| Illinois D               | epartment of Public  | Health  |                     |  | FORM                         | APPROVE                  |
|--------------------------|--|---|---------------------|--|------------------------------|--------------------------|
| STATEMEN                 | T OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | ```                 | E CONSTRUCTION   |                              | E SURVEY<br>PLETED       |
|                          |  |   | A. BUILDING:        |  |                              |                          |
|                          |  | IL6003263   | B. WING             |  | C<br>05/16/2024              |                          |
| NAME OF F                | PROVIDER OR SUPPLIER   | STREET AL   | DDRESS, CITY, S     | TATE, ZIP CODE   |                              |                          |
| TOWER                    | HILL HEALTHCARE O  | CENTER  |                     |  |                              |                          |
|                          |  |   | ELGIN, IL 601       |  |                              | (1-1-1)                  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTIC<br>CROSS-REFERENCED TO TH<br>DEFICIENCY) | N SHOULD BE<br>E APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| S 000                    | Initial Comments   |   | S 000               |  |                              |                          |
|                          | Investigation of Fac<br>5/5/24/IL173083  | cility Report Incident of   |                     |  |                              |                          |
| S9999                    | Final Observations   |   | S9999               |  |                              |                          |
|                          | Statement of Licensure Violations<br>300.610a)<br>300.3210t)   |   |                     |  |                              |                          |
|                          | <ul> <li>a) The facility shapprocedures govern<br/>the facility. The wr<br/>shall be formulated<br/>Committee consistination<br/>administrator, the armedical advisory or<br/>of nursing and other<br/>policies shall comp<br/>The written policies<br/>the facility and shapped<br/>the facility and shapped<br/>t</li></ul> | advisory physician or the<br>committee, and representatives<br>er services in the facility. The<br>ly with the Act and this Part.<br>is shall be followed in operating<br>l be reviewed at least annually<br>documented by written, signed<br>of the meeting.<br>General<br>shall ensure that residents are<br>ysical, verbal, sexual or<br>e, neglect, exploitation, or<br>f property. |                     |  |                              |                          |
|                          | Based on interview facility failed to pro  | were not met as evidenced by:<br>is and record reviews, the<br>tect residents from abuse per<br>prevention program.   |                     |  |                              |                          |
|                          |  | 4 residents (R1, R3 and R4)   |                     |  |                              |                          |
|                          | tment of Public Health   | DER/SUPPLIER REPRESENTATIVE'S SIC   |                     | TITLE  |                              | (X6) DATE                |
|                          | ically Signed  | NUMBER REPRESENTATIVE S SIC   | JINAIURE            | IIILE  |                              | 05/31/24                 |
|                          |  |   | 6899                | (38T11   | If continu                   | ation sheet 1 of         |

|                          |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED<br>C |                         |
|--------------------------|---|---|---|--|------------------------------------|-------------------------|
|                          |   | IL6003263   | B. WING                                 |  |                                    | 16/2024                 |
| IAME OF F                | PROVIDER OR SUPPLIER  |   | DDRESS, CITY, ST                        | ATE, ZIP CODE  |                                    |                         |
| OWER                     | HILL HEALTHCARE C   | SENTER  | E STREET<br>ELGIN, IL 6017              | 77   |                                    |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE  | (X5)<br>COMPLET<br>DATE |
| S9999                    | Continued From pa   | age 1   | S9999                                   |  |                                    |                         |
|                          |   | l in R1 experiencing ongoing<br>oulder pain as a result of R2   |   |  |                                    |                         |
|                          | The findings include  | The findings include:   |   |  |                                    |                         |
|                          | diagnoses included<br>weakness, maligna<br>cognitive communie<br>mobility, and histor<br>(Minimum Data Set<br>cognition was seve<br>Face sheet, dated<br>diagnoses included | 5/15/24, shows R1's<br>I dementia, cognitive  |   |  |                                    |                         |
|                          | abnormal gait/mobi  | icit, mild cognitive impairment,<br>ility, and unsteadiness on her<br>ted 4/19/24, shows R1's<br>rely impaired.   | ,                                       |  |                                    |                         |
|                          | Sunday R2 punche<br>her chin, neck, and   | 6 AM, R1 stated a week ago<br>ed her in her chin. R1 stated<br>shoulders continued to hurt<br>d her neck continued to hurt.   |   |  |                                    |                         |
|                          | stated she heard ye<br>did not know what t<br>stated she walked of<br>R2 away because s<br>become aggressive<br>R1 later told her that                                      | AM, V4 (Registered Nurse)<br>elling between R1 and R2 but<br>they were yelling about. V4<br>over to R1 and R2 and moved<br>she was aware R2 could<br>e and get physical. V4 stated<br>at R2 punched R1 in the chin.<br>d R2 and R2 stated she did hit |   |  |                                    |                         |
|                          | stated after R1 was   | PM, V5 (Nurse Practitioner)<br>s hit by R2, R1 complained of<br>d neck pain upon movement.  |   |  |                                    |                         |

