STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145319	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arc at El Paso	555 East Clay El Paso, IL 61738

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review the facility failed to maintain resident rooms in a clean and safe manner for four residents (R6, R8, R12, and R13) of four reviewed for safe, clean and homelike environment in a sample of 15.Findings Include:Facility's Maintenance Director Job Description dated 3/2024 documents: The primary purpose of the Maintenance Director is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current, federal, state and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator, to assure that our facility is maintained in a safe and comfortable manner.On 9/3/25 at 1:30 PM V1 stated he is unable to locate a policy for cleaning the air conditioner units in resident rooms.On 9/3/25 at 9:35 AM The AC (Air Conditioner) units in R6 and R13's room is located in the wall under the window. There are foam tubes around AC unit with a quarter sized hole where daylight can be seen. The vent slats of AC unit have multiple pinpoint black spots on them. V3 (Maintenance Director) stated probably mildew. Units are cleaned two times per season to prevent mildew build up, but he is unsure if there is a policy. On 9/3/25 at 10:21AM R6 and R13's AC unit has multiple black pinpoint spots on vent slats.

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. Based on interview and record review the facility failed obtain physician ordered weekly weights for one resident of three residents (R1) reviewed for weights in a sample of 15. Findings Include:The facility's Significant Weight Gain or Loss Policy dated 02/2025 documents, All residents will be weighed monthly unless physician order indicates differently.R1's physician's orders, dated 9/5/25, document weekly weights were ordered to begin for R1 on 6/23/25. R1 also has orders to receive the following medications for the diagnosis of congestive heart failure: Torsemide 20mg (milligrams) by mouth daily, Diltiazem 300mg by mouth daily, Metoprolol Succinate ER 50mg by mouth daily, and Aldactone 12.5mg by mouth.On 9/3/25 at 11:17 AM, R1 stated she has not been getting weighed because the machine used to weigh her has been broken.R1's Weight and Vitals Summary dated 9/3/25 documents from 6/23/25 to 8/17/25 weights were only obtained on the following dates: 6/23/25 (419.8 pounds), 7/1/25 (416 pounds), and 7/7/25 (415 pounds).On 9/3/25 at 9:38 AM, V1 (Administrator) verified the facility has three mechanical lifts, and the mechanical lift with the scale attached has not been functioning since 7/10/25.On 9/3/25 at 11:15 AM, V2 (Director of Nursing) confirmed R1 had not been weighed from 7/8/25 through 9/3/25.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to implement new interventions after falls and failed to complete a thorough post fall assessment for three of three residents (R2, R4 and R5.) reviewed for falls in a sample of 15. Findings include: 1. R2's medical record documents that R2 was admitted on [DATE] with diagnosis to include but not limited to unspecified dementia, moderate without behavioral disturbance, cerebral infarction and hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. R2's documentation Un-witnessed fall dated 8/13/25 filled out by V2 (Director of Nursing) documents resident self-transferred from toilet resulting fall. Resident lying on left side of shower room floor. R2's documentation Un-witnessed fall dated 8/13/25 filled out by V2 (DON) documents under Mental status that resident was disoriented, but wnl (within normal limits) for this resident, oriented to person and oriented to situation were marked. The areas of resident did call for help, resident was able to call for help and call light was within reach were not marked.R2's documentation ~Un-witnessed fall dated 8/13/25 filled out by V2 (DON) has a documentation area marked Predisposing Physiological Factors that had Weakness/Fainted, Forgets to use call light and fragile skin marked. The same area had resident was standing, resident was lying, resident was sitting areas available and none were marked. R2's Unwitnessed fall dated 8/13/25 filled out by V2 (DON) Predisposing Physiological Factors documentation area also had antihistamine use as an area available and it was not marked. R2's Physician Order Sheet dated August 2025 documents R2 receives Hydroxyzine (antihistamine) 10 mg (milligrams) every 8 hours as needed. The facility could not provide Medication Administration Record for August to include any use of this antihistamine for review. R2's Unwitnessed fall dated 8/13/25 filled out by V2 (DON) Predisposing Physiological Factors documentation had Anti-hypertensive use as an area available and it was not marked. R2's Physician Order Sheet dated August 2025 documents that R2 receives Metoprolol (anti-hypertensive) Tartrate 50 mg twice daily.R2's Un-witnessed fall dated 8/13/25 filled out by V2 (DON) Predisposing Physiological Factors documentation had an Anti-depressant use are available to be marked. R2's Physician Order Sheet dated August 2025 documents R2 receives Sertraline (anti-depressant) 25 mg daily. Throughout the survey R2 was wearing glasses and did not answer questions appropriately. R2's Un-witnessed fall dated 8/13/25 filled out by V2 (DON) Predisposing Physiological Factors documentation had areas for impaired vision, wears glasses, was wearing glasses. None of these areas were marked. R2's Un-witnessed fall dated 8/13/25 filled out by V2 (DON) Predisposing Physiological Factors documentation had an area for restorative programs that was not marked. R2's current Care plan dated 3/24/25 documents R2 is on a restorative ambulation program, restorative dressing and grooming program dated 7/20/25, and Restorative AROM (Active Range of Motion) program dated 7/20/25.R2's Un-witnessed fall dated 8/13/25 filled out by V2 (DON) had Predisposing Situation Factors as listed Increased agitation, other, recent room change, side rails up, using cane, using wheeled walker, none, change in sleep patterns, recently sleeping less than usual, combative, restless, wandering, recent LOA (leave of absence) with family, other recent fall, padded rails, Geri sleeves, other (describe), large groups, reaching, restrained, staff approach, using walker, wanderer, resistive to care, recent over sleeping, agitated at the time of fall, hallucinations at time of fall, sundowns, recent blood draw, combative with care and previous skin tears or bruises. None of these areas were marked. R2's Nurse's Notes dated 8/14/25 at 4:00 PM document that the IDT (Interdisciplinary Team) met to discuss R2's fall and the new intervention to implement was Anticipate resident's toileting needs. Offer assistance to toilet before and after each meal. R2's current care plan implemented 08/01/2025 and last updated 8/14/25 documents R2 is at risk for falls related to confusion, gait/balance problems, self-ambulating to restroom, fracture of right hip and acute pain right hip. Interventions for R2's fall risk document anticipate and meet the resident's needs dated 8/1/25 and anticipate and offer assistance with needs with toileting throughout the night. On 9/5/25 at 12:45 PM V6 (Care Plan Coordinator) confirmed R2 already had an intervention in place on her fall plan to anticipate her needs and to anticipate her toileting needs. V6 stated, That isn't very different. 2. R4's Medical Record documents that she was admitted on [DATE] with diagnosis to include but not limited to unspecified dementia, anxiety and fracture in thoracic spine. R4's Un-witnessed fall dated 6/14/25 filled out by V18 (LPN) documents on 6/14/25 at 5:00 AM R4 was found on the floor at the foot of opposite bed. R4's Un-witnessed fall dated 6/14/25 filled out by V18 has a Mental Status section had area marked that documented disoriented, but wnl (within normal limits) for this resident. The Mental Status section also had