

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Heartland Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  101 Trowbridge Road Neoga, IL 62447	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35380</p> <p>Based on interview and record review the facility failed to protect the resident's right to be free from physical abuse for one (R1) resident by another resident (R2) of three residents reviewed for abuse in a sample list of three residents.</p> <p>Findings include:</p> <p>The facility's Incident Report Form dated 1/19/25, documents R2 struck R1 on the cheek while in the sunroom.</p> <p>R1's Minimum Data Set (MDS) dated [DATE], documents R1 is cognitively intact.</p> <p>R1's Care Plan dated 1/19/25, documents R1 was an alleged recipient of an alleged abuse by another resident in the facility. This Care Plan also documents R1 is at risk for inappropriate altercations with other residents that are not able to respect boundaries and may encourage negative attention in the community.</p> <p>On 1/28/25 at 12:30 PM, R1 stated R2 backhanded R1 in R1's mouth. R1 stated R1 does not know why. R1 stated R1 might have bumped into R2 with his wheelchair but is not sure. R1 stated R1 does not try to hurt anybody. R1 stated R1 did not have any injuries.</p> <p>R2's undated diagnoses list documents unspecified Dementia, unspecified severity with Agitation and Cognitive Communication Deficit.</p> <p>R2's MDS dated [DATE], documents R2 is not cognitively intact.</p> <p>R2's Care Plan dated 1/16/25, documents R2 is verbally abusive to roommates and their families when R2 receives a new roommate and is verbally abusive to new residents that sit at R2's table in the dining room.</p> <p>On 1/28/25 at 9:54 AM, R2 stated R1 was trying to stop R2 from going anywhere and tried to get in front of R2. R2 stated R1 did not say anything to R2. R2 stated R2 attempted to slap R1 but doesn't know if he got the job done.</p> <p>(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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Heartland Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  101 Trowbridge Road Neoga, IL 62447	
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>On 1/28/25 at 11:07 AM, V4 Licenced Practical Nurse (LPN) stated R4 was standing at the medication cart and heard R1 yell he hit me so she moved R1 away from R2. V4 stated the other nurse (V3/LPN) went to R2 and R2 stated (V4 heard this) he has it coming. V4 stated R2 likes to be by himself, wants his own room and doesn't like anyone bothering him so it doesn't surprise V4 that R2 did that. V4 stated R1 was trying to get down the hall and R1 moves his wheelchair back and forth so he must have accidentally hit R2 and/or his wheelchair.</p> <p>The facility's Abuse Prevention Program dated October 2022, documents the facility affirms the right of our residents to be free from abuse and this facility prohibits abuse. This same policy also documents abuse means any physical injury inflicted upon a resident other than by accidental means.</p>		