

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  12/04/2024
NAME OF PROVIDER OR SUPPLIER  Resthave Home-Whiteside County		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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** 38488</b></p> <p>Based on interview and record review the facility failed to ensure a resident was free from abuse for 1 of 3 residents (R2) reviewed for abuse in the sample of 6.</p> <p>The findings include:</p> <p>R1's face sheet showed he was admitted to the facility on [DATE] with diagnoses to include hemiplegia and hemiparesis, encephalopathy, seizures, obstructive reflux uropathy, atrial fibrillation, hypertension, and weakness. R1's 9/3/24 facility assessment showed he has severe cognitive impairment and is dependent on staff for cares.</p> <p>R1's care plan initiated 7/23/24 showed, [R1] has episodes of being sexually inappropriate verbally and physically with staff particularly during cares .</p> <p>R2's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include encounter for palliative care, cerebral atherosclerosis, generalized anxiety disorder, hypertension, and vascular dementia. R2's facility assessment dated [DATE] showed she has severe cognitive impairment and is dependent on staff for all cares.</p> <p>The facility's final report to the Illinois Department of Public Health showed, On 11/21/24 at 4:45 PM, staff witnessed resident [R1] sitting next to resident [R2] in the common lounge area. Staff initially observed [R1] patting [R2] arm and talking to her. Staff then observed [R1] lifting [R2] shirt to touch her breast. Staff intervened and redirected [R1] away from [R2] immediately. [R2] was asleep at the time and did not waken nor notice that anything had occurred. [R2] was assessed and there was no injury .</p> <p>On 12/4/24 at 12:07 PM, V5 RN (Registered Nurse) said she was passing medications when the CNAs came and reported to her that R1 was witnessed pulling R2's shirt up and touching her breasts.</p> <p>On 12/4/24 at 11:30 AM, V8 CNA said, I was there when it happened . I was looking for call lights and when I turned around he was fiddling with her breasts . [R2] is in an almost comatose state. She didn't react at all. She wasn't awake .</p> <p>On 12/4/24 at 1:24 PM, V6 CNA said, . We saw him grabbing her breast . I asked him what he was doing and he said 'playing with her tits' . She was not responsive to anything .</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>The facility's policy and procedure revised 11/1/24 showed, . Preventing and Reporting Abuse/Neglect . Purpose: To provide a safe environment and protect residents and the facility . Policy: [The facility] does not tolerate abuse or neglect of its residents. each resident will be free from abuse . Residents will be not be subjected to abuse by anyone, including but not limited to, facility staff, other residents .</p>		