

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 06/14/2025
NAME OF PROVIDER OR SUPPLIER Joliet Living & Rehab Center		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** Based on observation, interview, and record review, the facility failed to protect two residents from abuse by not implementing interventions regarding repeated behavioral concern and a resident complaint.</p> <p>This applies to 2 of 3 residents (R1 and R2) reviewed for abuse in a sample of 10.</p> <p>The finding includes:</p> <p>According to the Electronic Medical Record (EMR), R1 is a [AGE] year-old female with diagnoses including, but not limited to, mood disorder, depression, anxiety, morbid obesity, and chronic pain. The Minimum Data Set (MDS), dated [DATE], showed R1 is cognitively intact and exhibits verbally threatening behaviors on an almost daily basis. R1 also demonstrated depressive moods.</p> <p>The EMR of R2 showed R2 is a [AGE] year-old female with diagnoses of schizoaffective disorder, post-traumatic stress syndrome (PTSD), anxiety disorder, bipolar disorder, and morbid obesity. The MDS, dated [DATE], showed R2 is cognitively intact and experiences depressive moods.</p> <p>The facility incident report, dated May 28, 2025, documented a verbal and physical altercation between R1 and R2 at approximately 5:45 PM during dinner. According to the report, R1 was walking with her dinner tray when R2 struck her. R1 reported that while seated, R2 began yelling at her, calling her derogatory names. R1 responded by striking R2, resulting in R2 sustaining multiple facial scratches. R1 sustained facial redness. First aid was provided to R1 and R2.</p> <p>Both residents were sent to the hospital for psych evaluation and treatment and returned to the facility a week later.</p> <p>Dining Room Configuration with V1 (Administrator) on June 13, 2025, at 11:00 AM showed the following identified seating arrangements:</p> <p>-R1 was seated at (table #) with R7 and R8.</p> <p>-R2 was at (table #) with R3, R5, and R10.</p> <p>-V4 (Psychosocial Rehabilitation Services Aide/PRSA) was monitoring the dining room, positioned approximately 6 feet from R1 and 12 feet from R2.</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 June 13,2025 at 11:41 A.M., R1 stated she walked to a table to hand her tray to R10. Upon returning to her table, R2 began yelling and cursing at her. R1 said she used her walker as a barrier and punched R2's face. R1 added V4 was nearby, but intervened only after the physical altercation had begun.</p> <p>On June 13,2025 at 11:50 A.M., R2 validated receiving facial scratches from R1 during the incident. R2 added she expressed irritation at R1 for repeatedly placing trays on their table for R10 to dispose of. R2 admitted to initiating the confrontation by yelling, then physically engaging R1 by pulling her hair before V4 intervened.</p> <p>On June 13,2025 at 12:10 P.M., R5 validated annoyance shared by (table #) residents regarding R1's tray-dropping behavior. R5 said R10 had reported these concerns to V3 (PRSD/Psychosocial Rehabilitation Coordinator), but no changes or interventions were implemented.</p> <p>On June 13,2025 at 12:20 P.M., R3 and R6 confirmed witnessing the verbal exchange and subsequent physical altercation.</p> <p>On June 13,2025 at 1:52 P.M., V5 (Certified Nurse Assistant/CNA) stated the issue with R1 placing trays at (table #) had been ongoing for over a week prior to the incident. V5 added residents at (table #) were upset with R1's behavior of dropping her meal tray.</p> <p>On June 13,2025 at 12:30 P.M., V4 (PRSA) acknowledged being informed by V3 about complaints regarding R1's behavior, but did not intervene until the physical altercation began.</p> <p>On June 13,2025 at 1:26 P.M., V3 (PRSD) confirmed receiving R10's complaint prior to the incident but failed to document or implement any intervention, deferring discretion to V4.</p> <p>On June 13,2025 at 1:45 P.M., V2 (Director of Nursing) stated V3 should have acted on R10's complaint to prevent escalation. V2 added V4, being an aide, is not qualified to plan behavioral interventions.</p> <p>On June 13,2025 at 1:50 P.M., V1 stated she was unaware of the complaints before the incident. V1 said V3 should have addressed the concern to ensure timely intervention. V1 acknowledged the situation could have been easily resolved if addressed proactively.</p> <p>A review of EMRs, progress notes, and care plans for R1, R2, and R10 revealed no documentation of interventions or care strategies to address R1's behavior, despite voiced concerns.</p> <p>The facility's abuse prevention policy, dated March 2022, states: This facility affirms the right of our consumers to be free from verbal, physical . abuse. The facility therefore prohibits abuse In order to do so, the facility has attempted to establish a consumer-sensitive and consumer-secure environment Consumer concerns will be recorded, reviewed, addressed, and responded to . An essential element of consumer satisfaction is a timely response back to the concerns expressed.</p>		