STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E212	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frankfort Terrace	40 North Smith Frankfort, IL 60423

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** Based on interview and record review, the facility failed to protect a resident's right to be free from physical abuse by another resident. This applies to 1 of 5 residents (R2) reviewed for abuse in the sample of 6. The findings include: R1's EMR (electronic medical records) showed that he was admitted on [DATE], and discharged on May 26, 2025, with diagnoses including schizoaffective disorder, depressive type, hypertensive heart disease without heart failure, cocaine abuse, unspecified with withdrawal, alcohol abuse, uncomplicated, peptic ulcer site unspecified, unspecified as acute or chronic, without hemorrhage or perforation, hypo-osmolality and hyponatremia, other poly osteoarthritis. R1's quarterly MDS (minimum data set) dated April 28, 2025, showed that R1 was moderately impaired in cognition. FRI (Facility Reported Incident) report included the following: Date/time of incident: May 26, 2025, 12:45 PM. Final Report sent to IDPH (Illinois Department of Public Health) on May 30, 2025. Brief description of incident: R2 alleges that co-peer [R1] hit him in the mouth with his hand. Body assessment completed and R2 was noted with swollen lip. First aide applied to his lip. On June 16, 2025, at 10:05 AM and 10:52 AM, V2 (Director of Nursing) stated that R1 was sent out to the hospital on May 26, 2025, and discharged to another nursing home from the hospital. Nursing incident progress note dated May 26, 2025, included that Resident (R1) was involved in initiating aggressive behavior towards peer (R2). R1 stated that peer (R2) cut him off. R1 was assessed for injuries, with none visible (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E212	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frankfort Terrace	40 North Smith Frankfort, IL 60423

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	PRSC (Psychosocial Rehabilitation Service Coordinator) Behavior note dated May 26, 2025, included that R1 was physically aggressive towards co-peer (R2) in the dining area. R1 was escorted to social service office and an official statement was taken from him. He was counseled and was placed on one: one until the arrival of the ambulance to be transferred to the hospital for psychiatric evaluation. Progress notes dated April 29, 2025, included that R1 continues with aggressive behavior towards staff and peers. R1 throwing water and non-redirectable. Physician phoned and ordered received to send resident to hospital for psychiatric evaluation. Incident note dated April 28, 2025, included that peer (R3) was sitting and watching television and resident (R1) came up and swung at peer sticking peer's right arm. Resident was moved away from peer and counseled. Physician made aware and resident was given an as needed medication) and counseled. PRSC progress note dated April 13, 2025, included that R1 was physically aggressive towards co peer while in the dining room. R1 stated co peer was looking in his direction, so he hit him. Staff separated each party. R1 was counseled on his behavior. Physician made aware and orders were given for resident to be sent to hospital for psychiatric evaluation. R1 was placed on one to one until the arrival of the ambulance for transport. 2. R2's EMR included diagnoses of Schizophrenia, unspecified bipolar disorder, current episode manic severe with psychotic features other psychoactive substance abuse, uncomplicated. R2's Annual MDS dated [DATE], showed that R2 was cognitively intact. On June 16, 2025, at 10:35 AM, R2 stated It was Memorial Day. This guy [R1] was very aggressive and hit me. He hit me in the mouth and my whole lip got really big. I couldn't eat my food on Memorial Day as my mouth was all busted up and I wanted to enjoy my food. I did not want to go to the hospital and asked for an ice pack. I think he (R1) is dealing with some mental illness in the head, and he just likes to fight. I was not the first person he hit around here, and then he says he's sorry to the police officer and staff. I told the Administrator (V1) that I do not want to deal with him and don't want him to come back from the hospital. He was new and violent, and I told the Administrator that I want this [NAME] to leave here. A lot of people here is elders, and he does not need to be here. This is a safe and clean place, and I have been here for 5 years and it's my home. He (R1) has been sent out many times to the hospital after hitting people and all the residents don't want him to come back. I heard he wrestled with nursing and turned the medical cart over. He did all this in one month. On June 16, 2025, at 11:29 AM, V3, PRSD ((Psychosocial Rehabilitation Service Director) stated that the altercation on May 26, 2025, between R1 and R2 happened when R2 was at the water cooler assisting R6 to get some ice. V3 stated that R1 was standing there and reading the posted menu and R2 walked in front of him and crossed his path which set R1 off and caused him to strike out at R2. V3 stated this was reported to him by a witness staff member V4 (Certified Nursing Assistant) who was in the vicinity and currently on vacation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E212	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frankfort Terrace	40 North Smith Frankfort, IL 60423

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	On June 16, 2025, at 1:44 PM, V5 (Licensed Practical Nurse) stated I was not in the vicinity when it happened. Everyone who was at the area said that [R2] went to open the container for ice for an older lady [R6]. [R1] thought that [R2] cut in front of him and punched him in the face. [R2] had the inside of his lip busted and it was swollen, and we put ice on it and let the doctor know. It was an abrasion inside the lip. [R1] had no injuries. R2's EMR included Nursing Incident progress note dated May 26, 2025, included that resident was in physical altercation with peer. Resident's separated and counseled. Body check revealed an abrasion to the inside of resident's upper lip. Lip slightly swollen and small amount of blood noted. Resident given ice pack and Physician make aware. Facility policy titled Abuse (effective December 2024) included as follows: Policy: This facility affirms the right of our residents to be free from verbal, physical, sexual, mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion, or mistreatment. This facility therefore prohibits abuse, neglect, misappropriation of property, involuntary seclusion, or mistreatment of residents Definitions: The following definitions are based on federal and state laws, regulations and interpretive guidelines. Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means (210 ILCS [Illinois Complied Statutes] 45/1-103) Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means and requires medical attention (77 Illinois Administrative Code 300.330). Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment (42 CFR 482.12 Interpretive Guidelines).