

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2026
NAME OF PROVIDER OR SUPPLIER Avenues at Royal Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review, the facility failed to implement it's policy and procedure to identify a potential sexual abuse allegation for one of four residents, reviewed for abuse, in a sample of six. The facility policy, Abuse Prevention and Reporting, dated (effective 12/2025) directs staff, 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. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. This will be done by: Orienting and training employees on how to deal with stress and difficult situations, and how to recognize and report occurrences of abuse, neglect, exploitation, and misappropriation of property. During orientation of new employees, the facility will cover at least the following topics: What constitutes abuse and Procedures for reporting incidents/allegations of abuse. The (facility) Resident Grievance form, dated 12/8/25 and signed by V10/Assistant Administrator documents, On December 8(2025) , (V10) was called and CNA (Certified Nursing Assistant/V4) stated, 'I was trying to get into (R1's) room and (V3/Transportation Driver) was behind the door and (R1) had her shirt up and (her) bra was showing. (V3) gave (R1) a sub sandwich over a bet on football. (V10) discussed with (V3) (the) incident. (V3) states I took (R1) a sub sandwich over a bet on football. I was in (R1's) room giving her the sandwich when the other (resident/R6) was coming, because (R6) continues to try and hug me, so I stay away from (R6). At no time was (R1) inappropriate with me. I was just being nice getting her a sandwich because she didn't like supper, and I lost the bet on (the) football game. (V3) was coached on appropriate behavior, such as no betting on games with food and no bringing food items. V3 stated he understood and was just being nice. (R1) states the same story when questioned. On 01/10/2026 at 8:10 A.M., V1/Administrator stated she is aware of a situation between (R1) and V3/Transportation Aide. States V3 is her brother and on 12/8/2025, she was called at home by V2/Director of Nurses with V4/Certified Nursing Assistant in the same office, stating she had witnessed V3/Transportation Aide in (R1's) room with the door closed and when V4 attempted to go into R1's room to see what was going on and why the door was closed, she was able to partially enter the room and saw R1 with her shirt up, covering her face, exposing her bra. Once V4 was able to enter R1's room, she found V3 behind the door, facing R1. At that time, V3 raised his arms in the air and stated repeatedly, don't say anything. Don't say anything. V1/Administrator states she conferred with V9/Corporate Staff, and it was decided that V4/CNA was making trouble, and she knew V3 was V1's brother and wanted to get V3 in trouble. V1 states she did not feel the situation was potential abuse, she did not report the situation to the state agency, and she did not notify the local law enforcement agency.</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: 145418	Facility ID: 145418 If continuation sheet Page 1 of 2

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review the facility failed to report a potential allegation of sexual abuse, to the state agency or the local law enforcement agency for one of four resident (R1), reviewed for abuse, in sample of six. The facility policy, Abuse Prevention and Reporting, dated (effective 12/2025) directs staff, 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. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. Any allegation of abuse or any incident that results in serious bodily injury will be reported to the state agency immediately. The facility shall also contact local law enforcement authorities in the following situations: sexual abuse of a resident by a staff member. The (facility) Resident Grievance form, dated 12/8/25 and signed by V10/Assistant Administrator documents, On December 8(2025) , (V10) was called and CNA (Certified Nursing Assistant/V4) stated, 'I was trying to get into (R1's) room and (V3/Transportation Driver) was behind the door and (R1) had her shirt up and (her) bra was showing. (V3) gave (R1) a sub sandwich over a bet on football. On 01/10/2026 at 8:10 A.M., V1/Administrator stated she is aware of a situation between (R1) and V3/Transportation Aide. States V3 is her brother and on 12/8/2025, she was called at home by V2/Director of Nurses with V4/Certified Nursing Assistant in the same office, stating she had witnessed V3/Transportation Aide in (R1's) room with the door closed and when V4 attempted to go into R1's room to see what was going on and why the door was closed, she was able to partially enter the room and saw R1 with her shirt up, covering her face, exposing her bra. Once V4 was able to enter R1's room, she found V3 behind the door, facing R1. At that time, V3 raised his arms in the air and stated repeatedly, don't say anything. Don't say anything. V1/Administrator states she conferred with V9/Corporate Staff, and it was decided that V4/CNA was making trouble, and she knew V3 was V1's brother and wanted to get V3 in trouble. V1 states she did not feel the situation was potential abuse, she did not report the situation to the state agency, and she did not notify the local law enforcement agency.</p>