STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051516	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST VIEW REHAB & NURSING CENTER	535 SOUTH ELM , ITASCA, Illinois, 60143

(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 10/6/25/2650816 Complaint Investigation 25710471/2652104	S0000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3)6) 300.1220b)3) 300.3240a) 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	S9999		

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

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S9999	Continued from page 1 provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by:	S9999		

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S9999	Continued from page 2 Based on interview and record review the facility failed to provide the necessary monitoring and supervision for a resident with a history of suicidal ideation and a history of obtaining knives. The facility also failed to have a system in place to accurately screen residents for suicide risk in a timely manner, and ensure residents with suicide risk were identified, and interventions were put in place. This failure resulted in R1 sustaining self-inflicted stab wounds and expiring at the facility from apparent suicide. This applies to 14 of 14 residents (R1, R5 - R17) reviewed for suicidal ideation in the sample of 17. The findings include: 1. The EMR (Electronic Medical Record) shows R1 was a 73-year-old male resident admitted to the facility on February 10, 2023. The EMR continues to show R1 expired at the facility on October 16, 2025. R1 had multiple diagnoses including heart failure, non-traumatic subacute subdural hemorrhage, aortic stenosis, hypertensive heart disease, morbid obesity, Type 2 diabetes, atrial fibrillation, major depressive disorder, pyloric stenosis, right shoulder osteoarthritis, acute respiratory failure, history of venous thrombosis, and acute kidney failure. R1's MDS (Minimum Data Set) dated October 2, 2025 shows R1 was cognitively intact, required supervision with eating, substantial/maximal assistance with oral and personal hygiene, and was dependent on facility staff for all other ADLs (Activities of Daily Living). R1 was always incontinent of bowel and bladder. R1's MDS continues to show R1 was feeling down, depressed, or hopeless, and had trouble sleeping nearly every day. The EMR shows R1's hospital paperwork dated March 6, 2023, shows multiple "active problems" including suicidal ideation. The facility's final incident report submitted to the State Agency on October 22, 2025 shows, "On October 16, 2025 at approximately 5:45 AM, staff discovered [R1] unresponsive and without vital signs. Blood was observed on his body and the floor beneath his bed. Emergency medical services (911) were immediately contacted, and [R1] was pronounced dead at 6:45 AM. A	S9999		

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S9999	Continued from page 3 comprehensive investigation was completed, including staff interviews, medical record review, and collaboration with law enforcement and the coroner's office. Based on the findings: there is no evidence of foul play. The findings are consistent with self-harm, and the cause of death has been determined to be suicide." On October 28, 2025 at 10;18 AM, V6 (RN-Registered Nurse) said, "I had [R1] the night of the incident. I checked on [R1] two times. I didn't notice anything wrong with him. I went in there to check his blood sugar around 5:30 or 6:00 AM and when I went in there, I was shocked. I saw [R1's] mouth open, and the oxygen tubing wasn't in his nose, and I was thinking he passed away from removing the oxygen. I couldn't check his blood sugar because he was pale and cyanotic. There was a lot of blood, and when we opened the sheets, I was panicking looking at the blood. I couldn't even see where it was coming from, and I was thinking it looked like a crime or something. I opened the blanket and there was blood by the incontinence brief. Blood was everywhere, and then when I moved to the other side by the window, I was about to collapse because I was so scared from the amount of blood on the floor. Then the other CNA (Certified Nursing Assistant) was searching and found two knives and there were blood stains on the knives. I called 911 and [V2] (DON-Director of Nursing). There was a lot of blood on his chest. I was scared to touch him, and I could see it coming from the left side of his chest. I asked the roommate if he noticed something. Last year, I had him and they said I had to send him out because he was going to kill himself with a plastic bag. We had him on one-to-one supervision, and then we searched, and we found knives. We removed the knives from his room, and he was mad at me for taking his things. I was surprised the hospital sent him back when that happened. I did not wake [R1] up on the night of October 16, 2025 because he would get mad at me if I would wake him up. His roommate gets mad too. There's a person who visits, his friend. Maybe [R1] bought the knives or asked the lady to bring him knives. He likes to cut his fruits." On October 23, 2025 at 1:57 PM, V3 (CNA) said, "I was doing my last rounds on my unit on October 16, 2025. I saw [V7] (CNA) coming towards me, and he said [R1] passed away. I wasn't aware of how he had passed, and when I saw the blood on him, I saw two knives on the bedside table. They were wrapped in white paper towels. There were two knives. One with a black handle with a stainless-steel pointed tip, and then there was a smaller knife, and it was a light blue color, and it was also pointed. [R1] was covered with blood on his	S9999		

