STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146010	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare of Pontiac	300 West Lowell Pontiac, IL 61764

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. Based on observation, interview, and record review, the facility failed to protect a resident from physical abuse by another resident. This failure affects two residents (R1 and R2) out of twelve residents reviewed for abuse on the sample list of 26.Findings include:R1's Medical Diagnoses List dated 5/1/26 documents R1 experiences Delusional Disorder and Major Depression.R2's Medical Diagnoses List dated 5/1/26 documents R2 experiences Delusional Disorder, Dementia, and Paranoid Schizophrenia.The facility's Initial Report to Illinois Department of Public Health dated 3/28/26 documents an occurrence between R1 and R2 with R1 scratching R2 on the arm.R1's Nursing Progress Notes dated 3/19/26, 3/20/26, 3/21/26, 3/23/26, and 3/24/26 documented R1 exhibiting behaviors, albeit these behaviors are not specified. On 3/25/26 R1's Nursing Progress Note documents R1 being upset and yelling at staff.On 3/24/26 R1's Nursing Progress note documents: Note Text: Was a behavior observed? YES. Res upset this morning due to (R1) does not like the Certified Nursing Assistant on (R1's) hallway. One on one completed with brief positive results. Res began wheeling (R1's self) down the hallway and cursing and screaming due to (R1's) clothing. Laundry brought (R1) all (R1's) clothes and completed one on one with good results.R1's Nursing Progress Note dated 3/28/2026 documents: Incident Note, Note Text: (R1) got upset at another resident (R2) in the hallway, (R1) started yelling and lunged at (R2), scratching (R2) on the left forearm. They were separated by staff members, abuse coordinator called immediately. Immediate intervention is to escort residents to and from the dining room, so they have no further interactions. Power of Attorney called and completely understandable about the situation, stated (R1) always has been like this even before the stroke.R1's current Care Plan dated 5/1/26 documents R1 exhibits behavioral issues such as: (R1) has a behavior problem related to (R1) will transfer (R1's self) to other resident's wheelchairs when they are not in use and then refuse to get out of the chair when staff attempts to assist (R1) back into (R1's) wheelchair. Date Initiated: 11/17/2022; and at times, does not prefer for others to sit with (R1) at (R1's) table, (R1) can become agitated at certain times with certain residents, Monitor for signs of agitation and provide one to one. Date Initiated: 02/13/2020.On 4/29/26 at 11:42 am, V12, Licensed Practical Nurse, stated V12 didn't physically see the incident between R2 and R1. V12 stated R2 had come up to V12 in the hallway and asked for a (adhesive bandage). V12 stated V12 asked R2 what R2 needed a bandage for and R2 showed V12 R2's arm. V12 further stated there were visible scratches that were bleeding. V12 clarified that the blood was not gushing out but it was the surface blood that shows up from missing skin and it was enough blood that it smeared around on R2's arm when V12 cleaned R2 up because the blood was running out of the scratches.On 4/29/26 at 12:02 PM, R2 displayed R2's left forearm which had four healed scars. Three of the scars were dull red in appearance and indented below the surface of the surrounding skin, and one scar was dull red and superficial. R2 stated R2 had been grabbed by R1 and R1 really f***ed me up.On 5/1/26 at 2:45 PM, V26, Certified Nursing Assistant, stated V26 was there the day of the incident between R1 and R2. V26 stated V26 was propelling another resident in the hallway and saw R1 and R2 having a face-off because R1 was in R2's way, I (V26) moved R1 to let R2 go past and when R2 went past, R1 lunged at R2. V26 continued to state V26 didn't initially see R1 grab or scratch (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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2, but after V26 took the other resident to the dining room V26 was on V26's way back and saw R2 with the nurse putting a bandage on R2's arm. V26 concluded by stating when R1 lunged at R2 it wasn't an accident like R1 was falling and reaching out to steady R1's self, R1 was going for R2.