STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057422	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK RIDGE HEALTHCARE CENTER	**665 BUSSE HIGHWAY , PARK RIDGE, Illinois, 60068**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	Initial Comments Complaint investigation 25911955/2686668	S0000		12/20/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.3210t) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.	S9999		12/20/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 These requirements were not met as evidenced by: Based on interviews and record review the facility failed to protect a resident's right to be free from physical abuse from another resident for one (R1) of four residents reviewed for abuse in a sample of four. This failure resulted in R1 feeling unsafe, anxious, and threatened to be battered by R2. Findings include: R1 is a 74-year-old female admitted to the facility on 2/1/2018 with diagnosis including but not limited to Acute on Chronic Diastolic (Congestive) Heart Failure; Alzheimer's Disease; Type 2 Diabetes Mellitus without Complications; Cognitive Communication Deficit; Dementia; Chronic Kidney Disease, Stage 3; Mild Intellectual Disabilities; Anxiety Disorder; and Major Depressive Disorder. According to R1's MDS (Minimum Data Set) assessment dated 10/25/2025 under section C, R1 has BIMS (Brief Interview of Mental Status) score of 12 indicating moderate cognitive impairment. Absent is any documentation of R1's abuse care plan prior to the current survey, 12/8/2025. R2 is a 47-year-old male admitted to the facility on 8/28/2025 with diagnosis including but not limited to Ileus; Other Disorders of Psychological Development; Rectal Prolapse; Retention of Urine; Other Postprocedural Complications and Disorders of Digestive System; Encounter for Fitting and Adjustment of Urinary Device; Colostomy Status; Unspecified Hearing Loss; Deaf Nonspeaking; Anxiety; and Unspecified Psychosis. According to R2's MDS (Minimum Data Set) assessment dated 11/21/2025 under section C, R2 has BIMS (Brief Interview of Mental Status) score of 7 indicating severe cognitive impairment. R2's behavioral care plan initiated 10/8/2025 reads in part, "Focus: I am/have the potential to be physically aggressive r/t (related to) Anger, Depression, History of harm to others, Poor impulse control and not being able to express (R2's) needs through sign language to staff. Interventions: Assess and address for contributing sensory deficits; Monitor/document/report PRN any s/sx (signs and symptoms) of resident posing danger to self and others; When the resident becomes agitated: Intervene before agitation escalates; Guide	S9999		

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S9999	Continued from page 2 away from source of distress; Engage calmly in conversation; If response is aggressive, staff to walk calmly away, and approach later." On 12/8/2025 at 1:21 PM R2 observed propelling down the hallway. Surveyor attempted to interview R2, R2's deaf, uses sign language, also communicates via writing. R2 refused to be interviewed. On 12/8/2025 at 1:42 PM Surveyor observed R1 sitting in the day room. R1 clean and dressed appropriately. No visible injuries noticed on R1's face upon observation. R1 said, "I'm scared of this boy, he's in his room. I don't know his name. He punched me. I don't remember when it happened. He also hit one of the nurses on the back." R1 unable to provide further details due to forgetfulness. On 12/8/2025 at 1:50 PM V1 (Administrator/Abuse Prevention Coordinator) said, R1 was not hit yesterday (12/7/2025). The most recent incident was on 11/2/2025. R2 was agitated and during his outburst, R2 hit R1. R2 was then sent out to the hospital for a behavioral assessment. R1 had developed redness to her face. No one saw the incident, there was no staff in the day room. Since then, R2 was put on behavioral plan with short-term and long-term goals. R2 has a behavioral chart with reward system to motivate him to have appropriate behavior. R2 has cognition issues and communication deficit. We do additional supervision and frequently check on R1 to assure her safety and make sure R2 is not around her. We make sure R1 and R2 reside on opposite sides of the building, eat in different dining rooms, etc. On 12/8/2025 at 2:11 PM V4 (Restorative Aid/CAN-Certified Nurse Assistant) said, on 11/2/2025, after lunch, R2 was in his wheelchair in the hallway holding a bottle of soda. R2 then stood up and was trying to grab somebody else's soda from the therapy room. When I addressed it, R2 got agitated, sat back down in his wheelchair, and propelled himself out of the therapy room. I didn't see R2 hit R1 that day. I don't know what happened, I just know R2 was agitated. After the incident on 11/2/2025, we provide additional supervision to R2 to make sure R1 is safe. We make sure R2 stays on the other side of the building. R1 remains afraid of R2. On 12/9/2025 at 10:10 AM V5 (CNA) said, I worked on 11/2/2025 from 7:00 AM to 3:00 PM. I only remember that R2 went to the therapy room to get treats. I didn't see R2 upset nor attack anyone, including R1. R2 was assigned to me that day (11/2/2025), it was just a	S9999		

