STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S 000	Initial Comments Facility Reported Incident Incident of 04/08/2025/ IL190900	S 000		
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.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 1	S9999		

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.

These regulations were not met as evidence by:

Based on interview and record review, facility failed to protect residents from physical abuse. This failure affected three residents (R2, R3, R5) of ten residents reviewed for abuse. This failure resulted in R1 slapping R2 on the smoking patio, R4 punching R3 in the face causing R3 to bleed from her mouth, R6 punching R5 in the face, and R6 pulling R5's hair resulting in R5 being pulled down to the ground by her hair.

Findings include:

Facility's Final Investigation Report (dated 04/14/2025) states in part: On April 08,2025, staff observed an interaction between residents R1 and R2 that involved a brief verbal and physical exchange. R1 allegedly made contact with R2's wheelchair when he was trying to maneuver his walker on the smoking patio. R2 allegedly responded by making a remark to R1. R1 then allegedly made soft physical contact with R2. A head-to-toe assessment was completed, and no injuries were noted. Staff responded promptly, calmly separated the residents, and ensured the safety and well-being of both individuals. No further incidents have occurred. The physician ordered for R1 to be sent for psychiatric evaluation at the hospital.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 2	S9999		

R1's Face Sheet documents resident is a 62-year-old with diagnoses including but not limited to: Muscle wasting and atrophy, dysphagia, oropharyngeal phase, chronic obstructive pulmonary disease, acute and chronic respiratory failure with hypoxia, type 2 diabetes mellitus without complications, asthma.
Minimum Data Set Section (MDS) section C (dated April 22, 2025) documents that R1 has an Interview for Mental Status (BIMS) score of 15, indicating that R1's cognition is intact.
Care plan (dated 01/15/2025) documents that R1 presents with moderate to intense anger related to verbal expressions of distress, persistent worry and frequent complaints.

R2's Face Sheet documents resident is a 67-year-old with diagnoses including but not limited to: Limitation of activities due to disability, difficulty in walking, lack of coordination, pain in right lower leg, pain in left lower leg, muscle wasting and atrophy.
Minimum Data Set Section (MDS) section C (dated Apr 2, 2025) documents that R2 has an Interview for Mental Status (BIMS) score of 11, indicating that R2 has a mild cognitive impairment.
Care plan (dated 04/01/2025) documents that R2 has a history of aggressive, inappropriate, attention-seeking and/or maladaptive behavior.

On 05/13/2025, at 1:40 PM, surveyor observed R2 sitting in his bed. Surveyor conducted an interview with R2 pertaining to the physical altercation with R1 that took on 04/08/2025, on the outside smoking patio. R2 stated, "R1 hit me in the face outside while I was smoking. I did not know R1 prior to the incident. We did not have an argument, R1 just hit me in the face out of the blue. R1 said that I was sitting in his spot. We

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 3	S9999		

have not had any more incidents after that."

On 05/13/2025, at 2:00 PM, V3 (social worker) stated, "On 04/08/2025, I was passing out the cigarettes to the residents on the 1st floor dining hall during the smoke break. A resident walked up to me and told me that R1 hit R2. I went outside to the patio. I asked R2 what happened and R2 said nothing happened. I asked everybody else on the patio what happened, and they all said nothing. I went to speak to the residents on the left side of the patio and the residents said that R1 hit R2. I went back inside to resume passing out cigarettes and then R2 came inside and told me that R1 hit him. R2 explained to me what happened. I told him to stay by my side until the smoke break is over. I asked R2 if he was okay, and R2 said that he was fine. After the smoke break, I reported this to the social service director, V4, and administrator. V4 (social service director) and I went to the administrator's office to watch the footage of what occurred between R1 and R2. After watching the footage, it was true that R1 hit R2. V4 and I went to speak to R1 and to hear his side. R1 said that R2 hit R1, and that R1 hit R2 in self-defense, which was not true. R2 did not have any injuries. R2 was stable and not in distress. R1 did display aggressive behavior towards staff but not residents. R1 and R2 did not have any prior encounters or any prior issues. R2 is known to use foul language towards other residents and staff, however, there was no prior encounters between R1 and R2."

