STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145708	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country Health	2304 C R 3000 N Gifford, IL 61847

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41002 Based on interview and record review, the facility failed to ensure a resident (R2) was not subjected to physical abuse by (R1). R2 is one of 4 residents reviewed for abuse. Findings include: R1's Facility Census documents R1 was admitted to the facility on [DATE] and has the following medical diagnoses: Hospice, Alzheimer's Disease, Dementia, Protein Calorie-Malnutrition, Hyperlipidemia, Chronic Kidney Disease Stage 3, Muscle Weakness, Dysphagia, Nonexudative Age Related Macular Degeneration, HTN, Disorders of Bone Density, Personal History of Other Venous Thrombosis and Embolism, GERD, Insomnia, Personal History of Pulmonary Embolism, Long Term Use of Anticoagulants, Adhesive Capsulitis of Left Shoulder, Wandering Disorders, Localized Swelling Mass and lump Upper Limb and Pre-glaucoma. R1's Minimum Data Set (MDS) dated [DATE] documents R1's Brief Interview for Mental Status (BIMS) score 99, severe cognitively impairment. R1's Care Plan dated 3/14/24 documents R1 exhibits moods/behaviors as evidenced by yelling, screaming outbursts, cursing, resisting care, physical aggression, anxiety, agitation and anger. Due to R1's Dementia, R1's speech is increasingly getting more incoherent and garbled. R1 has trouble understanding others, this also appears to get worse in the evenings. R2's Facility Census documents R2 was admitted on [DATE] to the facility and has the following medical diagnoses: Polyosteoarthritis, Bilateral Primary Osteoarthritis, Hypokalemia, Acute Kidney Failure, Pure Hypercholesterolemia, Iron Deficiency, Vitamin D Deficiency, Mixed Hyperlipidemia, Obstructive Sleep Apnea, Intervertebral Disc Degeneration, Atherosclerotic Heart Disease, HTN, Presence of Left Artificial Hip Joint, Insomnia, Acidosis, Anemia, Cellulitis, Sepsis to Methicillin Susceptible Staphylococcus Aureus, Difficulty in Walking, Acute Posthemorrhagic, Muscle Weakness, Muscle Wasting and Atrophy, Personal History of Endocrine Nutritional And Metabolic Disease Hypermetropies Right Eye, Depression, Fracture of Part of Neck of Left Femur, Glaucoma, Primary Open-Angle Glaucoma, Postmenopausal Atrophic Vaginitis, Age Related Debility, Myopia and Protein-Calorie Malnutrition. R2's Minimum Data Set (MDS) dated [DATE] documents R2's Brief Interview for Mental Status (BIMS) score 13, cognitively intact. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2024
NAME OF PROVIDER OR SUPPLIER Country Health		STREET ADDRESS, CITY, STATE, ZIP CODE 2304 C R 3000 N Gifford, IL 61847	

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	On 6/22/24 at 11:47am R3 stated a couple of weeks ago after dinner, I R3 observed R1 wheel R1's wheelchair into R3 and R2's room and went over to R2 who was sitting in R2's wheelchair. R2 asked R1 to leave the room, and R1 got angry and slapped R2 in the chest and face and left the room. R3 stated R1 does wander into R3 and R2's room sometimes, and R3 tells R1 to leave and R1 usually leaves the room. R3 said, R3 feels safe living in the facility. On 6/22/24 at 12:05pm V3 Licensed Practical Nurse stated on 6/6/24 at 6:00pm, V3 was passing medications and V4 Certified Nursing Assistant was propelling R1 towards V3. V4 told V3 that when V4 went into R2's room, R2 told V4 that R1 had wandered into R2 and R3's room, and when R2 told R1 to leave, R1 struck R2 in the chest 3 times. V3 said, V3 went to R2's room, and R2 told V3 that R1 had wandered into R2 and R3's room, and when R1 asked R1 to leave, R1 got angry and hit R2 in the chest 3 times with her hand. On 6/22/24 at 12:39pm R2 stated a couple of weeks ago after dinner, R2 was sitting in R2's wheelchair in R2's room. R1 was in R1's wheelchair and came into R2's room and wheeled next to R2. R2 asked R1 to leave the room, and R1 got mad and hit R2 3 times on R2's chest and left the room. R2 said, R2 told V4 Certified Nursing Assistant (CNA) who informed V3 Licensed Practical Nurse (LPN). R2 said, V3 came into R2's room and R2 told V3 that R1 had come into R2's room and hit R2 3 times and left. On 6/22/24 at 12:49pm V4 Certified Nursing Assistant (CNA) stated, on 6/6/24 at 6:00pm V4 answered R2's call light and R2 told V4 that R1 was just in R2's room and when R2 asked R1 to leave R2's room, R1 came over and hit R2 several times on the chest and then left them room. V4 said, V4 immediately left the room and observed R1 in the hallway and brought R1 to V3 Licensed Practical Nurse. V4 said, V4 informed V3 what R2 had told V4 and V3 went to R2's room to assess R2. On 6/22/24 at 2:15pm V1 Administrator said, on June 6, 2024, R2 and R1 were involved in a reportable occurrence. V1 said, interviews with residents and staff reveals that on June 6, 2024, at approximately 6:00pm R1 was found in the hallway moving about in R1's wheelchair as normal. V4 Certified Nursing Assistant entered R2's room and R2 stated to V4 that R1 had come into the room, R2 asked R1 to leave and while turning to leave R1 made contact with R2's right arm and chest. Facilities Resident Care policy and Procedure Regarding Abuse and Neglect, Involuntary Seclusion, Exploitation, Misappropriation of Resident Property, Injuries of Unknown Origin and Social Media (revised 3/15/2028). Abuse and Neglect Prohibited. 1. All residents have the right to be free from verbal, sexual, physical, mental abuse, corporal punishment, involuntary seclusion, neglect, misappropriation of property, exploitation.