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	05/29/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents were treated with dignity and respect by other residents. This applies to 1 of 3 residents (R4) reviewed for resident rights/dignity in the sample of 7. The findings include: On 5/29/26 at 10:30AM R4 stated, I get tired of hearing the F word from (R1) all the time. He's a jerk. I feel sorry for his roommate now. (R1) used to be across the hall from me and it was really bad. We had a lot of trouble right at the beginning. One time I told him to stop saying the F word because he was just going off and then he looked right at me and just started really going off- F this and F that. I know he has been in prison, and I think that is just how he is, but I don't want to hear it all the time. The CNAs were standing there, and I think they should have told him to stop. I didn't like the way he talked to me. He knows what he is doing and I just ignore him now. I just stay away from him. That was about 3 weeks ago. On 5/29/26 at 12:20PM V4 (Previous CNA) stated, (R1) cusses at everyone. One time he was sitting in the hall F this and F that and (R4) came by and said, (R1), Language! and then he started yelling at her. He called her a F***ing B**** and just kept yelling. I got between them and told him he couldn't do that, she is a woman, but he wouldn't stop. He is like that with the staff too. On 5/29/26 at 10:40AM R1 stated, I can't stand (R4). She is a smarta**. I just don't talk to her. R1's Physician's Order Sheet shows he is [AGE] years old male resident with diagnoses including Morbid Obesity, Antisocial Personality Disorder and Bipolar Disorder. R1's care plan dated 2/2/26 states, (R1) is easily irritated and is known to shout and curse at others when he is frustrated. He has shown lack of disregard for others' boundaries . The Illinois long Term Care Ombudsman Program Residents' Rights for People in Long term Care Facilities Pamphlet states, Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.

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

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	05/29/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and interview the facility failed to ensure windows in resident rooms were able to be opened to allow them to get fresh air. This applies to 1 of 3 residents (R5) reviewed for clean, comfortable and homelike conditions in the sample of 7. The findings include: On 5/29/26 at 11:20AM R5 stated, Before the AC (Air conditioning) units were put in, the windows were screwed shut. They put a screw in the track so you can't slide the window open. I understand they don't want people climbing out the windows, but we should be allowed to get some fresh air. It's inhumane. On 5/29/26 at 11:25AM R5 showed Surveyor her window where the screw usually sits. (The screw had been removed to allow the window to be opened and the AC unit to be installed). On 5/29/26 at 2:46PM V3 (Maintenance) stated, On the A wing we put a self-tapping screw in the track so they can't open the windows and climb out. We have done that for 16 years- ever since I have worked here. I've always been told to screw them shut so they can't open the windows at all. Only on the A wing. The other windows in the facility all open. A Concern/Compliment Form dated 5/26/26 written by R5 states, Where are our air conditioning units on A-side? Our windows are screwed shut so we cannot open for any outside air at all. The Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long- Term Care Facilities pamphlet states, Your facility must be safe, clean, comfortable and homelike.