On 05/14/2025, at 9:46AM, V1 (administrator) stated, "On 04/08/2025, during a smoke break on the smoking patio, R2 was sitting in his wheelchair blocking the walkway. R1 was trying to walk past R2 with his walker. While R1 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 4	S9999		

passing R2, R1 bumped R2's wheelchair. R2 had words with R1 about R1 bumping R2's wheelchair. R1 and R2 were at each other's face. While arguing, R1 slapped R2. The smoke attendant immediately intervened. At first, the smoking attendant did not witness R1 slapping R2, but R2 reported being slapped to the smoking attendant. The two residents were immediately separated. R1 was checked to see if he was injured. The smoking attendant notified the nurse. There were no prior incidents between R1 and R2. R1 and R2 have not had any other incidents after the altercation."

On 05/14/2025, at 10:42 AM, surveyor observed R1 lying in his bed. Surveyor conducted an interview with R1 pertaining to the physical altercation with R2 that took on 04/08/2025, on the outside smoking patio. R1 stated, "I'm on oxygen and I normally sit by the door on the smoking patio. All the residents know that I sit there because that's my usual spot. I noticed several times that R2 would be sitting there in his wheelchair. I offered R2 a cigarette a few times so that R2 can move out of my spot, but he would continue to sit there. I confronted R2 about why he keeps on sitting in my spot. When I confronted R2, R2 told me, F*** Y**. I stood up and went to sit on the opposite side of R2, but R2 continued to argue with me. I said to R2 that R2 wasn't having a problem with me when I kept giving him cigarettes so that he can move out of my spot. R2 called me a B****, and I told R2 that he's a B****. That's when R2 said, "What are you going to do about it, and R2 tried to swing on me. Luckily, I moved out of the way so R2 did not punch me. That's when I punched R2 in self-defense. R2 and I never had any issues or arguments prior to the physical altercation. R2 and I are fine now, and we don't hold any grudges. We are both men

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 5	S9999		

and we both don't hold grudges."

On 05/14/2025, at 12:02 PM, V4 (social service director) stated, "I did not witness the incident that occurred on 04/08/2025, between R1 and R2. I reviewed the video footage. From the footage it appeared like R1 and R2 were arguing. R2 had his hands up in self-defense. R1 punched R2. I did not see in the footage that R2 was trying to hit R1 at all. I am not aware of R1 and R2 having any conflicts prior to this incident."

R1's Progress Note (dated 04/08/2025) documents, "Resident allegedly displayed violent/aggressive behavior towards peers. Resident was placed on 1:1 with a staff member. Doctor was notified and gave an order to send resident to the community hospital for a psychiatric evaluation. Ambulance was called estimated time of arrival is 60 minutes."

R1's Progress Note (dated 04/08/2025) documents, "Resident sent to community hospital for psychiatric evaluation. Resident transported by ambulance."

R2's Progress Note (dated 04/08/2025) documents, "R2 was involved in a peer-to-peer disagreement in the smoke break area. Body assessment completed. No injuries noted. Police notified. Physician notified. R2 is own responsible party. Social services notified. Director of nursing and administrator notified."

Facility Final Incident Investigation Report (dated 05/01/2025) documents in part: On April 25, 2025, it was reported that R3 and R4 were involved in a peer-to-peer altercation in their room. R3 and R4 both agreed that R3 thew water on R4 and then R4 made contact with R3 as she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 6	S9999		

was trying to not get the water thrown on her. Staff immediately intervened and separated the two residents. A body assessment was performed. R3 was noted to be free from any injury and was in good spirits. R4 was very upset and wanted to go against medical advice (A.M.A.) because she didn't mean to make contact. R4 was sent out to the hospital for the incident as she was crying hysterically and was unable to control her emotions.

R3's Face Sheet documents resident is a 73-year-old with diagnoses including but not limited to: Dysphagia, oropharyngeal phase, dementia in other diseases classified elsewhere, unspecific severity, with anxiety, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, essential (primary) hypertension, weakness, metabolic encephalopathy.

