

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/03/2026
NAME OF PROVIDER OR SUPPLIER Arc at Dwight		STREET ADDRESS, CITY, STATE, ZIP CODE 300 East Mazon Avenue Dwight, IL 60420	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to perform a mechanical lift transfer safely for one (R1) of three residents reviewed for transfers. Findings include: The facility Transfers-Manual Gait Belt and Mechanical Lifts Policy dated 12/2025 documents mechanical lift equipment shall undergo routine maintenance checks by the nursing and maintenance staff to ensure that the equipment remains in good working order. The Mechanical Lift User Instruction Manual dated 2020 documents the following: Safety Precautions: Please read and follow the safety precautions listed below. The operation and use of mechanical patient lifts is simple and straightforward. Following these few basic safety precautions will make lifting operations easy and trouble free. ALWAYS carry out the DAILY CHECK LIST before using the lift. Maintenance Schedule: All mechanical lift products are designed for minimum maintenance; however, some safety checks and procedures are required. A schedule of DAILY tasks is detailed below. The manufacture strongly recommends the following checks be carried out on a daily basis and before using lift including- EXAMINE the sling hooks on the spreader bar and side suspenders for excessive wear. If in doubt - do not use. R1's Minimum Data Set/Quarterly assessment dated [DATE] documents R1 is severely cognitively impaired with bilateral upper and lower extremity impairments and is dependent on staff for all transfers. R1's Care Plan (current) documents R1 transfers via full body mechanical lift with assist of two persons. On 1/3/26 at 12:19pm, V9 Certified Nursing Assistant (CNA) stated the full circle piece on the one end of the lift spreader bar where the sling straps slide into was broken in half. V9 stated the side R1's sling came off that day (12/11/25) was the side that had the broken plastic circle piece. V9 stated this circle piece is what kept the sling straps from coming out of the spreader bar. On 1/3/26 at 1:53pm, V11 Maintenance Director stated the mechanical lift that was used on R1 on the day of the incident had a broken piece on the spreader bar where the sling straps go. V11 stated it was a round plastic piece and half of it was missing. On 1/3/26 at 1:58pm, V1 Administrator stated staff should have taken the mechanical lift out of service due to the broken piece and reported the broken piece immediately.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 145452	Facility ID: 145452 If continuation sheet Page 1 of 1