

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Arc at Streator		STREET ADDRESS, CITY, STATE, ZIP CODE 1525 East Main Street Streator, IL 61364	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident was free of abuse from another resident. This applies to 2 of 7 residents (R1, R2) reviewed for abuse in the sample of 7.</p> <p>The finding include:</p> <p>The Facility Reported Final Incident Report dated 6/4/25 states, (R1) came up to (R2) and lightly hit her left cheek with an open hand. (R1) does not recall why he did this but stated he did not hit her. (R2) does not recall the incident .</p> <p>On 6/27/25 at 9:14 AM R1 was ambulating in the hallway with his wheeled walker. R1 had slow but steady gait. R1 was dressed in flannel pants, a t-shirt, and tennis shoes. R1 approached nearly everyone he saw in the hallway asking if they had any candy. R1 was slow to respond at times and just looked at the surveyor when spoken to.</p> <p>On 6/27/25 at 10:50 AM, R2 was seated in a reclining wheelchair, placed in front of the bird aviary. R2 startled as the surveyor approached her but then smiled as the surveyor introduced herself. R2 did not answer questions when asked. R2 just smiled.</p> <p>On 6/27/25 at 10:00 AM, V5 (Certified Nursing Assistant/CNA) stated, I was bringing (R2's) roommate out of the room and (R2) was sitting in the hallway with her eyes closed. (R1) was standing over her and he had his hand raised to her and I told him to stop, and he slapped her across the face anyway. It was hard enough that I heard it but there were no red marks on (R2). She kind of jerked/startled - like anyone would do because her eyes were closed and then she held her face. I told him to go to his room and then V4 (Licensed Practical Nurse/LPN) came down and walked him to his room. I have never known (R1) to hit another resident, but he has hit staff before. He walks around the facility, some days he just stays in his room.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/27/25 at 10:10 AM V4 (LPN) stated, The girls came up to me right away. They said he just walked up to her and open handed slapped her on the face. It was totally unprovoked. We separated them. I called V1 (Administrator) and she said to do 15 minutes checks on both of them. It was the strangest thing. (R2) can't recall anything. She had no signs of pain, no crying or sadness. When I ask her about it, she just smiles. (R1) just said I don't know. I have never seen him touch another resident. He gets agitated and irritable with staff. He's more difficult if he doesn't know you. The old (R1) is pleasant and friendly and then 2 hours later he can be completely different. He loves snacks and candy. (R1) likes to sit on the couch up front. He doesn't like activities. He likes to get up early in the morning. There was no after effect for (R2).</p> <p>R1's Progress Notes dated 5/30/25 state, At approximately 7:30 AM, (R1) was walking down hallway, stopped, and went to hit resident on the face. (R1) made contact with resident's left cheek. (R1) was removed from area and taken to room. When asked why he did that, he stated I don't know. Administrator notified immediately. All parties notified. (R1) placed on 15-minute visual checks.</p> <p>R2's Progress Notes dated 5/30/25 state, At approximately 7:30 AM, (R1) was walking down hallway, stopped, and went to hit (R2) on the face. (R1) made contact with (R2's) left cheek. (R1) was removed from area and taken to room. When asked why he did that, he stated I don't know. (R2) was assessed with no injuries noted. Emotional support given. Administrator notified immediately. All parties notified. (R2) placed on 15-minute visual checks.</p> <p>R1's Minimum Data Set assessment dated [DATE] shows that R1 has severe cognitive impairment.</p> <p>R2's Minimum Data Set assessment dated [DATE] shows that R2 also has severe cognitive impairment.</p> <p>The facility policy entitled Abuse Prevention and Reporting dated 9/2024 states, The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment.</p>		