Minimum Data Set Section (MDS) section C (dated Mar 4, 2025) documents that R3 has an Interview for Mental Status (BIMS) score of 12, indicating that R3's cognition is intact.
Care plan (dated 03/03/2025) documents that R3 is at risk for seizure activity related to seizure disorder and receives medication for management.

R4's Face Sheet documents resident is a 33-year-old with diagnoses including but not limited to: Muscle wasting and atrophy, paranoid schizophrenia, hallucinations, major depressive disorder, psychoactive substance abuse, uncomplicated.

Minimum Data Set Section (MDS) section C (dated Mar 1, 2025) documents that R4 has an Interview for Mental Status (BIMS) score of 12,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 7	S9999		

indicating that R4's cognition is intact.
Care plan (dated 02/25/2025) documents that R4 uses psychotropic medications and has potential for falls and or drug related movement disorder 2/2 adverse effects of medication.

On 05/13/2025, at 2:36 PM, surveyor observed R3 lying in bed. Surveyor interviewed R3 pertaining to the physical altercation that took place on 04/25/2025, between R3 and her roommate, R4. R3 stated, "On 04/25/2025, R4 punched me really hard. We were roommates. R4 came to my side of the bed while I was lying down. She punched me really hard causing me to bleed from my mouth. Prior to the physical altercation, R4 and I always argued. R4 was always starting with me. R4 threatened me with a knife before and we had many arguments. On 04/25/2025, that's when R4 came to my side of the bed, and she punched me. I was bleeding. The staff knew that we had arguments before the physical altercation, and they interviewed on many occasions. I feel safe in the facility now that R4 is gone."

On 05/13/2025, at 2:41 PM, V3 (social worker) stated, "On 04/25/2025, the nurse on duty requested for social services to come to R3 and R4's room. R3 and R4 were roommates at the time. As I walked in, there was two certified nursing assistants and a nurse in R3 and R4's room. The nurse informed me that R4 hit R3. I called V4 (social service director) immediately to come to the room as well. V4 and I spoke to R3 to see what happened. R3 said that R4 came to R3's side of the bed and hit R3 in her mouth. It was obvious that R3 got hit by R4 because there was blood on R3's mouth. R3 is alert and oriented and R3 was able to tell me what happened. R3 and R4 were separated by staff. Prior to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 8	S9999		

physical altercation on 04/25/2025, R3 and R4 had verbal arguments because they were not getting along. There was conflict between R3 and R4 before R4 got physical with R3. Prior to the physical altercation, R3 and R4 had to be separated during verbal arguments a few times, but it was not physical, it was verbal. R3 and R4 would argue and then they would act as if it never happened. When it comes to moving rooms, the admission director is in charge or moving residents. I asked R3 and R4 if they wanted to change rooms and they both refused to change rooms. R3 came from the 4th floor and R3 was refusing to move back to the 4th floor. There was no other female room that was available for R4 to move to at the time they argued. R3 and R4 had about 3 verbal arguments that had to be separated by staff. After the physical altercation, R4 was sent to the hospital for psychiatric evaluation. When I requested to have R3 and R4 placed in different rooms, the admission director told me that there is no other place to move R4."

On 05/14/2025, at 9:56 AM, V1 (administrator) stated, "On 04/25/25, R3 was lying in bed and R4, who was R3's roommate at the time, came to R3's bedside to talk to R3. They were having a conversation and R3 did not like the way the conversation was going. R3 threw water at R4. When R3 threw water at R4, R4 stuck her hands out in self-defense. The staff heard R3 yelling and then R4 started yelling. Staff went into the room and immediately intervened. R4 started spiraling and going into psychosis. R4 was sent out the hospital for psychiatric evaluation and she did not return back to the facility. R4 was a resident in a wheelchair just like R3. I was not aware that R3 and R4 had several prior conflicts. If I was aware, I would make sure that R3 and R4 are separated in different rooms. V6 (admissions director) is the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 9	S9999		

one that is responsible to assigning a different room to residents."

