

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/24/2024
NAME OF PROVIDER OR SUPPLIER  Park Place of Belvidere		STREET ADDRESS, CITY, STATE, ZIP CODE  1701 5th Avenue Belvidere, IL 61008	

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> 41639</p> <p>Based on interview and record review, the facility failed to protect a resident (R2) from abuse. This applies to 1 of 3 residents reviewed for abuse in the sample of 9.</p> <p>The findings include:</p> <p>R1's electronic face sheet printed on 10/24/24 showed R1 has diagnoses including but not limited to altered mental status, psychosis, and adjustment disorder with mixed anxiety and depressed mood.</p> <p>R1's facility assessment dated [DATE] showed R1 has mild cognitive impairment and experiences verbal behaviors directed towards others.</p> <p>R1's care plan dated 10/10/24 showed, (R1) demonstrates behavioral distress related to generalized anxiety disorder and adjustment disorder. Problems are manifested by exhibiting physical and verbal aggression. Triggers may include poor impulse control, not personally identifying the situation/environment; demonstrate mood lability, showing little ability to self-regulate anger/temper and mood state .</p> <p>R1's care plan dated 8/7/23 showed, (R1) has a behavior problem he asks staff for sexual favors, tries to intimidate staff members, may use profanity towards staff members and tries to start fights with other residents related to diagnosis and noncompliance with treatment.</p> <p>R2's electronic face sheet printed on 10/24/24 showed R2 has diagnoses including but not limited to delusional disorders, chronic kidney disease, and insomnia.</p> <p>R2's facility assessment dated [DATE] showed R2 has no cognitive impairment and experiences verbal behaviors directed towards others.</p> <p>R2's care plan dated 10/26/23 showed, I have a history of mental health problems (psychotic disorder and adjustment disorder) and I display dysfunctional behavior. This problem is manifested by behaving in a derogatory and condescending manner towards others. I am territorial and have a misguided belief that I am entitled to identify areas where peers are allowed to be within the facility.</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
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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>R2's care plan dated 5/23/24 showed, I am challenged by mental illness (psychotic disorder and adjustment disorder) and rigid personality traits. I am impulsive in my judgment/is verbally aggressive &amp; I tend to target female staff with making socially inappropriate comments. I am quick to use provocative words and objectify female staff as a misguided means of asserting my dominance. I have received counseling and requested to refrain from this behavior. However, I do not accept responsibility and falsely alleging I am the victim in the situations I have initiated.</p> <p>The facility's undated Final Abuse Investigation Report showed, Residents (R2) and (R1) both attending community bingo event. Sudden verbal altercation immediately followed by physical aggression when (R1) struck (R2). Staff immediately separated the residents .</p> <p>On 10/24/24 at 9:46AM, R2 stated, We play bingo every few days and we always have the same seats. I got up to go to the bathroom before we started and when I came back (R1) was in my spot. I asked him if he was going to sit there and he said, Not if your stinky a** is going to sit here. I said, Whoa why are you talking like that? and then he punched me in the face five times. My lip was bleeding and bruised but that was it. It's over now but I'm tired of being beat up.</p> <p>On 10/24/24 10:15AM, R1 stated, They put me at (R2's) table and he wasn't there. When he walked up to me, he sat down and was running his mouth, so I punched him in the face a few times. He was bleeding a little from his lip but that's all. I don't feel bad because he has been messing with me for about a year now. I have had enough .I meant to hit him, and it was intended to hurt him specifically. It wasn't a random event.</p> <p>On 10/24/24 at 11:10AM, V5 (Registered Nurse) stated, I was the only staff that witnessed the altercation between (R1) and (R2). I was at the nurse's station while the residents were getting ready to play bingo. (R2) and (R1) were at a middle table in the dining room and they started arguing and yelling at each other. (R2) said something like, Bring it on and before we could get to them, (R1) hit (R2) at least 4 times in the head and face. We separated them immediately and (R2) had some blood coming from his lip and his lip got bruised. We sent (R1) out to the hospital a few days later for a psychiatric evaluation and they added a new medication for him to control his anger.</p> <p>On 10/24/24 at 1:14PM, V2 (Director of Nursing) stated, I was here the day of the altercation between (R1) and (R2). I heard commotion but by the time I got to the dining room, they were already separated. (R2) said to (R1), My sister hits harder than you. I gave (R2) an ice pack because he was bleeding and had a swollen lip. They have not had any issues since this altercation, and we try to redirect them when they are in the same vicinity. I am not the abuse coordinator, but I see where (R1's) actions are viewed as willful and intentional.</p> <p>The facility's policy titled, Abuse Prevention Program dated 10-2022 showed, This facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but no limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals Abuse means any physical or mental injury 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 .The term willful in the definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p>		