

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 03/04/2026
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on interview and record review, the facility failed to ensure that palatable meals were served for three of 10 residents (R1-R3) reviewed for palatable meals in a sample of ten. Findings include: The facility's Food Purchasing policy, revised 11/2023, documents that food and supplies will be purchased according to the planned menus. The facility's Concerns/Compliment Form, dated 3/1/26, documents that at lunch time, everyone's turkey was ground up. Nobody really wanted to eat. The kitchen was asked for grilled cheese, and they said they weren't making a bunch. The facility's Concerns/Compliment Form, dated 3/1/26, R1 documents that the food is inedible. On 3/3/26 at 9:30am, R2 stated that on Sunday, they were supposed to have roasted turkey for lunch, but they served ground turkey that was nasty. R2 stated that it looked like slop, so he did not eat it. R2 stated that he was told there was not enough turkey, so they ground it up and smothered it in gravy to make it go farther. On 3/3/26 at 10:00am, R3 stated that on Sunday, ground turkey was served instead of roasted turkey. R3 stated that she did not think anyone in the dining room ate it. R3 also stated that she was told that the kitchen was not making a bunch of grilled cheeses for the substitute. On 3/3/26, V7 (R1's Family) stated that ground turkey was served instead of roasted turkey on Sunday. V7 stated that R1 absolutely refused to eat it. V7 stated that R1 loved turkey and would have eaten it. On 3/4/26 at 8:20am, V3 (Dietary Manager) stated that on 3/1/26, the cook only cooked 2 turkeys, which weighed between 8-10 pounds each for 103 residents plus 10 residents who get double portions. V3 stated that the cook rough chopped the turkey and added gravy to make it go farther. V3 verified that rough chopped means grinding up the meat, then adding gravy. V3 stated that she came in after the fact and made sure everyone got enough to eat. V3 stated that all the kitchen staff have been in-service on meal service.</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
-----------------------------------------------------------------------	-------	-----------