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S9999	Continued from page 3 regular day, I didn't have any problems. R2 generally does not cause any problems. We keep R2 in his wing to prevent him from approaching R1. On 12/9/2025 at 10:26 AM V6 (Licensed Practical Nurse) said, R2 has tendency to be aggressive towards females, whether they are staff or residents. I worked on 11/2/2025 and 12/7/2025. On 11/2/2025, R2 was agitated, restless, and hyperactive. I was at the nursing station and all of the sudden, I hear residents screaming in the dining room. I didn't see what happened, but I immediately went in there. I separated R2 and R1. R1 went into her room and R2 went into his room. R2 was spitting on me. R2 also touched his anal area and attempted to touch me, his behavior was continually inappropriate, I called local police. The incident happened between change of shift. I had V7 (Certified Nurse Assistant) stay with R1. I didn't see anybody else in the building. Right after that, I called V8 (Psychiatric Mental Health Nurse Practitioner) to get an order to send R2 to the hospital for psychiatric assessment. On 12/7/2025, I heard screaming in the dining room. Me and V9 (Activity Aid) went in there immediately, and noticed R2 approaching R1, so right away, V9 grabbed R2's wheelchair, turned him around, and as I was watching, R2 was trying to elbow V9. I attempted to deescalate the situation, R2 slapped the left side of my face. Right after that R2 went into his room. I once again let V8 know, notified V1 (Administrator), and I was done for the day. Some of the preventative interventions for R2 are to keep him occupied and give him extra snacks and treats. R1 is very mellow and never displays any behaviors to provoke R2. R1 often says she's scared of R2. Every morning R1 asks me to keep R2 away and appears to tear up while saying that. Whenever R1 sees R2 she says, "Don't let the boy near me!" On 12/9/2025 at 10:51 AM V9 (Activity Aid) said, I worked on Sunday 12/7/2025. I was documenting in the hallway when I heard R1 screening as R2 was approaching the dining room. I immediately grabbed his wheelchair to redirect him. As V6 (Licensed Practical Nurse) was deescalating R2's behavior, R2 slapped her in the face. R2's behavior varies but when he gets angry, he tries to hit whoever approaches him. R1 is very scared of R2. R2 can be all the way down the hallway and R1 gets scared that R2 will come and hit her again; R1 says, "He's coming in here, he's coming this way!". R1 also is afraid to do therapy because she may approach R2 while she walks in the hallway, R1 needs to be reassured multiple times that she will be safe during the therapy.	S9999		

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S9999	Continued from page 4 On 12/9/2025 at 11:06 AM V7 (Certified Nurse Assistant) said, I worked on 11/2/2025 and 12/7/2025. On 11/2/2025, I didn't see what happened between R1 and R2, but I responded to residents screaming in the dining room. There was no staff in the dining room at the time of the incident. Usually, activity aids watch residents. If activity aids are not available, then nurses watch residents. On 12/7/2025, R1 started screaming when she saw R2, then V9 (Activity Aid) grabbed R2's wheelchair to prevent him from approaching R1. R2 got angry and hit the nurse. R1 is very afraid of R2, R1 screams every time she sees him, even when R2 is a distance away from her. R1 also covers her face when she sees R2, tries to avoid him by all means. On 12/9/2025 at 12:37 PM V8 (Psychiatric Mental Health Nurse Practitioner) said, R2 is developmentally delayed. It is very hard to do an accurate assessment because he is in nonverbal state. I go off staff's reports. Every time I see him, R2 is pleasant, he's smiling, doesn't try to hit me or anything. Aggression towards residents and staff has been an ongoing issue with R2. We are trying to adjust his medications almost on a weekly basis. I diagnosed R2 with adjustment disorder and unspecified psychosis. I am aware of incidents on 11/2/2025 and 12/7/2025. On 11/2/2025 R2 was sent out to the hospital and the following day he had additional behaviors. I saw R2 on 12/5/2025 and started R2 on additional psychotropic medication. On 12/7/2025 the nurse notified me that R2 hit her in the face and asked for additional medication. Other than trying to engage R2 in activities that he enjoys, staff keeps close supervision and prevents interaction between R2 and R1. R2 is not appropriate for this facility but I understand it is a challenge to find another facility for him. Controlling R2's behaviors is a working progress. On 12/5/2025, I talked to R1 as well. R1 told me that she wants to stay away from R2. R1 appears to be R2's target. Covering face, tearing up, or screaming while seeing someone are signs of fear. R1's constant fear may lead to on anti-anxiety medications dependence. On 12/9/2025 at 1:44 PM V3 (Social Service Director) said, on 11/2/2025, there was no activity aid coverage in the dining room, but normally the dining/day room is constantly monitored by activity aids, CNAs, and nurses. It is the activity aids main responsibility. R2 uses sign language to communicate. We have sign language cards to help communicate but it is challenging. R2's cognitive capacity is limited too. R2 also writes but it is choppy and hard to understand. R2's behavior ranges. R2 will often watch his cartoons; however, he had two tablets that he destroyed. R2 is	S9999		