|                          |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING:  |                            | (X3) DATE SURVEY<br>COMPLETED<br>C   |                                  |                          |
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|                          |   | IL6003263  | B. WING                    |  |                                  | 16/2024                  |
| NAME OF                  | PROVIDER OR SUPPLIER  | STREET AD  | DRESS, CITY, ST            | ATE, ZIP CODE  |                                  |                          |
| OWER                     | HILL HEALTHCARE O   | SENTER   | E STREET<br>ELGIN, IL 6017 | 77   |                                  |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETI<br>DATE |
| \$9999                   | V5 stated R1 was r<br>or shoulder pain pri<br>pain was the result<br>he monitored R1's<br>would subside whic<br>steroids to treat R1<br>steroids did not alle<br>would be to order in<br>evaluate the source<br>V5's (Nurse Practiti<br>5/6/24, shows R1 w<br>still upset about the<br>however R1 express<br>V5's (Nurse Practiti<br>5/8/24, shows R1 e<br>regarding the encor<br>experiencing neck<br>steroid treatment w<br>shows R1 was press<br>(milligrams) for 5 da<br>related to recent en<br>V5's (Nurse Practiti<br>5/10/24, shows R1<br>improvement in nec<br>pain patient discuss<br>upset/angry about t<br>Witness statement,<br>(CNA- Certified Nur<br>nursing station to re<br>help separate R1 a<br>V7 wrote that R1 st<br>chin and that the in<br>taking too long in th | not complaining of head, neck<br>for to R2 hitting R1 and the<br>of R2 hitting R1. V5 stated<br>pain for a few days to see if it<br>the hit did not and V5 prescribed<br>'s pain. V5 stated if the<br>eviate R1's pain, his next step<br>maging of R1's neck to<br>be of the pain.<br>oner) progress note, dated<br>vas seen and stated she was<br>e encounter the other day<br>used she was not in pain.<br>oner) progress note, dated<br>expressed she was still upset<br>unter and stated she was<br>and shoulder pain for which<br>as discussed. The note<br>scribed steroid 20mg<br>ays for neck and shoulder pain<br>incounter with other resident.<br>oner)progress note, dated<br>expressed "minor<br>ck pain. When asked about<br>sed incident again and is still |                            |  |                                  |                          |

| STATEMEN                 | Department of Public<br>NT OF DEFICIENCIES<br>I OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  |                            | CONSTRUCTION  | (X3) DATE SURVEY<br>COMPLETED |                 |  |
|--------------------------|--|--|----------------------------|---|-------------------------------|-----------------|--|
|                          |  | IL6003263  | B. WING                    |   | C<br>05/16/2024               |                 |  |
| NAME OF                  | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, ST            | TATE, ZIP CODE  |                               |                 |  |
| OWER                     | HILL HEALTHCARE O  | SENTER   | E STREET<br>ELGIN, IL 6017 | 77  |                               |                 |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTIO<br>CROSS-REFERENCED TO TH<br>DEFICIENCY | ON SHOULD BE                  | HOULD BE COMPLE |  |
| S9999                    | Continued From pa  | age 3  | S9999                      |   |                               |                 |  |
|                          | verbal altercation w<br>removed from the a<br>after the altercation<br>duty that R2 punch<br>shows the nurse or<br>punched R1 in the<br>saying "yes." The<br>complained of neck<br>Incident report, dat<br>that R2 hit her on th<br>was not witnessed<br>stated R1 was yelli<br>bathroom because<br>R2 swatted R1 to le<br>shows R2 admitted<br>altercation and the<br>shows R2 was sen<br>and remained on 1<br>facility. Facility staf<br>other witnesses we<br>shows the allegation<br>substantiated by th<br>Police Violation No<br>received a citation<br>fighting (assault or<br>Facility Abuse Prever<br>reviewed 1/2019, s<br>right of our residen<br>neglect, exploitation<br>or mistreatment. T<br>abuse, neglect, exp<br>property, and mistre<br>document shows, " | ed 5/5/24, shows R1 had a<br>vith her roommate and R1 was<br>area. The note shows shortly<br>b, R1 informed the nurse on<br>ed R1 in the chin. The note<br>in duty asked R2 if she<br>face and R2 responded by<br>note shows R1 later<br>c pain shortly after the assault.<br>ed 5/5/24, shows R1 reported<br>he chin however the incident<br>by staff. The report shows R2<br>ng at R2 to get out of the<br>R2 was taking too long and<br>eave her alone. The report<br>I to striking R1 after a verbal<br>police were called. The report<br>t to the hospital for evaluation<br>:1 supervision until she left the<br>f were interviewed and no<br>ere identified. The report<br>on of the abuse was<br>e facility investigation.<br>tice, date 5/5/24, shows R2<br>for "Disorderly Conduct -<br>battery.)"<br>rention Program document,<br>hows, "This facility affirms the<br>ts to be free from abuse,<br>n, misappropriation of property<br>he facility therefore prohibits<br>poloitation, misappropriation of<br>eatment of residents." The<br>Abuse means any physical or<br>kual assault inflicted upon a |                            |   |                               |                 |  |

| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED<br>C |                         |
|---|---|---|---|--|------------------------------------|-------------------------|
|   |   | IL6003263   | B. WING                                 |  |                                    | 16/2024                 |
| NAME OF I                                     | PROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY, ST                         | ATE, ZIP CODE  |                                    |                         |
| OWER  | HILL HEALTHCARE C   | SENTER  | E STREET<br>ELGIN, IL 6017              | 7  |                                    |                         |
| (X4) ID<br>PREFIX<br>TAG                      | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF (<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>HE APPROPRIATE    | (X5)<br>COMPLET<br>DATE |
| S9999   | Continued From pa   | ge 4  | S9999                                   |  |                                    |                         |
|   | is the willful inflictio<br>confinement, intimic<br>resulting physical h<br>to a resident Thi<br>of abuse of residen<br>cause physical harn<br>The term 'willful' in<br>the individual must<br>that the individual must<br>behavior through co<br>2. Face sheet, dated<br>diagnoses included<br>psychosis, dementi<br>status, and alcohol<br>Progress note, dated<br>diagnoses also incl<br>disorder. | 4, shows R3's cognition was<br>d.<br>5/15/24, shows R4's<br>Wernicke's encephalopathy,<br>a, depression, altered mental<br>dependence.<br>ed 5/8/24, shows R4's<br>uded major neurocognitive<br>4, shows R4's cognition was |   |  |                                    |                         |
|   |   | AM, V3 (CNA- Certified stated she was assigned to be  |   |  |                                    |                         |

|                          |   | Health<br>(X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING: | CONSTRUCTION   | `́СОМ                             | E SURVEY<br>PLETED      |
|--------------------------|---|---|-------------------------------|--|-----------------------------------|-------------------------|
|                          |   | IL6003263   | B. WING                       |  |                                   | C<br>16/2024            |
| NAME OF                  | PROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY, STA              | ATE, ZIP CODE  |                                   |                         |
| TOWER                    | HILL HEALTHCARE C   | SENTER  | E STREET<br>ELGIN, IL 6017    | 7  |                                   |                         |
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| \$9999                   | 1:1 supervising bot<br>stated R3 was conf<br>facility, and V3 was<br>supervising him. V<br>ambulatory. V3 stat<br>R4's bed and R4 ye<br>bed [R3]!" V3 stated<br>and R4 when R3 re<br>in the nose. V3 stated<br>and R4 when R3 re<br>in the nose. V3 stated<br>tassist and both res<br>hospital after the in<br>V5's Nurse Practitic<br>R3 was exhibiting a<br>resident, and was s<br>Nursing note, dated<br>(Certified Nursing A<br>nurse that R3 struct<br>nose and as a result<br>back and hit R3 on<br>R3 was unable to g<br>happened.<br>Nursing note, dated<br>(Certified Nursing A<br>struck by a residen<br>back at the residen<br>note shows R4 stat<br>hit him back."<br>Incident report, dated<br>were roommates and<br>their room with a "s<br>incident. The report<br>assigned as R3 and<br>shows R3 then atter | h R3 and R4 in their room. V3<br>iused, often walks around the<br>having to redirect R3 while<br>3 stated both R3 and R4 were<br>ited R3 attempted to get into<br>elled, "Get the f*** out of my<br>d she tried to get between R3<br>eached around V3 and hit R4<br>ted R4 then hit R3 in the<br>aff then came to the room to<br>idents were sent out to the<br>cident. |                               |  |                                   |                         |

|  | Illinois Department of Public Health           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:                                |  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                 |
|--|---|--|---|--|-------------------------------|-----------------|
|  |   | IDENTIFICATION NOWBER.   | A. BUILDING:                            |  |                               |                 |
|  |   | IL6003263  | B. WING                                 |  |                               | C<br>16/2024    |
| AME OF PROV  | IDER OR SUPPLIER  | STREET AL  | DDRESS, CITY, ST                        | ATE, ZIP CODE  |                               |                 |
| OWER HILL  | HEALTHCARE C  | SENTER   | E STREET<br>ELGIN, IL 6017              | 7  |                               |                 |
| (X4) ID  |   | TEMENT OF DEFICIENCIES   |   | PROVIDER'S PLAN OF   |                               | (X5)            |
| RÉFIX<br>TAG   |   | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | PREFIX<br>TAG                           | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | THE APPROPRIATE               | COMPLET<br>DATE |
| S9999 Co   | ntinued From pa   | ige 6  | S9999                                   |  |                               |                 |
| and<br>rea<br>res<br>inju<br>res<br>pol<br>and<br>rep<br>furt<br>hos | d R3 struck R4 ir<br>iched around and<br>idents were ther<br>iries were identif<br>idents were plac<br>ice/physician/res<br>d R3 and R4 wer<br>ort shows the po<br>ther action and b<br>spital for evaluati | between the two residents,<br>in the face/nose. R4 then<br>d struck R3 in the chest. The<br>in then separated and no<br>fied. The report shows both<br>and on 1:1 monitoring,<br>sponsible parties were called,<br>re sent out for evaluation. The<br>blice did not pursue any<br>both residents were sent to the<br>ion. The report shows the<br>was substantiated. |   |  |                               |                 |
|  | t of Public Health  |  |   |  |                               |                 |