On 05/14/2025, at 11:24AM, V6 (admissions director) stated, "R3 and R4 had conflict. I am only aware of one conflict between R3 and R4 and that's the incident that turned physical on 04/25/2025. Prior to 04/25/2025, I did not have any knowledge of there being a conflict between R3 and R4. R3 and R4 were roommates. I was never asked to do any room changes for either R3 or R4."

On 05/14/2025, at 12:05 PM, V4 (social service director) stated, "I am aware of small bickering between R3 and R4 before the physical altercation that took place on 04/25/2025. R3 and R4 would argue and make up after that. I am not aware of staff having to intervene to stop R3 and R4 from arguing. I am not aware of a room change being requested for R3 and R4 prior to the physical altercation. I think that R3 has moments of responding to auditory illusions and R3 and R4 were not understanding one another."

On 05/14/2025, at 3:24 PM, V8 (licensed practical nurse) stated, "I was nurse on duty on 04/25/25, when the incident occurred between R3 and R4. From what I remember, the certified nursing assistant told me that something happened in the room. I went into R3 and R4's room. I remember R4 being really angry and upset because R3 was saying that R4 is not able to have kids. R4 said that R3 and R4 were arguing back and forth. R4 told me that they basically had an altercation. I saw a little bit of dried blood on R3's lip. R4 denied hitting R3, but R4 claimed that R3 pushed her. I told R4 that I'm going to be sending R4 out because she should not have touched R3. I filed a police report and R4 was sent to the hospital for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 10	S9999		

psychiatric evaluation. R3 told me that basically R4 hit R3. I am not aware of any prior incidents between R3 and R4."

On 05/14/2025, at 11:39 AM, V11 (certified nursing assistant) stated, "On 04/25/2025, I was working on the 2nd floor. V12 (certified nursing assistant) was assigned to R3 and R4. I heard V12 informing the nurse that R3 said that R4 hit her and that R3 was bleeding. I did not see the incident and I did not see anything else."

R3's Progress Note (dated 04/25/2025) documents, "Writer was told by staff that resident was hit in the mouth by another resident. Nurse assessed resident and found no injuries. The police were called and the other resident sent out for evaluation. Director of nursing, abuse coordinator, hospice was notified, and family. No new orders given. Will continue plan of care."

R4's Progress Note (dated 04/25/2025) documents, "Resident was involved in a peer-to-peer altercation with another resident. Resident assessed. No injuries noted. Resident is responsible party. Police notified. Physician notified. Director of nursing and administrator notified."

R4's Progress Note (dated 04/25/2025) documents,"R4 discharged to community hospital 04/25/2025, 12:00 AM. Reason for transfer: behavior-psychosis. Vitals were stable. The following people were notified of transfer: Physician, Nurse Practitioner. Yes - Current reconciled medication list provided to the subsequent provider."

Facility's Final Investigation Report (dated 04/02/2025) documents in part: On March 27,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 11	S9999		

2025, staff observed an interaction between residents R5 and R6 that involved a brief verbal and physical exchange. R5 allegedly made a comment toward R6, and R6 allegedly responded by making soft physical contact with R5. A head-to-toe assessment was completed, and no new injuries were noted. Staff responded promptly, calmly separated the residents, and ensured the safety and well-being of both individuals.

R5's Face Sheet documents resident is a 42-year-old with diagnoses including but not limited to: Muscle wasting and atrophy, acquired absence of right leg below knee, acquired absence of left leg below knee, bipolar disorder, major depressive disorder, essential (primary) hypertension.
Minimum Data Set Section (MDS) section C (dated Feb 24, 2025) documents that R5 has an Interview for Mental Status (BIMS) score of 13, indicating that R5's cognition is intact.

