STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145839	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Ridge Healthcare Center	665 Busse Highway Park Ridge, IL 60068

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 - 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. (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
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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 - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed to protect a resident's right to be free from physical abuse from another resident for one (R1) of four residents reviewed for abuse in a sample of four.This failure resulted in R1 feeling unsafe, anxious, and threatened to be battered by R2. Findings include:R1 is a [AGE] year-old female admitted to the facility on [DATE] with diagnosis including but not limited to Acute on Chronic Diastolic (Congestive) Heart Failure; Alzheimer's Disease; Type 2 Diabetes Mellitus without Complications; Cognitive Communication Deficit; Dementia; Chronic Kidney Disease, Stage 3; Mild Intellectual Disabilities; Anxiety Disorder; and Major Depressive Disorder.According to R1's MDS (Minimum Data Set) assessment dated [DATE] under section C, R1 has BIMS (Brief Interview of Mental Status) score of 12 indicating moderate cognitive impairment.Absent is any documentation of R1's abuse care plan prior to the current survey, 12/8/2025.R2 is a [AGE] year-old male admitted to the facility on [DATE] with diagnosis including but not limited to Ileus; Other Disorders of Psychological Development; Rectal Prolapse; Retention of Urine; Other Postprocedural Complications and Disorders of Digestive System; Encounter for Fitting and Adjustment of Urinary Device; Colostomy Status; Unspecified Hearing Loss; Deaf Nonspeaking; Anxiety; and Unspecified Psychosis.According to R2's MDS (Minimum Data Set) assessment dated [DATE] under section C, R2 has BIMS (Brief Interview of Mental Status) score of 7 indicating severe cognitive impairment.R2's behavioral care plan initiated 10/8/2025 reads in part, Focus: I am/have the potential to be physically aggressive r/t (related to) Anger, Depression, History of harm to others, Poor impulse control and not being able to express (R2's) needs through sign language to staff. Interventions: Assess and address for contributing sensory deficits; Monitor/document/report PRN any s/sx (signs and symptoms) of resident posing danger to self and others; When the resident becomes agitated: Intervene before agitation escalates; Guide away from source of distress; Engage calmly in conversation; If response is aggressive, staff to walk calmly away, and approach later.On 12/8/2025 at 1:21 PM R2 observed propelling down the hallway. Surveyor attempted to interview R2, R2's deaf, uses sign language, also communicates via writing. R2 refused to be interviewed.On 12/8/2025 at 1:42 PM Surveyor observed R1 sitting in the day room. R1 clean and dressed appropriately. No visible injuries noticed on R1's face upon observation. R1 said, I'm scared of this boy, he's in his room. I don't know his name. He punched me. I don't remember when it happened. He also hit one of the nurses on the back. R1 unable to provide further details due to forgetfulness.On 12/8/2025 at 1:50 PM V1 (Administrator/Abuse Prevention Coordinator) said, R1 was not hit yesterday (12/7/2025). The most recent incident was on 11/2/2025. R2 was agitated and during his outburst, R2 hit R1. R2 was then sent out to the hospital for a behavioral assessment. R1 had developed redness to her face. No one saw the incident, there was no staff in the day room. Since then, R2 was put on behavioral plan with short-term and long-term goals. R2 has a behavioral chart with reward system to motivate him to have appropriate behavior. R2 has cognition issues and communication deficit. We do additional supervision and frequently check on R1 to assure her safety and make sure R2 is not around her. We make sure R1 and R2 reside on opposite sides of the building, eat in different dining rooms, etc. On 12/8/2025 at 2:11 PM V4 (Restorative Aid/CAN-Certified Nurse Assistant) said, on 11/2/2025, after lunch, R2 was in his wheelchair in the hallway holding a bottle of soda. R2 then stood up and was trying to grab somebody else's soda from the therapy room. When I addressed it, R2 got agitated, sat back down in his wheelchair, and propelled himself out of the therapy room. I didn't see R2 hit R1 that day. I don't know what happened, I just know R2 was agitated. After the incident on 11/2/2025, we provide additional supervision to R2 to make sure R1 is safe. We make sure R2 stays on the other side of the building. R1 remains afraid of R2.On 12/9/2025 at 10:10 AM V5 (CNA) said, I worked on 11/2/2025 from 7:00 AM to 3:00 PM. I only remember that R2 went to the therapy room to get treats. I didn't see R2 upset nor attack anyone, including R1. R2 was assigned to me that day (11/2/2025), it was just a regular day, I didn't have any problems. R2 generally does not cause any problems. We keep R2 in his wing to prevent him from approaching R1.On 12/9/2025 at 10:26 AM V6 (Licensed Practical Nurse) said, R2 has tendency to be aggressive towards females, whether they are staff or residents. I worked on 11/2/2025 and 12/7/2025. On 11/2/2025, R2 was agitated, restless, and hyperactive. I was at the nursing station and all of the sudden, I hear residents screaming in the dining room. I didn't see what happened, but I immediately went in there. I separated R2 and R1. R1 went into her room and R2 went into his room. R2 was spitting on me, R2 also touched his anal area and attempted to touch me, his behavior was continually