting policy, revised 09/2024, documents that the facility affirms the right of our resident it be free from abuse, neglect, exploitation, misappropriation, of property, deprivation of goods and services by staff or mistreatment. A resident to resident altercation should be reviewed as potential situation of abuse. Resident to resident altercations that include any willful action that results in physical injury, mental anguish or pain must be reported in accordance with regulations. R1's electronic medical record documents the following diagnosis: bipolar, anxiety, depression, attention deficit hyperactivity disorder, traumatic brain injury, insomnia, and pseudobulbar affect. R1's Abuse/Neglect Screening, dated 1/27/25, documents a score of 6, indicating R1 is a high risk for abuse. R1's current care plan documents that R1 is at high risk for abuse/neglect as noted from the Abuse Screening. R1's goal is to be free from abuse/neglect through the next review. R1's abuse intervention documents to provide a safe and secure environment. R2's current electronic medical record documents the following diagnosis: traumatic brain injury, paranoid personality, moderate intellectual disabilities, major depression, insomnia, alcohol abuse, and bipolar personality. R1's Progress Notes, dated 1/10/25, documents that R1 was sitting at a table in the dining room, when R2 approached R1 and made contact with his open hand to R1's face. R1 and R2 were separated and assessed. Neither R1 nor R2 had any injuries. R2's Progress Notes, dated 1/10/25, documents that R2 approached R1 during a verbal altercation and made contact with R1's hand to R2's face. R1 told R2 I bet you won't hit me. R2 then made contact with R1's face. Both parties were immediately separated and assessed. No injuries were noted. All parties were notified of the incident and interventions were put into place. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145418	A. Building B. Wing	02/28/2025

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(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	The facility's Final Abuse Investigation Report, dated 1/17/25, documents that on 1/10/25 there was a resident to resident altercation between R1 and R2. Both residents were immediately separated and assessed. There were no injuries noted. All the required parties were notified of the incident and care plans were updated. Abuse is not substantiated, no intent to harm. On 2/19/25 at 10:00am, V1, Administrator, stated that R2 can be impulsive at times, but is easily redirected. On 2/19/25 at 11:35am, V6, Social Service Director, stated that she was doing one on ones with R2 to see if there was anything else going on, but he said it just happened. V6 stated that R1 and R2 were sitting at the table in the dining room, when R1 said I bet you won't hit me. V6 stated that R2 just slapped R1 in the face. V6 stated that both R1 and R2 have traumatic brain injuries and can be impulsive at times. On 2/28/25 at 1:00pm, V16, Certified Nursing Assistant, stated that on 1/10/25, R1 and R2 were at separate tables in the main dining room. V16 stated that R2 rolled up to R1, said B***h, then punched her with a closed fist in the face. V16 stated that R2 was immediately taken out of the dining room. On 2/28/25 at 1:20pm, V17, Certified Nursing Assistant, stated that on 1/10/25, R1 had her back turned to R2, not saying anything. V17 stated that R2 rolled over to R1 and punched her on the left side of her face. V17 stated that both residents were separated. V17 stated that R2 has staff with him when he is out of his room.