

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Heritage Health-Hoopeston		STREET ADDRESS, CITY, STATE, ZIP CODE 423 North Dixie Highway Hoopeston, IL 60942	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to protect the resident's right to be free from physical abuse by another resident. This failure affects two of three residents (R1, R2) reviewed for abuse on the sample of four. Findings include: The facility's Abuse Prohibition policy with the revision date of 8/25/25 documents the facility affirms the residents' right to be free from abuse. The policy states that all residents have the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, neglect, misappropriation of property, and exploitation. R1's Medical Diagnosis list dated February 2026 documents diagnoses of Fibromyalgia, Dementia without Behavioral Disturbances, and Psychosis. R1's Minimum Data Set (MDS) dated [DATE] documents R1 is severely cognitively impaired, has physical/verbal behavioral symptoms one to three times a week, requires the use of a wheelchair for mobility, and requires substantial to maximum assistance for all activities of daily living. (ADL's). R2's Medical Diagnosis list dated February 2026 documents diagnoses of Spinal Stenosis Lumbar Region without Neurogenic Claudication and Delusional Disorders. R2's MDS dated [DATE] documents R2 is severely cognitively impaired, has physical/verbal behavioral symptoms one to three times a week, requires the use of wheelchair for mobility, and requires substantial to maximum assistance for all activities of daily living. The Abuse Final Report dated 12/6/25 documents R1 and R2 were sitting in the hall talking and the conversation turned into a disagreement and R1 hit R2 on the arm. The Report documents residents were immediately separated and both residents were assessed for injuries and no redness or injuries were present. The Report documents the Power of Attorneys, Primary Care Physician and police were notified of the incident. R4 was a witness to the incident and R4 stated in interview on 2/4/26 at 3:29 PM I saw (R1) as I was walking by, (R1) raised her hand and smacked (R2) in the arm. The two were arguing about something and (R1) became upset with (R2) and hit him in the arm. Staff came and separated them immediately. V1, Administrator stated on 2/4/26 at 3:30 PM Yes, the incident took place.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to revise a care plan after an incident of resident to resident physical abuse. This failure affects one of three residents (R1) reviewed for abuse on the sample list of four. Findings include: The Facility Reported Incident Investigation dated 12/6/25 documents R1 hit R2 in the hall while they were talking to each other. The incident was witnessed by R4. R1's Medical Diagnosis list dated February 2026 documents diagnoses of Fibromyalgia, Dementia without Behavioral Disturbances, and Psychosis. R1's Minimum Data Set (MDS) dated [DATE] documents R1 is severely cognitively impaired, has physical/verbal behavioral symptoms one to three times a week, requires the use of a wheelchair for mobility, and requires substantial to maximum assistance for all activities of daily living. (ADL's). R1's Care Plan dated reviewed 1/27/26 did not address the incident of abuse which took place on 12/6/25 between R1 and R2. There were no problems or interventions on R1's care plan addressing abuse and hitting R2 in the arm. V3, RN ADON (Registered Nurse Assistant Director of Nurses) stated on 2/4/26 at 1:28 PM, (V5) Care Plan Coordinator is not here due to an emergency phone call she received; I will try to help with your questions. V3 reviewed R1's care plan on the computer and stated you are right no information about the incident on 12/6/25 is on the care plan. (V5) addressed the incident today before she had to leave. V3 stated we are to address issues of any type on the care plan as soon as we can when an incident happens. R4, stated in interview on 2/4/26 at 3:29 PM I saw what happened as I walked by (R1) and (R2) in the hall. (R1) raised her hand and smacked (R2) on the arm. They were arguing about something and (R1) became upset and hit (R2). V1, Administrator stated on 2/4/26 at 4:00 PM Yes I was told (R1's) care plan was not revised until today 2/4/26. Our policy states to revise the care plans as soon as possible after an event happens.</p>		