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	03/27/2026

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review the facility failed to ensure a grievance was reported and resolved for a resident's missing items. This applies to 1 of 10 residents (R5) reviewed for grievances in the sample of 10. The findings include: R5's nursing note dated 3/20/25 by V12 (RN) documents (R5) stated he has clothes and money missing and no one is doing anything. On 3/27/26 at 1:45 PM, V12 (RN) said she documented the note on 3/30/25 regarding R5's missing clothes and money. If a resident reports missing items she reports the items to V9. V12 said she could not recall if she reported the missing items to V9. On 3/27/26 at 1:52 PM, V9 (Social Services) said when a resident reports missing money or clothes. She takes 48 hours trying to find the item. After 48 hours if she cannot locate the item, she will file a grievance form and replace the item. V9 said she was not aware of R5's reported missing items on 3/30/25. She has educated staff to report to her if a resident reports missing items. If she doesn't know what's missing, she can't follow up. The facility's Grievance Complaint Log dated January 2025 through October 2025 shows there was no grievance filed for R5's missing clothing or money reported on 3/30/25. The facility's undated Grievance/Complaint Policy states, A resident has the right to voice grievances without discrimination or reprisal and prompt efforts by the facility to resolve the grievance.the disposition of grievances and/or complaints will be recorded on the grievance and complaint log.the grievance/complaint will have a disposition within in 7 working days of the filed grievance.

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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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. Based on observation, interview, and record review the facility failed to ensure residents were free from physical abuse for 2 of 8 residents (R1, R3) reviewed for abuse in the sample of 10. The findings include:The facility's Initial Incident Report shows It was reported that R1 grabbed papers from R2. In R2's attempt to get them back, R2 struck R1 in the face, right side of cheek. Both residents were immediately separated and assessed for injuries. On 3/27/26 at 9:20 AM, R1 was sitting in a wheelchair in her room. R1 was dressed and well groomed. When asked about any concerns with other residents, R1 said she got hit in the face by a male person. R1 appeared anxious, with shaking hands, and said it was scary. R1 became quiet and didn't respond to questions about the details of the incident but did state that she has not seen the man since. R1 said she has not been bothered by anyone before or since. On 3/27/26 at 10:26 AM, V7 Certified Nursing Assistant (CNA) said she saw R2 standing next to R1 who was in her wheelchair in front of R2's room. V7 said R2 grabbed something from R1's hand and then punched R1 in the face. V7 said V6 Licensed Practical Nurse and V8 CNA were present at the time. V7 said R1 was brought to the nurses' station and R1 seemed confused. V7 said R1 had redness to the apple of her cheek, but she did not see a bruise or any other injuries. V7 said V6 asked R2 what happened and R2 said that R1 grabbed his papers and when he pulled them back from her he did what he did. On 3/27/26 at 10:34 AM, V8 CNA said she was at the nurses' station doing paperwork and saw R1 going down R2's hallway. V8 said she heard a commotion and when she looked up, R1 had papers in her hand which R2 was trying to grab back. V8 said when R2 got the papers, he swung and hit R1 in the face. On 3/27/26 at 11:37 AM, R2 was in his room on another floor. When asked about the situation with R1, R2 said he was trying to take his menus to the nurses' station and R1 grabbed them out of his hand. R2 said R1 ripped the papers and he got mad about it and hit her in the face. R2 stated I shouldn't have hit her. On 3/27/26 at 12:19 PM, V1 Administrator said the investigation for the incident with R1 and R2 was substantiated physical abuse. R1's Physical Aggression Initiated Report dated 3/7/26 shows Nurse on duty (NOD) heard aides working at the nurses' station stating, don't hit her! He hit her! NOD ended call and asked what was going on. They stated R2 was walking past R1 in the hallway and they saw him hit her in the right side of the face with a closed fist. The two CNAs who'd been working at the nurses' station stated they saw R2 strike R1 on the right cheek with a closed fist. The NOD went to R1 immediately. R1 was in her wheelchair in the hallway. R2 was also in the hallway, NOD told him to go back to his room, and he did so without complaint or difficulty. The NOD assessed R1 from head to toe and observed a red mark on the right side of R1's face near her temple and hairline. The facility's Incident Report findings show The facility conducted a thorough investigation pertaining to an allegation of abuse. As the alleged incident was witnessed, the facility has substantiated abuse. 