STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145948	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bement Health Care Center	601 North Morgan Bement, IL 61813

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. 35347 Based on interview and record review, the facility failed to protect the residents right to be free from physical abuse by another resident for two residents (R1, R2) of three reviewed for abuse in the sample of three. Findings include: The facility Abuse Prevention Program policy (2/2021) documents: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined below. The same record documents Physical Abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. R2's diagnosis list (6/27/2024) documents diagnoses including: Quadriplegia (paralysis of legs and arms), Epilepsy (seizure disorder), Cortical Blindness (visual blindness associated with brain damage), Profound Intellectual Disabilities, Cerebral Palsy, and Major Depressive Disorder. R2's Resident Assessment (6/6/2024) documents R2 has severely impaired cognition, is completely dependent on staff assistance to perform all activities of daily living, uses a wheelchair, and has left and right side upper extremity impairment. R1's Resident Assessment (5/20/2024) documents R1 does not have any upper extremity impairment. R1's Care Plan (6/27/2024) documents R1 is physically aggressive including grabbing others, biting, and pinching. The same record documents an entry on 5/20/2024 with the goal that R1 will not harm R1's self or other people. The facility Resident Abuse incident investigation (6/16/2024) documents R1 and R2 were seated beside each other in the facility dining room on 6/16/2024 when R2 began making noises that agitated R1 and R1 proceeded to slap R2 on the thigh approximately 10 times. (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: 145948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bement Health Care Center	601 North Morgan Bement, IL 61813

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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	On 6/27/2024 at 1:50PM, V2 (Unit Aide) reported being present in the facility dining room on 6/16/2024 when the altercation between R1 and R2 occurred. V2 reported hearing R2 scream but a different type of scream than her usual sound, more of an ow I'm hurt high pitch scream. V2 reported turning around in the dining room after initially hearing R1 slap R2 and hearing R2's screams and then observed R1 slapping R2 on R2's right thigh repeatedly. V2 reported R1 slapped R2 additionally at least five or six times after V2 turned around to observe the altercation between R1 and R2. On 6/27/2024 at 1:30PM, V4 (Registered Nurse) reported being present on 6/16/2024 in the dining room after the altercation between R1 and R2. V4 reported R2 is unable to raise R2's arms in defense to being hit by another person.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bement Health Care Center	601 North Morgan Bement, IL 61813

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 35347 Based on interview and record review, the facility failed to document a resident-to-resident physical abuse incident and investigation in a resident's medical record. This failure affects one resident (R2) of three reviewed for abuse in the sample of three. Findings include: The facility Resident Abuse incident investigation (6/16/2024) documents R1 and R2 were seated beside each other in the facility dining room on 6/16/2024 when R2 began making noises that agitated R1 and R1 proceeded to slap R2 on the thigh approximately 10 times. On 6/27/2024 at 10:30AM, R2's electronic medical record (undated) did not document any information of any type related to the 6/16/2024 altercation between R1 and R2. R2's nursing progress notes (June, 2024) did not document any information about R2 being the victim of physical abuse on 6/16/2024. On 6/27/2024 at 10:01AM, V1 reported V4 (Registered Nurse) only documented R1 and R2's 6/16/2024 incident in R1's medical record and not in R2's medical record.