STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146180	A. Building B. Wing	09/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ascension Nazarethville Place	300 North River Road Des Plaines, IL 60016

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 Interview and Record Review, the facility failed to protect a resident (R1) from Neglect when a resident requested to be changed, and V6 (Certified Nurse Aide/CNA) did not change the resident during the V6's shift and was changed by the next shift CNA. This failure affected 1 resident (R1) of 3 reviewed for Neglect.Findings Include:On 9-2-25 at 10:24 AM, V1 (Administrator/ Human Resources) said R1 is alert, oriented, and able to make her needs known. R1 told previous Director of Nursing/DON that R1 requested V6 (Certified Nurse Aide/CNA) to change her brief and be changed for the day and return to bed. V6 replied it was too much work. V6 was already in bed. V6 told R1 that when you are back in bed (we are not getting you back up). R1's peri care was not performed until next shift. V1 said she felt the V6 intimidated R1 where R1 would feel uncomfortable in asking for help. V1 said CNA willfully held back from changing R1 when R1 wanted to be changed which is Neglect. V1 said facility investigation substantiated Neglect. V1 said R1 was terminated.On 9-2-25 at 9:50 AM, V3 (Social Service Director) said R1 told V1 (Administrator) with V3 present, R1 requested to be changed, and the CNA did not return to assist resident.Initial State Reportable dated 7-31-25 documents: Resident alleged that CNA did not provide care based on facility standards today. CNA Nina suspended. Nursing instructed to do body assessment. Investigation initiated. Family and MD notified. Final investigation to follow.Final State Reportable dated 8-8-25 documents: Following investigation, CAN openly admits to not performing peri-care checks on resident at all during her shift. When ask why, CNA stated I don't know. She will usually call for help if she needs to be changed. Administrator asked staff CNA how often peri-care checks should be completed as per facility policy, in which staff CNA replied, every 2 hours or more if necessary. Resident stated that following breakfast, she used her call light for staff CNA to please come and change her brief as well as her clothes for the day. Resident requested to be placed into bed for this, however per resident staff CNA replied with its too much work for us, once you're back in bed you're back in bed. Resident peri-care was not completed until the new CNA arrived for the PM shift around 2:30 PM when resident called for the primary nurse to inform her of the situation. After completing the above investigation, it has been determined by this administration that there was substantiated resident neglect due to a staff CNA member knowingly not attending to peri care needs for one resident during her shift stating that she didn't know why she did not check on this resident. Abuse Prevention Policy (revised 8-24) documents: Policy Statement: Our residents have the right to be from abuse, neglect, misappropriation of resident property, and exploitation. The objective of the abuse policy s to comply with the seven-step approach to abuse and neglect detection and prevention.

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