Care plan (dated 05/12/2025) documents that R5 presents with moderate to intense anger related to: Symptoms of mood distress (i.e., anger, sadness, loss of interest, lack of pleasurable experiences, poor appetite or excessive eating, impaired sleep), This problem/need is manifested by: Poor listening skills (often becoming angry, defensive, oppositional when assistance & suggestions are provided)., This problem/need is manifested by: Verbal expressions of distress., This problem/need is manifested by: Persistent worry.

R6's Face Sheet documents resident is a 59-year-old with diagnoses including but not limited to: Metabolic encephalopathy, type 2 diabetes mellitus, altered mental status,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 12	S9999		

peripheral vascular disease, essential (primary) hypertension.
Care plan (03/27/2025) documents that R6 has diabetes mellitus & the potential for complications related to: History of uncontrolled diabetic status.

On 05/13/2025, at 2:50 PM, surveyor observed R5 sitting in her wheelchair. Surveyor interviewed R5 regarding the physical altercation that took place in the 1st floor dining room on 03/27/2025, between R5 and another resident, R6. R5 stated, "R6 kept calling me names. R6 and I had an argument and R6 came at me and punched me in my cheek. After that, R6 grabbed me by my hair and I fell out of my wheelchair to the ground. I did not know R6 before this altercation occurred. R6 and I did not have any issues prior to the fight. We were swearing at each other, and I think that's why R6 hit me. R6 is the one that escalated the argument into physical violence. I feel safe in the facility. I can't recall why the argument started."

On 05/14/2025, at 10:06 AM, V1 (administrator) stated, "On 03/27/2025, R5 called R6 a bi***. R6 was standing right by R5. R6 pushed R5. Staff were right there because it took place in the dining room and staff immediate intervened. R5 apologized to R6 right away. R5 said that R5 was experiencing anxiety and regret about the situation. R6 also apologized to R5. The staff who witnessed the incident reported that they witnessed R6 pulling R5 by her hair and they witnessed R6 punching R5. R5 and R6 did not have any prior issues. R6 was a new admission to the facility. R6 discharged herself against medical advice the same day that the incident occurred. R5 initiated the incident by calling R6 out of her name and R6 responded with physically hurting R5."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 13	S9999		

On 05/14/2025, at 1:05 PM, V10 (certified nursing assistant) stated, "On 03/27/2025, it was early morning, and the breakfast trays were coming up to the 1st floor. I was with the trays. When I went into the dining room, I saw commotion going on. When I asked what happened, the residents in the dining room reported that R6 pulled R5's hair and that R6 punched R5. I did not see the incident, but the other residents told me that's what happened."

On 05/14/2025, at 2:05 PM, V9 (licensed practical nurse) stated, "On 03/27/2025, I was doing my medication administration on the 1st floor. I heard yelling coming from the dining room. I went into the dining room, R5 and R6 were no longer fighting, but I was informed by other residents that R5 and R6 were fighting. I separated R5 and R6 immediately. It was reported to me by R6 that R5 called R6 a B****. R6 said that she punched R5 and pulled R5's hair. R5 told me that R5 slid out of her chair when R6 pulled R5's hair. R5 told me that R5 called R6 out of her name and R6 responded by pulling R5's hair and punching R5. R5 did not appear to have any blood and R5 did not complain of any pain. R5 and R6 apologized to each other and R5 and R6 did not have any prior conflict. R6 was a new resident to the facility."

R5's Progress Note (dated 03/27/2025) documents, "Patient involved in physical altercation with another patient. Patients separated and later apologized and reconciled. No injuries involved. Patient in stable condition."

R6's Progress Note (dated 03/27/2025) documents, "Patient involved in physical altercation with another patient. Patients

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014641	A. BUILDING: _____ B. WING _____	C 05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICERO CHICAGO, IL 60632

(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) COMPLETE DATE
S9999	Continued From page 14 separated and later apologized and reconciled. No injuries involved. Patient in stable condition." Abuse Prevention Policy (dated 01/2024) documents in part: Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This includes but is not limited to corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Resident Rights Policy (revised 11/2018) states in part: You must not be abused, neglected, or exploited by anyone-financially, physically, verbally, mentally or sexually. (B)	S9999		