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S9999	Continued from page 4 chest and down his left-hand side of his body, and there was a puddle of blood on the floor. I wasn't able to see the puddle of blood on the floor when I entered the room because it was between the bed and wall by the window. The puddle was at least two feet in diameter. I work night shift and mostly everyone is in bed, and they don't come out of their room." On October 27, 2025, at 1:37 PM, V4 (RN) said, "I am usually assigned to [R1's] unit. In May of this year, [R1] had knives in his room." On May 16, 2025, at 3:32 PM, V4 documented, "Resident's friend came today to visit resident. Resident's knives (3 pieces) were given to the friend as per agreement with resident. SS (Social Services) aware." The facility does not have documentation to show R1 received education regarding keeping sharp knives in his room. The facility does not have documentation to show R1's room was searched for sharp objects at any time during the duration of his stay at the facility. On October 27, 2025 at 12:27 PM, V15 (Psychiatric NP-Nurse Practitioner) said, "I saw [R1] about two weeks before the incident of October 16, 2025. [R1] has always been dismissive. He always refuses evaluation and says he is not depressed and doesn't need me. I know from the staff he said he was depressed. He had not fired me yet, and never said he didn't want my services, but never entertained me to get enough information from him. He wasn't really completely open with me. I was just told [R1] committed suicide by using a knife. I can't imagine how he was able to do that. When I asked, they said he stabbed himself in the chest. I tried to start him on medications for depression, but he refused. He does not entertain my questions. I would never assume he was not suicidal. No staff told me that he kept sharp knives in his room. Because of his history of suicidal ideation, I would ask them to take them away because I would be afraid, he would harm himself. In my opinion, I would say you should not let someone keep a sharp knife in their room. People who attempted one or two times are likely to be successful on their other attempts." Local police department documentation dated October 20, 2025, shows the date of R1's incident as October 16, 2025. V16 (Police Officer) documented, "I went into [R1's] room and observed [R1] deceased with a large puddle of what appeared to be blood underneath his bed. [V6] RN stated in summary and not verbatim that: She is the night nurse and [R1] is her patient. She started her shift at 2315 (11:15 PM) on October 15. She checked	S9999		

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S9999	Continued from page 5 on [R1] at approximately 0000 (midnight) and did not notice anything out of the usual. She did her rounds at approximately 0430 (4:30 AM), and [R1] appeared to be sleeping with his mouth closed. At approximately 0600 (6:00 AM) [V6] realized that [R1] had not paged nurses to his room to assist with anything as he typically does every day of the week. [V6] went to his room to check on him which is when she found him with his mouth open, not breathing, and cold to the touch. [V6] then realized there was blood on [R1's] body and blood on the ground and called 911 and asked her CNA to assist in trying to determine what had happened [V7] (CNA) and [V6] began to check [R1's] body and noticed what appeared to be cut marks on [R1's] legs. [V6] and [V7] then uncovered [R1's] body with his blanket and exited the room. [V6] stated that throughout her shift overnight she did not see anyone enter or exit [R1's] room or hear any unusual noises throughout the night. The nursing staff stated that in the past [R1] was caught with a knife in his room which is not allowed at the facility. The knife was confiscated. The facility then began to monitor packaged that [R1] received via mail. It was stated that on 2 separate occasions, [R1] had ordered a knife from [online retailer]. The knives were confiscated and never given to [R1]. The nurses confirmed that the knives that were wrapped in paper towel on the tray were there prior to their arrival and were left untouched. On October 17, 2025 an autopsy was done on [R1]. The knives that were located on scene were used by the medical examiners to determine if the wounds may have been from the knives. The medical examiners stated that the wounds were consistent to that of the knives located. [R1's] bed is located in a tight corner in the room, with little room to maneuver for someone standing. It would not be feasible for anyone to enter that corner and leave wounds on [R1] that were consistent with the wounds found on the left side of his chest. There were no signs of blood spatter, or any indication of a struggle observed while on scene. Toxicology and coroner's report to follow." Pictures obtained by the local police of R1's room showed two large knives as described in the police report, as well as a third knife, on R1's bedside table. The third knife was orange in color and appeared to be a paring knife. The police evidence pictures also showed what appeared to be three cuts on R1's skin on his right upper thigh, and three cuts on R1's skin on his left upper thigh, as well as at least two stab wounds to R1's chest. On October 24, 2025 at 10:01 AM, V5 (Deputy Coroner) said, R1's autopsy was completed, but official results have not been released due to pending toxicology	S9999		