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S9999	Continued from page 5 very impulsive, we are not sure what triggers him. We have R2 on an award plan, he gets rewarded for good behaviors with things he likes. R2 is more aggressive towards females. R2 never had an incident with male staff. R1 has been in the facility for about 6 years. R1 is a favorite of staff. R1 is a little anxious, always worried about things. R1 has her routines. R1 gets along with everybody, she is our resident council president. I did notice that R1 is afraid of R2 after he hit her. It seems like R2 is fixated on R1. R1 is having a difficult time with therapy and showers because those are located where R2 resides. On 12/9/2025 at 2:53 PM V1 (Administrator) said in a follow up interview, anytime abuse occurs in the facility, we separate the residents, do assessments, make sure there are no injuries, we do psychosocial assessments, and we continue to monitor. Depending on the situation, we may notify police and send residents to the hospital, it is all based on severity of an incident. We follow up on involved residents, we meet with the instigator and try to find the root cause of the incident. With the incident that occurred on 11/2/2025 between R1 and R2, I found out, through an investigation, that R2 was trying to look for some snacks. V4 (Certified Nurse Assistant) closed and locked the door to prevent R2 from getting other residents' snacks, and that's what caused R2's agitation. If staff sees any type of abuse, they should let me know right away. I was notified by the nurse what occurred on 11/2/2025 and 12/7/2025 right away. The initial report was completed and submitted on the same day (11/2/2025). Staff abuse training is provided upon hire, annually, and as needed. Most recent abuse training was in April and August of 2025 Per record review, progress note dated 11/2/2025 written by V6 (Licensed Practical Nurse) reads in part, "14:35 (2:35 pm) - Resident (R2) is agitated, restless, and aggressive. (R2) does not listen to redirection and will hit staff during care. (R2) was kept in room 1:1 with this nurse for safety precautions. Resident (R2) is physically aggressive and threw items and bedside tables across the room. He opened bottles containing liquids (water/juice) and spilled them on the floor. Resident stood up and grabbed items off the medication cart (applesauce, medication tray, laptop mouse, mousepad) and threw it at this nurse. He attempted to throw the silent knight medication crusher and a full pitcher of water at this nurse. Since he was unable to successfully throw those heavy items, he proceeded to continuously kick the medication cart at full force. He stood up and banged the medication cart, door, walls, and furniture around the room with his fists. Resident	S9999		

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S9999	Continued from page 6 would continuously point, show his fists, and tried multiple times to grab and hit this nurse. (R2) picked on his nostrils and rubbed his hands on his groin/anal area and attempted to touch this nurse after failing to land a hit. The resident continuously spat on this nurse multiple times in the face while smiling and giggling. Monitored frequently for safety. Call light placed within easy reach. 14:45 (2:45 pm)- (V8 Psychiatric Mental Health Nurse Practitioner) contacted and given an update regarding (R2's) behaviors. Per V8, send out to (local hospital) for a psych evaluation. 15:07 (3:07 pm)– (local emergency response services) contacted for ambulance transfer to (local hospital). Per telephone operator, (local police) will be on the scene due to resident behaviors. V1 (Administrator), V2 (Director of Nursing), and Medical Director contacted and given update." Absent is any documentation of physical altercation between R1 and R2. R1's Skin Assessment dated 11/2/2025 reads in part, "Left side of face (cheek, temple, and forehead area) red, discoloration and swelling. Skin intact. Ice to the affected area; PRN (as needed) pain medication administered." Per record review, progress note dated 12/7/2025 written by V6 (Licensed Practical Nurse) reads in part, "1330 (1:30 pm): Staff intervened to redirect (R2) from approaching female resident (R1) in the large dining room. Activity aid (V9) redirected (R2) away from the dining room towards the hallway. While (R2) was being redirected, he was attempting to hit activity aid (V9) with his elbow. When the writer (nurse) attempted to diffuse the situation, he hit the writer (nurse) on the left side of her face using the back of his hand. Social Services (V3) in the building, aware of the situation. Medical Director, (V8 Psychiatric Mental Health Nurse Practitioner), and V1 (Administrator) notified. R2's most recent psychiatric assessment dated 12/5/2025 written by V8 (Psychiatric Mental Health Nurse Practitioner) reads in part, "History of Present Illness: (R2) continues with aggressive behaviors towards staff and other patients. (R2) hit another female patient this am; appears he has been targeting one particular female patient. Patient seen in his w/c (wheelchair) in no acute distress. He is calm on approach. Patient's mood is up and down, improved by nursing care, his (tablet), and medication. This has been going on multiple days. Assessment: This patient has multiple medical comorbidities that puts him at	S9999		

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S9999	Continued from page 7 risk of psychiatric issues; he would benefit from continued monitoring of mood and behavior. Will titrate medications based on current symptom progression." R2's hospital record dated 11/2/2025 reads in part, "Today's visit: Diagnoses: Aggressive Behavior, Encounter for Medical Screening Evaluation." R2's police report requested on 12/9/2025; however, not received during course of the survey. The facility "Abuse Prevention and Reporting – Illinois" policy last reviewed 10/24/22 reads in part, "This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. Definition: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means (210 ILCS 45/1-103). Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. (B)	S9999		