Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146177	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resthave Home-Whiteside County	408 Maple Avenue Morrison, IL 61270

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36186 Based on interview and record review the facility failed to protect a resident from verbal abuse. This failure affects one (R1) of three residents reviewed for abuse in the sample of eight. The findings include: The facility face sheet shows R1 was admitted to the facility with diagnoses to include right tibia (lower leg bone) fracture, atrial fibrillation, weakness, and dementia. The facility assessment dated [DATE] shows R1 to have severe cognitive impairment and required set-up assistance with her meals on admission. The facility incident report dated 10/11/2024 for R1 shows her to be oriented to person only and was being encouraged to eat her breakfast. V5 (Certified Nursing Assistant/CNA) was overheard by V3 (CNA) and V4 CNA) telling R1 she had to eat her breakfast, or she would not be able to go home. V5 was later observed by V3 and V4 trying to get R1 to eat and then heard her say [you are fu**ing pathetic]. The incident report also shows the incident was reported to V2 (Director of Nursing/DON) and V5 was escorted from the facility. The facility investigation completed by V1 (Administrator) shows R1 was interviewed and R1 shared no concerns with the care she had received and had never been mistreated or had any staff say anything inappropriate to her. V3 and V4 were interviewed and gave a written statement showing they witnessed the incident. On 10/23/2024 at 9:00 AM, R1 was observed sitting alone in the dining room. R1 said she did not have any complaints about the staff not treating her right and did not recall hearing a staff swear at her. On 10/23/2024 at 9:30 AM, V1 (Administrator) said the abuse was substantiated since they had two staff witnesses of the incident and V5 was terminated from the facility for abuse. On 10/23/2024 at 10:00 AM, a call was placed to V5 (CNA) for her statement, but her number had been disconnected and the facility has no other number for her. On 10/23/2024 at 10:15 AM, V3 (CNA) said they were feeding the residents in the dining room and she had overheard V5 say to R1, you need to eat your breakfast or you can't go home and saying loudly enough for people to hear, you are fu**ing pathetic. (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: 146177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resthave Home-Whiteside County	408 Maple Avenue Morrison, IL 61270

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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 10/23/2024 at 10:23 AM, V4 said she was present the day of this incident and overheard V5 tell R1 she had to eat her breakfast, or she couldn't go home. V4 said V5 kept trying to get R1 to eat even though R1 was refusing, and then she heard V5 say you're fu**ing pathetic. On 10/23/2024 at 11:20 AM, V2 (DON) said on 10/11/2024 the staff nurse came and told her what two of the CNAs reported to her about R1 being verbally abused by V5. V2 said she told the nurse to go tell the Administrator right away and she went and got V5 from the unit and talked to her about what happened. V2 said V5 admitted to telling R1 she had to finish her breakfast or she could not go home and admitted to saying [you're fu**ing pathetic] while in the dining room. V2 said V5 was escorted from the facility and later terminated from the facility for verbal abuse. On 10/23/2024 at 12:00 PM, V7 (Registered Nurse/RN) said R1 has been refusing her meals and the staff are to encourage her but never to threaten them or swear at them. The facility staff witness statements from V3 dated 10/11/2024 shows [during morning meal R1 was being prompted by V5 to eat her breakfast. V5 told R1 she will not be able to leave the table until she eats her toast] and later saying [you're fu**ing pathetic]. The statement from V4 shows [you won't be able to leave the dining room until you've eaten one piece of toast] and [you're fu**ing pathetic]. The facility policy with a revision date of 11/28/2016 for preventing and reporting abuse/neglect shows Resthave does not tolerate abuse or neglect of its residents. Each resident will be free from abuse . and residents will not be subjected to abuse by anyone