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S9999	Continued from page 6 results, which take approximately 8 to 12 weeks. V5 said, "The preliminary cause of [R1's] death is apparent suicide. There were several places he had stab wounds. As of right now, it is being investigated as an apparent suicide. The death certificate will be available in approximately 8 to 12 weeks." The facility's Screening Assessment for Evaluating Self-Harm/Suicide Risk shows instructions for completing the screening tool. The assessment tool is used for evaluating self-harm/suicide risk quickly, in a standardized format for all residents to identify individuals who may be at risk. The screening tool category entitled Assessment shows 10 different questions, including resident age, history of previous suicide attempts and/or verbalization about ending his/her life, history of psychiatric/mental health problems, substance abuse, disturbed relationships, social isolation, chronic behaviors, and post-traumatic stress disorder. The assessment tool automatically generates a severity score based on the answers to the questions and categorizes them as: 0-5 Minimal or low risk, 6-15 Moderate risk, 16-20 Greater than moderate risk, and 21-30 High risk. The tool shows a blank box where the screener fills in the severity score and based on the severity score chooses the recommendations and outcome for the resident. The facility completed one screening assessment for evaluating R1's self-harm/suicide risk for the entirety of his stay at the facility. V12 (SSD-Social Service Director) completed the suicide risk screening on June 20, 2024. The screening assessment shows R1 had a moderate risk of self-harm/suicide with a numeric score of 6. V12 changed R1's risk assessment score to 4 and indicated R1 was minimal/low risk instead of the moderate risk score obtained by using the screening tool. The facility does not have any documentation to show R1's self-harm/suicide risk screening assessment was repeated quarterly or as needed with condition changes for the duration of his stay at the facility. The State of Illinois Petition for Involuntary/Judicial Admission for R1 dated July 24, 2024 shows R1 was in need of immediate hospitalization for the prevention of harm. "I base the foregoing assertion on the following: [R1] is a 72-year-old male with a diagnosis of major depressive disorder. Resident expressed SI (Suicidal Ideation), stating that he is going to put a plastic bag over his head until he expires. Resident is in danger to self." V12 (SSD) is shown as the witness to the incident. R1 was sent to the local hospital and	S9999		

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S9999	Continued from page 7 returned to the facility on July 25, 2024 with "no indication for inpatient psychiatric admission." The State of Illinois Petition for Involuntary/Judicial Admission for R1 dated August 28, 2024, and signed by V12 (SSD) shows R1 was in need of immediate hospitalization for the prevention of harm. "I base the foregoing assertion on the following: "[R1] is a 72-year-old male with a diagnosis of major depressive disorder. Our Human Resource Manager went to meet with [R1] to give him some paperwork and [R1] stated he is going to kill himself. [R1] has a noted history of SI. Resident is in danger to self." The facility does not have documentation to show R1 was rescreened for self-harm/suicide risk following R1's threats of suicide on July 24, 2024 or August 28, 2024. On October 23, 2025 at 3:44 PM, V12 (SSD) said self-harm/suicide risk screening assessments should be completed on every resident quarterly. On October 27, 2025 at 3:10 PM, V12 admitted she changed R1's suicide risk assessment score from a moderate risk score of 6 to a low risk for suicide score of 4 when she completed R1's suicide risk screening on June 20, 2024. V12 said residents' care plan interventions are determined after completing the suicide risk screening. V12 continued to say she did not know why she did not screen R1 for suicide risk quarterly or following R1's threats of suicide. R1's care plans were reviewed. R1's care plan for history of self-harmful and self-mutilation ideations (thoughts) and/or behavior was initiated on July 26, 2024. Multiple interventions were initiated on July 26, 2024 including: "As warranted, conduct random room safety checks, personal wellness check. As warranted, conduct a room check/search, and remove any sharp objects or similar contraband (razor blades, razors, knives, scissors, hammer, nails, screwdriver, screws, needles, etc.). As warranted, conduct a room check/search and remove any other objects (in the opinion of the health care professionals) may pose a threat to safety." On October 23, 2025, at 3:44 PM, V12 (SSD) said, the words "as warranted" in R1's care plan meant if he verbalized suicidal ideations, those actions would be implemented. On October 29, 2025 at 11:21 AM, V1 (Administrator) and V2 (DON) were interviewed together. V2 said the facility's Self-harm/Suicide Risk Screening Assessment	S9999		

