

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2026
NAME OF PROVIDER OR SUPPLIER  Arc at Chillicothe		STREET ADDRESS, CITY, STATE, ZIP CODE  1028 Hillcrest Drive Chillicothe, IL 61523	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.  Based on interview, and record review, the facility failed to prevent abuse for two (R7 and R8) of three residents reviewed for abuse in a sample of eight. Findings include: Facility Initial abuse investigation, dated 2/11/26, for R7 and R8 documents the following: On 2/11/2026 at approximately 2:40pm notified of alleged Resident to Resident Contact: Residents separated immediately. Facility Final abuse investigation, dated 2/12/26, documents the following: (R7) stated, I did not like the conversation (R8) was having with another resident; (R8) gave me the finger and said mind your own business. (R8) then used his open hand and made physical contact on her stomach area and (R7) made physical contact with (R7) on his chest area with her left hand. Two staff members overheard the argument in dining room and immediately separated the two of them. Facility interviews dated 2/11/26 documents the following: V11/visitor stated V11 saw R7 trying to hit R8. Both were yelling back and forth. R8 tried hitting/hit R7, and R7 started hitting R8 again. R7 kept leaning forward trying to reach for R8; and V10 HR/Human Resources was walking by the north/south dining room and saw R7 hit R8 with her fist in the chest area, and then R8 started swinging back at R7. On 3/3/26 at 11:30am, V1 Administrator stated, We have had resident (R7) to resident abuse (R8) that was reported to the state. On 3/4/26 at 12:00pm, R7 stated she had a verbal issue with R8, and R8 hit her in the stomach after he gave her the middle finger. Facility Abuse Prevention and Reporting, last reviewed 10/2022, documents This facility affirms the right of our residents to be free from abuse. Abuse means any physical injury inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury.

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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