2. On 3/27/26 at 10:28 AM, V13, Certified Nursing Assistant (CNA), said around midnight, R4 said R3 (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	keeps waking him up and he was bothered by R3 keeping him awake. V13 said every time she went into R3 and R4's room, R4 would complain about it. V13 said R4 stated, Someone needs to keep him quiet. V13 said R4 was upset and he seemed frustrated. V13 said R3 and R4 were both in their beds asleep around 2:00 AM. V13 said around 5:00 AM, she saw R4 standing above R3 then he walked over to his own bed and sat down. V13 said she was about to change R3 when she noticed blood around his nose. V13 said she thought R4 had hit R3. V13 said she informed the nurse, V19, Licensed Practical Nurse (LPN), and then immediately wrote a statement about what happened. V13 said she cannot remember everything and said her statement was accurate since she wrote it right after the incident. V13's written statement provided by the facility (undated) shows V13 entered R3 and R4's room and found R4 standing over R3's bed. R4 kept saying, He kept me up all night making noises. R4 kept repeating, I should hit him and he kept me up all night. R3 could not give a clear response when she asked if he was hit. On 3/27/26 at 4:49 PM, V19 said V13 informed him that she cleaned blood off R3's face. V19 said he went to assess R3. V19 said he saw a very small reddened area on R3's nose but did not see any bleeding since the CNA had already cleaned it. V19 said R3 appeared confused and indicated he didn't know what happened. V19 said he asked R3 a couple of times what happened and sometimes R3 didn't answer at all. V19's documentation in R3's Progress Notes dated 3/4/26 at 5:08 AM, shows R3 was noted with discoloration to the bridge of his nose. Then on 3/4/26 at 5:52 AM, V19's note shows observed bloody nose, cleaned and assessed. On 3/27/26 at 11:19 AM, V16, CNA, said she came into the facility to work in the morning (on 3/4/26) and walked down the hall looking in on her residents before she even took her coat off. V16 said she saw R3's foot off his bed and went in to put it back on the bed. She glanced at R3's face, saw some bruising to the bridge of his nose, his lip was split and he had a runny, somewhat bloody nose. V16 said she went to the day shift nurse, V17, LPN, to see if he had fallen. V16 said V17 said there was an incident reported but she didn't have all the information. V16 said she went to take off her coat and ran into V13 and asked what happened to R3. V16 said V13 told her when she went into R3 and R4's room, R4 was standing over R3, and R4 said he was going to kick his ass. V13 told V16 she thought R4 hit R3. V16 said she thought maybe R4 did hit R3 because two days prior R4 told her he couldn't get any sleep the previous night because R3 was keeping him up all night. V16 said R3 and R4 had only been roommates for about a week at the time. V16 said R3 never said anything as he almost never verbally speaks and when he does it is random words and gibberish or curse words. On 3/27/26 at 11:41 AM, V17 said she came in the morning (3/4/26) and was told that R4 was standing over R3 and R3 had bruising to his face. V17 said R3 is not cognitively intact and could not say what happened. V17 said they moved R4 to another unit. R3's Nursing Note dated 3/4/26 at 11:25 AM documented by V17 shows a full body assessment was completed and noted bruising to the bridge of his nose and right side of his face in the temporal area. On 3/27/26 at 12:19 PM, V1, Administrator, said V19 reported a bruise to R3's nose. V1 said when she got to facility, she went to see R3 and he had bruising to the bridge of his nose and noted blood on his linens which she assumed was from his nose. On 3/27/26 at 10:54 AM, V15, Social Services Assistant, said R4 was moved to another room because R3, his roommate, had a bruise on the bridge of his nose with swelling and there was no reason for the injury. V15 said out of precaution, they moved R4 out of their room for safety reasons. V15 said both R3 and R4 have dementia. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/27/26 at 1:03 PM, V21, R3's wife, said the facility called and told her R3's nose was bleeding, and not to worry about it as they took care of it. V21 said she was told they thought R3 had bumped into something. V21 said she wondered if someone else did something to R3 because it was a strange place to bump oneself. V21 said, Someone somewhere down the line mentioned that there was a discipline problem with R4, so it crossed her mind that maybe he had done something to R3. V21 said she saw R3 the next day (3/5/26) and there was a red mark across the bridge of his nose and to the right of his nose. V21 said R3 can not tell you what happened. R3's admission Record dated 3/27/26 shows his diagnoses include, but are not limited to Alzheimer's disease, muscle weakness, anxiety, and restlessness and agitation. R3's current care plan initiated on 1/26/26 shows R3 is at risk for abuse related to a behavior problem and will be free from harm. R3 has impaired cognitive function/dementia or impaired thought processes related to dementia. R4's admission Record dated 3/27/26 shows he resides in the Memory Care unit and his diagnoses include, but are not limited to, dementia. The facility's Abuse Prevention Program Policy (reviewed 1/2019) shows the facility affirms the right of their residents to be free from abuse. Abuse means any physical injury inflicted upon a resident other than by accidental means. Physical abuse includes hitting, slapping, pinching, and kicking.