STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145795	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tower Hill Healthcare Center	759 Kane Street South Elgin, IL 60177

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. 44387 Based on interview and record review, the facility failed to prevent physical abuse of a resident residing at the facility. This applies to 1 of 6 residents (R3) reviewed for abuse. The findings include: On 10/29/24 at 10:46 AM, R3 said he was sitting in the dining room when R2 approached his table wanting to sit at his table. R3 said he told R2 that the space belonged to another resident. R3 said R2 got upset and started hitting him. R3 said he raised his arms up to block R2 from hitting him on his face, but R2 managed to hit him on the left side of the face and his face was red and it hurt. R2 said R3 punched him with two fists and was hitting his arms. R3 said he did not hit or touch R2. R3 said staff intervened at took R2 away. On 10/29/24, 10/30/24 and 10/31/24, R2 was observed several times resting in his room. R2 was not interviewable. R2's Face Sheet shows the following diagnoses of encephalopathy, dementia, and Alzheimer's disease. R2's Minimum Data Set (MDS) of 10/17/24 shows that R2's cognition skills for decision making was moderately impaired. R3's Face Sheet shows the following diagnoses of Alzheimer's disease, dementia, schizoaffective disorder, anxiety disorder and delusional disorders. R3's MDS of 8/5/24 shows that R3's cognition is moderately impaired. On 10/29/24 at 2:10 PM, V5 (Certified Nurse Aide/CNA) said while she was assisting other residents in the dining room; she saw R2 going towards R3's table. V5 said she saw R2 punch R3 with closed fist on the face, by the jaw. V5 said that R3 did not provoke R2. V5 said she called out for assistance and V6 (Licensed Practical Nurse/LPN) came to assist. On 10/30/24 at 9:08 AM, V6 (LPN) said the V5 (CNA) called out for assistance, and he ran to the dining room. When he got to the dining room, V6 said he saw R2 standing over R3. V6 said he stood between the two residents. V6 said R2 was agitated and R3 was upset because R2 had hit him. V6 said V5 (CNA) escorted R2 to his room while he stayed with R3. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145795	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tower Hill Healthcare Center	759 Kane Street South Elgin, IL 60177

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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 Abuse Investigation Report submitted to Illinois Department of Public Health of 10/17/24 states, On October 17, 2024, it was reported that [R3] was in the First Floor Dining room sitting at a table when [R2] approached the table and attempted to sit down. [R3] reportedly told [R2] that he does not sit there and attempted to have him go to another table. When [R2] provided directions to [R3], [R3] reportedly struck [R3] in the face. [R3] reported that he blocked his face however, [R2] was still able to make contact. Staff walked by at the time and witnessed the altercation and immediately separated the two residents immediately and assessed for injury. No injuries were noted on either resident. Police were contacted and came onsite to file a report. R2's Nursing progress notes of 10/17/24 at 6:50 am states resident struck another resident in the face unprovoked. R3's Nursing Progress notes of 10/17/24 at 6:46 am states resident was sitting at table in the dining room. Other resident came to sit at the table and when resident asked to leave, struck the resident in the face. The facility's Abuse Prevention Program (revised 1/2019) states the facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention (whether or not actually given) . Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment