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	05/28/2026

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to prevent resident to resident abuse from occurring for one of two residents (R10), reviewed for abuse, in a sample of 38. R10's facility admission Record documents R10 was admitted to the facility on [DATE] with the following diagnoses Dementia, Anxiety and Depression. R10's current Care Plan, dated 3/23/26 documents R10 has the following Focus Areas: Behavior Problems due to anxiety, wandering, yelling at staff; Wandering/poor safety awareness and Impaired Communication. The facility report, Final Abuse Investigation Report, dated Initial Report: 4/14/26 and Final Report: 4/20/26. At 6:25 P.M. on 4/14/26, (V1) was notified of an alleged physical altercation between (R10 and (R18) in the hallway near the nurse's station. Both residents were immediately separated. Facility leadership reviewed the medical record of the residents. Employees and residents that were knowledgeable of the allegation were interviewed by the Abuse Coordinator. (R18) was interviewed and stated, (R10) was trying to push me in my wheelchair. I told her no; I can do it myself. It was at that time I reached back and hit (R10) and then (R10) pulled my hair. No staff witnessed the alleged allegation. V4/Certified Nursing Assistant stated I walked out of the dining room and noticed (R10) was trying to push (R18) in her wheelchair. (R18) got mad and told her to stop and swung her arm back to try to hit (R10). I was walking towards them to separate both residents and that is when (R10) pulled R18's hair. It was at this time I was able to separate both residents. On 5/26/26 at 10:15 A.M., R18 was up in a wheelchair, in the facility front room. R18 was able to propel her wheelchair using her feet. R18 was alert, and able to answer questions appropriately. R18 stated she does recall the incident that occurred a few months ago when R10 (able to recall R10's name without prompting) and she were sitting at the nurse's station and R10 started pushing her wheelchair, without being asked. R18 stated she told R10 repeatedly to stop, R10 continued pushing her chair. R18 reached behind her to grab R10, missed R10 and then R10 pulled her hair. R18 stated it hurt when R10 pulled her hair. R18 stated at that time, facility staff intervened and took R10 to her room. R18 stated she has had no other occurrences with R10. On 5/26/28 at 1:03 P.M., V4/Certified Nursing Assistant stated she witnessed (R10) pull (18)'s hair one evening after supper. It was in April of this year, and as she was coming out of the dining room, she heard yelling and witnessed (R18) reaching behind her towards (R10) who was pushing her wheelchair. V4 stated she witnessed (R10) pulling (R18)'s hair. V4 stated she was able to reach the two residents, separate them and she reported the incident to the nurse. The facility policy, Abuse Prevention and Reporting, dated (revised) 3/2026 directs staff that the facility affirms the right of our residents to be free from abuse. This same policy also documents that abuse is the willful infliction of physical harm, pain or mental anguish.

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