

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 01/31/2025
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)
<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>38805</p> <p>Based on observation, interview and record review, the facility failed to ensure the facility's annual State Survey Results were readily and easily accessible to residents for review. This failure has the potential to affect all 90 residents residing at the facility.</p> <p>Findings include:</p> <p>The facility's Resident Rights Policy, dated 1/30/24 documents: Policy Statement: Staff shall treat all residents with kindness, respect, and dignity. 1. Federal and state laws guarantee certain basic rights to all residents of the (facility) community. These rights include the resident's right to: H. Be supported by the (facility) community in exercising their rights; M. Exercise rights not delegated to a legal representative; and W. Examine survey results.</p> <p>The facility's State Survey Results Binder was located in a cabinet drawer in the front foyer. The access to the front foyer was through double glass doors that were not wheelchair accessible; an electronic code was used by staff to open the glass doors to enter into the front foyer, which led to another set of glass doors to exit. Staff stated that residents did not have access to the electronic code.</p> <p>On 1/29/2025 at 1:00pm, Residents R8 and R21 attended the Resident Council Meeting. Both R8 and R21 indicated that V9 Activities Director informed them that the State Survey Results Binder was located at the East Wing Nursing Station.</p> <p>On 1/29/25 at 1:30pm, R8 asked V9 Activities Director to show (R8) the Binder at the East Wing Nursing Station. The Binder was not at that location.</p> <p>On 1/29/25 at 1:40pm, V9 Activities Director confirmed that she had informed the residents that the Binder was at the East Wing Nursing Station; stated that the Binder used to be at the East Wing Nursing Station prior to facility remodel in 2017 and that it (the Binder) probably was moved to the front foyer with the remodel.</p> <p>At this same time, V9 stated, None of the residents had asked to see the Survey Binder; they (residents) would have to ask to see it.</p> <p>(continued on next page)</p>

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
---	-------	-----------

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 01/31/2025
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)		
<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>On 1/29/25 at 1:30pm, V15 Licensed Practical Nurse/LPN stated: The Binder is in the front foyer; it has never been at the East Wing Nursing Station since the time I have worked here, five years. Residents cannot get out there (into foyer) unless someone gets them there.</p> <p>On 1/29/25 at 1:35pm, V1 Administrator stated they have always kept the Survey Results Binder in the drawer in the front foyer at the entrance.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (Centers for Medicare and Medicaid Services/CMS 671) Form, dated 1/28/25, documents 90 residents reside in the facility.</p>		

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 01/31/2025
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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>31285</p> <p>Based on record review, observation and interview the facility failed to secure a controlled substance medication in a double-locked location for one of one resident (R74) reviewed for medication storage.</p> <p>Findings include:</p> <p>The facility's Medication Storage policy dated 10/2024 documents, Controlled Substances Storage: 2. After receiving controlled substances and adding to inventory, Facility should ensure Schedule II-V substances are immediately placed into a secured storage area (i.e., a safe, self-locked cabinet, or locked room, .and double-locked inside a medication cart or locked box in locked medication room).</p> <p>On 1/30/25 at 11:55am, a plastic bag containing medications labeled with R74's name, included a medication bottle labeled Lorazepam 0.5mg/milligrams tablets, was in an unlocked cabinet in the facility's South Hall Medication Room. Lorazepam is a Schedule IV, controlled substance prescribed for anxiety.</p> <p>V2 DON/Director of Nursing stated the medication bottles in the bag were (R74's) medications from home. V2 stated, They should have been sent home with family when the resident was admitted . V2 stated the Lorazepam should have been counted by two Nurses, documented on the facility's Controlled Drug Record/Disposition Form and placed in the medication cart's double locked, controlled substance drawer or in the Medication Room, secured in a second locked location.</p>

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 01/31/2025
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38805</p> <p>Based on observation, interview, and record review, the facility failed to ensure the staff completely covered hair in a sanitary manner while in the kitchen; and failed to ensure a chemical product was not stored in an unlocked lower cabinet in the dining room. These failures have the potential to affect 89 of the 90 residents who consume food in the facility (R75 was nothing by mouth/NPO).</p> <p>Findings include:</p> <p>The facility's Dietary-Staff Hygiene/Hair Nets Policy dated 9/2023 documents: Guidelines: 2.D. Hairnets or coverings shall be worn at all times in the Dietary Department and applied appropriately to keep hair from contacting exposed food, clean utensils and single-service/use items if unwrapped.</p> <p>The facility's Housekeeping Chemical Use Procedures Policy dated 11/1/12 documents: A. Chemical Use Rules 1. All chemicals must be in users line of sight at all times or stored in a locked cabinet or room.</p> <p>On 1/28/25 at 9:15am, V12 Dietary Manager was noted in the facility kitchen with dietary staff. V12's bangs at the front of her head were not covered. V12 stated, My hair slipped out; and I don't usually go into the kitchen but I am being the cook today.</p> <p>At this same time, V13 Dietary Aide wore a cap that did not cover her hair on the sides and back of her head. V14 Dietary Aide was doing dishes and had uncovered hair at the back and sides of her head. V14 stated that she did not realize all of her hair was not covered.</p> <p>V12, V13 and V14 stated that kitchen staff were supposed to have all their hair covered while in the kitchen.</p> <p>On 1/28/25 at 9:30 am, a full container of All Purpose Cleaner was located in an unlocked lower cabinet near the sink in the dining room. V12 Dietary Manager stated that the chemical was not supposed to be in the lower cabinet and was not sure who placed it there. V12 stated, The cabinet should have been locked to keep the product away from residents.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (Centers for Medicare and Medicaid Services/CMS 671) Form, dated 1/28/25, documents 90 residents reside in the facility.</p>		