

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145995	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2026
NAME OF PROVIDER OR SUPPLIER Archer Heights Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 4437 South Cicero Chicago, IL 60632	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to follow their abuse policy for two residents (R5,R6) out of four residents reviewed for abuse. This failure resulted in staff members not immediately intervening in a situation where residents became abusive to each other. Staff did not intervene in time resulting in R5 and R6 engaging in a physical altercation that lead to R5 sustaining a facial laceration, laceration of the scalp, and a fracture of his nasal bone. Findings Include On 3/31/26 at 11:30 am V10 CNA (Certified Nurse Aide) stated she was working on the floor doing rounds and heard someone say a fight. V10 stated she went into the room and saw R6 standing over R5 punching him. V10 stated she was able to separate R6 from R5 and escorted R6 down the hallway while calling for assistance. V10 stated the nurse came to R5 and R6's room and looked at R5. V10 stated R6 told them that he was on the phone and R5 turned the television up too loud. V10 stated R6 told them that he asked R5 to turn the television down but R5 cursed him out so then they started to fight. On 3/31/26 at 12:30 pm V7 LPN (Licensed Practical Nurse) stated she was working at the facility when she heard some commotion coming from R5 and R6's room. V7 stated she went into their room and saw R5 on the floor bleeding from the head and rendered first aid to him. V7 stated she asked R5 what happened, but he did not tell her how he fell. V7 stated she asked R6 what happened and told her they got into an argument about the television. V7 stated R6 told her R5 got up in his face so he hit R5 and R5 fell on the floor. V7 stated before that incident they had never had an altercation with each other or any other residents. V7 stated called the physician and got order to send residents out to the hospital for evaluation. On 4/2/26 at 10:30 am V17 (Doctor) stated she was made aware that R5 and R6 had an altercation back in January. V17 stated the result of that altercation was that R5 did sustain some injuries, a couple of lacerations and closed nasal fracture. V17 stated R5 is stable now, in no distress and he will not have any long-lasting side effects from his injuries. V17 stated R6 is normally calm but with residents like him that have background in drug abuse their coping mechanism that they used on the outside don't work in a nursing home when there are disagreements, and R6 understands that now. On 3/27/26 at 11:00 am R5 stated that he walked into his old room and R6 was on the phone arguing with his girlfriend. R5 stated he asked R6 if he could lower his voice. R5 stated R6 walked over towards him with his cane and hit him in the face with his cane. R5 stated he fell down and R6 punched him a few more times and then the aide pulled him away. R5 stated he is not scared of R6 and has no issue with R6. R5 stated he feels fine and feels safe staying in the facility. On 3/27/26 at 11:45 am R6 stated he was in his room when R5 came in and turned his television up really loud. R6 stated he told R5 to turn the television down because it was too loud. R6 stated R5 did not turn the television down and asked R5 to turn the television down but R5 walked towards and told him to shut the F*** up. R6 stated he got mad and thought that R5 was going to hit him, so he punched him first. R6 stated R5 fell and when R5 tried to get back up punched R5 again. R6 stated before he could hit R5 again the aide came in between them and asked him to leave the room. R5 ?s 1/28/2026 20:47 Nursing Progress Note Text reads : Writer was notified by the CNA (certified nurse assistant) that the resident had a physical altercation with his roommate. Writer came to resident room. Resident was (continued on next page)</p>

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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>observed on the floor with blood coming out of his nose and from the back of his head. Writer assess resident from head-to-toe b/p-129/79,p-81,t-97.3,rr-18,02sat-98% r.a. Resident was noted with a busted lip and blood coming from the back of his head. Writer and CNA assisted resident back to the chair. Writer started to wipe the blood to see where it was coming from. Writer place clean gauze on resident lip and the back of his head. Writer called Dr. and received new order to send resident out to the emergency room via 911.Writer called Administrator. Resident was placed on 1:1 until 911 arrived to transport resident to the emergency room at Hospital. Writer notified family. Writer made [NAME] aware as well. Police report #Jk130831. R5's hospital record dated 1/28/26 reads 55y male w who presents to ED with chief complaint battery. Patient states he was punched in the face at his NH. Physical Exam: Has 1/2 laceration to the posterior scalp and 3 cm vertical laceration of the left upper lip and face involving the [NAME] border. Does not go through and through the lip. Computed Tomography HEAD without intravenous contrast Final Result: Acute on chronic fracture of the nasal bones with new fracture of the nasal process of the left maxillary bone. Laceration Repair: wound was thoroughly cleansed, irrigated, and explored. No evidence of foreign body was noted. The wound was closed with 2 staples suture with good approximation. The wound was closed with 6 5 O Nylon suture with good approximation. Denies LOC. Denies any other injuries. emergency room Diagnosis: 1. Facial laceration, initial encounter 2. Laceration of scalp, initial encounter 3. Closed fracture of nasal bone, initial encounter. R5's 1/29/2026 01:03 General Progress Note Text reads: Resident is alert and oriented x2/3.Resident returned back from hospital with 5 stitches on the lip,3 staples to the back of his head,1 dissolvable stitch to inner lip and nasal fracture. No new orders. Will continue to monitor. Resident is currently on 1:1 supervision.R6'S 1/28/2026 20:45 Incident Note Text reads: Resident was in his room alert and stable. Resident was noted coming out of his room very agitated and in distress. Resident stated I was trying to relax in my room and my roommate came from outside drunk and we got into an argument cause he had turned the TV full blast and I told him to turn it down and he got mad and he came at me and he hit me in my face, so I defended myself. Writer assess resident from head to toe, vitals b/p-132/78,p-81,rr-18,t-97.5,02 sat-98%r.a.Resident does not express that he's in any pain. No injuries were noted. Writer and CNA assisted resident apart from his roommate and was placed on 1:1 supervision. Writer called Dr. and received new order to continue to monitor resident. Writer called Administrator. Writer notified family (daughter) and left a voicemail to give the facility a callback. Writer made [NAME] aware as well. Police report #Jk13083.Facility's abuse policy reads this facility affirms the right of our residents to be free from abuse, neglect, exploitation, retaliation, misappropriation of property, deprivation of goods and services by staff, or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident-sensitive and resident-secure environment. Abuse means any physical or mental injury, retaliation, or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means, and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.</p>		