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S9999	Continued from page 8 should be done for every resident upon admission to the facility, quarterly, and as needed. V2 continued to say "as warranted" in R1's care plan would mean as needed with his permission, and if R1 refused to have his room searched, facility staff should document the refusal. V1 said, there were no plans in place for scheduled searches of R1's room for contraband. The facility does not have any documentation to show safety checks were conducted of R1's room, including checking for sharp objects. 2. R5's self-harm/suicide risk assessment screening was completed on October 17, 2025. V12 (SSD) completed the suicide risk screening. The screening assessment shows R5 had a moderate risk of self-harm/suicide with a numeric score of 7. V12 changed R5's risk assessment score to 4 and indicated R5 was at minimal/low risk instead of the moderate risk score obtained by using the screening tool. The EMR shows V12 also lowered R5's risk screening scores for the screenings dated May 20, 2024, August 5, 2024, November 4, 2024, February 4, 2025, April 28, 2025, July 21, 2025, and October 12, 2025. The facility does not have care plans in place to address R5's moderate risk for self-harm/suicide risk. 3. R6's self-harm/suicide risk assessment screening was completed on October 17, 2025. V12 (SSD) completed the suicide risk screening. The screening assessment shows R6 had a moderate risk of self-harm/suicide with a numeric score of 7. V12 changed R6's risk assessment score to 3 and indicated R6 was at minimal/low risk instead of the moderate risk score obtained by using the screening tool. The EMR shows V12 also lowered R6's risk screening scores for the screenings dated May 17, 2025, and August 12, 2025. The facility does not have care plans in place to address R6's moderate risk for self-harm/suicide risk. 4. R7's self-harm/suicide risk assessment screening was completed on October 17, 2025. V12 (SSD) completed the suicide risk screening. The screening assessment shows R7 had a moderate risk of self-harm/suicide with a numeric score of 6. V12 changed R7's risk assessment score to 3 and indicated R7 was at minimal/low risk instead of the moderate risk score obtained by using the screening tool. The EMR shows V12 also lowered R7's risk screening scores for the screenings dated February 13, 2024, May 2, 2024, July 30, 2024, October 30, 2024, January 31, 2025, April 24, 2025, July 17, 2025, and October 12, 2025. The facility does not have care plans in place to address R7's moderate risk for self-harm/suicide risk.	S9999		

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S9999	Continued from page 9 5. R8's self-harm/suicide risk assessment screening was completed on October 17, 2025. V12 (SSD) completed the suicide risk screening. The screening assessment shows R8 had a moderate risk of self-harm/suicide with a numeric score of 6. V12 changed R8's risk assessment score to 5 and indicated R8 was at minimal/low risk instead of the moderate risk score obtained by using the screening tool. The facility does not have documentation to show R8 was screened for self-harm/suicide for the period of March 19, 2025 to October 17, 2025. The EMR shows V12 also lowered R8's risk screening score for the screening dated March 19, 2025 from 6 (moderate risk) to 5 (low risk). The facility does not have care plans in place to address R8's moderate risk for self-harm/suicide risk. 6. R9's self-harm/suicide risk assessment screening was completed on October 17, 2025. V12 (SSD) completed the suicide risk screening. The screening assessment shows R9 had a moderate risk of self-harm/suicide with a numeric score of 8. The facility does not have documentation to show R9 was screened for self-harm/suicide for the period of February 9, 2024 to October 17, 2025. R9's suicide risk screening dated on February 9, 2024 shows R9 scored 8 (moderate risk of suicide). The facility does not have care plans in place to address R9's moderate risk for self-harm/suicide risk. 7. R10's self-harm/suicide risk assessment screening was completed on October 17, 2025. V12 (SSD) completed the suicide risk screening. The screening assessment shows R10 had a moderate risk of self-harm/suicide with a numeric score of 7. The EMR shows the previous suicide risk screening completed for R10 was on June 20, 2024, and R10 scored moderate risk for suicide. The facility does not have care plans in place to address R10's moderate risk for self-harm/suicide risk. 8. R11's self-harm/suicide risk assessment screening was completed on October 17, 2025. V12 (SSD) completed the suicide risk screening. The screening assessment shows R11 had a moderate risk of self-harm/suicide with a numeric score of 7. The EMR shows the previous suicide risk screening completed for R11 was on June 20, 2024, and R11 scored moderate risk for suicide. The facility does not have care plans in place to address R11's moderate risk for self-harm/suicide risk. 9. R12's self-harm/suicide risk assessment screening was completed on October 17, 2025. V12 (SSD) completed the suicide risk screening. The screening assessment shows R12 had a moderate risk of self-harm/suicide with a numeric score of 6. V12 changed R12's risk assessment	S9999		

