STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000424	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SULLIVAN HEALTHCARE & SENIOR LIVING	11 HAWTHORNE LANE , SULLIVAN, Illinois, 61951

(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 Facility Reported Incident of 9/21/25/2668492	S0000		12/11/2025
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. 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	S9999		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000424	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SULLIVAN HEALTHCARE & SENIOR LIVING	11 HAWTHORNE LANE , SULLIVAN, Illinois, 61951

(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
S9999	Continued from page 1 t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements were not met as evidenced by: Based on interview and record review the facility failed to protect resident's right to be free from physical abuse by another resident for two of five residents (R2, R3) reviewed for abuse in the sample list of 17. This failure resulted in R2 obtaining lacerations to his Left Face, Left Upper Lip and Left Ear requiring treatment in the emergency room and experiencing pain and fear after R3 punched R2 in the face. Findings include: R2's Minimum Data Set (MDS) dated 9/20/25 documents R2 as moderately cognitively intact. This same MDS documents R2 requires moderate assistance with toileting, dressing, personally hygiene and transfers. R2's Physician Order Sheet (POS) dated November documents a physician order for Xarelto 20 milligrams (mg) daily (anticoagulant). R2's Nurse Progress Note dated 9/21/25 at 9:00 AM documents R2 was involved in an altercation with R3 on 9/21/25 at 9:12 AM. R2 was using his restroom when R3 came in and started punching R2 in the face. Both residents (R2, R3) were separated and evaluated for injuries. R2 obtained lacerations to his Left Ear, Left Face and Left Upper Lip. R2 was sent to the emergency room for further evaluation. R2's Assess, Intercommunicate, Manage (AIM) for Wellness dated 9/21/25 documents R2 received Left Ear, Left Face and Left Upper Lip Lacerations during a resident to resident altercation on 9/21/25. "(R3) came in and started punching me (R2) in the face". R2's Hospital Record dated 9/21/25 documents R2's chief complaint as "Assault" and diagnoses listed as "Assault" and "Abrasion". R2 was sitting on his toilet at his room at the facility and R3 had a behavioral outburst. R3 came into their shared bathroom and R3 punched R2 in his Left Jaw. R2 does have a laceration to his post Auricular region. R2 was treated with antibacterial ointment and administered Tramadol for	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000424	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SULLIVAN HEALTHCARE & SENIOR LIVING	11 HAWTHORNE LANE , SULLIVAN, Illinois, 61951

(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
S9999	Continued from page 2 pain. R3's Minimum Data Set (MDS) dated 9/21/25 documents R3 as severely cognitively impaired. This same MDS documents R3 requires maximum assistance from staff for bed mobility and transfers. R3's AIMS dated 9/21/25 documents R3 was separated (from R2) and administered as needed Haldol Intramuscularly (IM) for agitation and sent to the emergency room. On 11/24/25 at 2:05 PM R2 stated his room shares a bathroom with another resident room. R2 stated he was using the shared bathroom when R3 came "charging in and hit me". R2 stated “(R3) doubled up his fist and stated I am too good looking, and he needed to mess up my face because I have too many girlfriends.” R2 stated he knew who R3 was prior to this incident but had never had any trouble with R3. R2 stated R3 hit him in the jaw causing R2 to be scared and shocked. R2 stated he did not know what R3 would do. R2 stated he yelled out and staff came in and "dragged" R3 off R2. R2 stated, "Imagine you are on the toilet, and someone just comes barging in and punches you so hard you fall back." R2 stated he is very glad R3 is no longer in the facility. R2 stated he had to go the emergency room because R3 hurt him. On 11/24/25 at 9:20 AM V10 Licensed Practical Nurse (LPN) stated she and V11 LPN were in the facility medication room when she heard R3 yelling, "(R2) thinks he can use my f****** (expletive) bathroom". V10 LPN stated another staff member tried to calm R3, but it didn’t work. V10 LPN stated staff attempted several non-pharmacological methods such as a calm voice, no sudden movement, offering a change of atmosphere, etcetera with no positive response. V10 LPN stated R3 required an injection of Haldol to attempt to deescalate R3. V10 stated the Haldol "kind of worked but (R3) was so angry even the Haldol was not enough to calm R3 down." V10 LPN stated emergency services (EMS) arrived and took both R2 and R3 to the emergency room. V10 LPN stated R3 left first because he was still yelling and cussing when EMS arrived so R3 left first so he wouldn’t hurt anyone else. V10 LPN stated the staff "tended to" R2’s lacerations. V10 LPN stated she thought that R2 would have a lot of bruising due to R3’s level of anger and force when he hit R2. On 11/25/25 at 2:15 PM V1 Administrator confirmed the incident between R2 and R3 was "definitely abuse". V1 Administrator stated the facility was aware this incident happened and fully expected to be cited for	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000424	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SULLIVAN HEALTHCARE & SENIOR LIVING	11 HAWTHORNE LANE , SULLIVAN, Illinois, 61951

(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
S9999	Continued from page 3 this resident-to-resident abuse that happened. V1 Administrator stated V1 "wishes it didn't happen, but it did." The facility policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program revised April 2021 documents residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. This same policy documents staff are to protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including other residents. (B)	S9999		