

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Joliet Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 2230 McDonough Joliet, IL 60436	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36567</p> <p>Based on interview and record review, the facility failed to prevent a resident to resident physical abuse altercation.</p> <p>This applies to 2 of 3 residents (R1 and R2) reviewed for physical abuse in the sample of 6.</p> <p>The findings include:</p> <p>Facility reported incident dated October 13, 2024 included as follows: R1 reported to V1 (Administrator) at 1:00 PM, that on October 13, 2024 at 9:30 AM, when R1 entered the bathroom while R2 was using it, R2 became upset and slapped R1. R1 and R2 are not roommates but share the same bathroom. R1 denied any pain or discomfort and stated that it does not hurt. Investigations initiated. Conclusions for this investigation included that facility believes that R2 had no intention to abuse R1 and was responding to internal stimuli and was surprised and upset by R1's reaction to his behaviors. R1 has diagnoses of Schizophrenia and does have delusional thoughts and ideations as well as maladaptive behaviors</p> <p>R1's face sheet included diagnoses of schizoaffective disorder, generalized anxiety disorder, Parkinson's disease without dyskinesia, without mention of fluctuations.</p> <p>R1's Annual MDS (Minimum Data Set), dated July 26, 2024, showed R1 was cognitively intact.</p> <p>On October 18, 2024 at 10:03 AM, R1 was asked about altercation incident with R2. R1 stated he had gone into R1's and R2's shared bathroom and R2 slapped him. R1 stated, I don't know why he slapped me. He has not slapped me before. I already got taken care of. I am becoming okay. I shook hands with him.</p> <p>PRSC (Psychosocial Rehabilitation Social Service Counselor) progress notes, dated October 13, 2024, included R1 reported he was slapped in his bathroom overnight. R1 stated he had a disagreement with another resident [R2] and kept saying, It was nasty.</p> <p>R2's face sheet included diagnoses of schizoaffective disorder, generalized anxiety disorder, other problems related to lifestyle.</p> <p>R2's Annual MDS, dated [DATE], showed R2 was cognitively intact.</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>On October 18, 2024 at 10:11 AM, when asked about the incident of R2 with R1 , R2 acknowledged he slapped R1, but he doesn't know why. R2 spoke primarily in French, but could understand and speak some English.</p> <p>PRSC behavior progress notes, dated October 13, 2024, included that staff spoke with R2 about a report that he was physically aggressive (slap) towards another resident [R1]. R2 responded yes and motioned with his hand in a slapping motion and said he was insulted. Staff asked what insulted him and R2 said he was urinating and washing his face with the urine.</p> <p>R2's care plan,-initiated August 13, 2024, included R2 has history of aggressive behavior and has exhibited verbally/physically abusive behavior related/manifested by being challenged by mental illness, ineffective coping mechanisms, poor verbal skills and inability to express self in more appropriate language. Interventions for the same included Assist in identifying coping skills for anger control, avoid getting in power struggle with resident.</p> <p>On October 18, 2024 at 9:06 AM, V1 confirmed R2 to R1 abuse incident of October 13 , 2024. V1 stated R2 has not had any previous episodes of aggression or violence. V1 added R1 is hard of hearing and hears voices in his head and gets easily annoyed.</p> <p>Facility Abuse Policy (effective March, 2022) included as follows:</p> <p>This facility affirms the right of our consumers to be free from verbal, physical, sexual , mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion , or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of consumers</p> <p>Definitions: Abuse means any physical or mental injury or sexual assault inflicted upon a consumer other than by accidental means (210 ILCS 45/1-103). Abuse is the wilful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a consumer (42 CFR 483.5)</p> <p>Physical Abuse is the infliction of injury on a consumer that occurs other than by accidental means and that requires medical attention (77 Ill. Adm. Code 300.330). Physical abuse includes hitting, slapping</p>		