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(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 10 score to 5 and indicated R12 was at minimal/low risk instead of the moderate risk score obtained by using the screening tool. The EMR shows V12 also lowered R12's risk screening score for the screening dated September 15, 2025 from 6 (moderate risk) to 5 (low risk). The facility does not have care plans in place to address R12's moderate risk for self-harm/suicide risk. 10. R13's self-harm/suicide risk assessment screening was completed on October 17, 2025. V12 (SSD) completed the suicide risk screening. The screening assessment shows R13 had a moderate risk of self-harm/suicide with a numeric score of 8. V12 changed R13's risk assessment score to 3 and indicated R13 was at minimal/low risk instead of the moderate risk score obtained by using the screening tool. The EMR shows V12 also lowered R13's risk screening score for the screening dated September 30, 2025 from 8 (moderate risk) to 3 (low risk). The facility does not have care plans in place to address R13's moderate risk for self-harm/suicide risk. 11. R14's self-harm/suicide risk assessment screening was completed on October 17, 2025 by V17 (SW-Social Worker). The screening assessment shows R14 had a moderate risk of self-harm/suicide with a numeric score of 6. V17 changed R14's risk assessment score to 4 and indicated R14 was at minimal/low risk instead of the moderate risk. The EMR shows the previous suicide risk screening completed for R14 was June 20, 2024 and V12 changed R14's risk assessment score from 7 (moderate risk) to 5 (low risk). The facility does not have care plans in place to address R14's moderate risk for self-harm/suicide risk. 12. R15's self-harm/suicide risk assessment screening was completed on October 17, 2025. V17 (SW) completed the suicide risk screening. The screening assessment shows R15 had a moderate risk of self-harm/suicide with a numeric score of 6. V17 changed R15's risk assessment score to 3 and indicated R15 was at minimal/low risk instead of the moderate risk score obtained by using the screening tool. The EMR shows V12 also lowered R15's risk screening score for the screening dated February 13, 2025 from 6 (moderate risk) to 3 (low risk). The facility does not have care plans in place to address R15's moderate risk for self-harm/suicide risk. 13. R16's self-harm/suicide risk assessment screening was completed on October 17, 2025. V17 (SW) completed the screening. The screening assessment shows R16 had a moderate risk of self-harm/suicide with a numeric score	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051516	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/04/2025

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(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 11 of 7. The facility does not have documentation to show the self-harm/suicide risk assessment was completed from June 20, 2024 to October 17, 2025. R16's self-harm/suicide risk assessment score on June 20, 2024 was 7 (moderate risk). The facility does not have care plans in place to address R16's moderate risk for self-harm/suicide risk. 14. R17's self-harm/suicide risk assessment screening was completed on October 17, 2025. V12 (SSD) completed the screening. The screening assessment shows R17 had a moderate risk of self-harm/suicide with a numeric score of 6. V12 changed R17's risk assessment score to 3 and indicated R17 was at minimal/low risk instead of the moderate risk score obtained by using the screening tool. The facility does not have documentation to show the self-harm/suicide risk assessment was completed from July 31, 2025 to October 17, 2025. R17's self-harm/suicide risk assessment score on June 20, 2024 was 6 (moderate risk). V12 changed the score from 6 (moderate risk) to 3 (low risk). The facility does not have care plans in place to address R17's moderate risk for self-harm/suicide risk. (A)	S9999		