STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145452	A. Building B. Wing	04/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arc at Dwight	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 interview and record review the facility failed to protect resident's right to be free from resident-to-resident verbal abuse. This failure affected three of four residents (R1, R2, R3) reviewed for abuse on the sample list of four.Findings Include: The facility's Abuse and Prevention Reporting - Illinois Policy dated March 2026 documents each resident has the right to be free from abuse including but not limited to verbal abuse. Verbal abuse is the oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families or within their hearing distance. 1. R3's Medical Diagnoses list dated April 2026 documents R3 is diagnosed with Major Depressive Disorder. R3's Minimum Data Set (MDS) dated [DATE] documents R3 is cognitively intact and had verbal behavioral symptoms at four to six times during the review period. R3's Care Plan initiated 11/24/25 documents R3 has a history of behavior problems related to poor impulse control. R3 also has a mood problem and is easily angered and will threaten others, lashing out both physically and verbally. R1's Medical Diagnoses List dated April 2026 documents R1 is diagnosed with Major Depressive Disorder, Anxiety, and Dementia. R1's Minimum Data Set (MDS) dated [DATE] documents R1 is moderately cognitively impaired. The Final Abuse Investigation Report dated 3/18/26 documents on 3/11/26, R3 became upset with R1 for attempting to sit at a spot he believed was for his friend. R3 yelled at R1 and called her a F****** (expletive) B**** (expletive) and shoved a chair towards R1's wheelchair. When R3 was interviewed about the incident On 4/26/26 at 12:53 PM V7 Dietary Manager stated she heard a commotion and walked out of the kitchen to find R3 yelling to get that F****** (expletive) B**** (expletive) out of that spot. R3 yelled that same phrase repeatedly and shoved a nearby chair at R1. The chair hit R1's wheelchair. On 4/26/26 at 2:30 PM V1 Administrator confirmed R3 has a problem with becoming verbally aggressive with other residents. V1 confirmed R3 was verbally abusive towards R1. 2. On 4/26/2026 at 11:43 AM, V4 Activity Aide stated during the incident between R1 and R2, she was pushing another resident to the dining room when she heard R2 yelled ouch, that hurts! V4 stated she checked on R2 and R2 stated that R1 kicked her in her feet. R1 was sitting next to R2 at that time. V4 stated she told R1 not to kick R2 and R1 stated she (R2) was on my way. V4 stated R2 responded and called R1 a B*** (expletive). V4 stated residents were separated immediately and V4 reported this information to the V1 Administrator. V4 stated she did not witness R1 kicked R2 because she was at the back end, but she confirmed R2 called R1 a B*** (expletive). On 4/26/2026 at 12:47 PM, V8 Licensed Practical Nurse (LPN) stated she is very familiar with R2 and has taken care of her regularly. V8 stated R2 uses curse words a lot especially when she is frustrated. On 4/26/2026 at 10:56 AM, V1 Administrator stated she was aware of the incident between R1 and R2. V1 stated R2 calling R1 a B*** (expletive) was a form of verbal abuse and should be reported. V1 stated R2 is known for her potty (cursing) mouth and has heard R2 say curse words in the past. R1's Incident Note dated 3/16/2026 documents R1 exchanged rude remarks and came in contact with another resident. R1' Care Plan (undated) documents R1 has issues with verbal/aggressive behaviors. R1 doesn't get along with other residents and doesn't like having roommates. R1 tends to be mean to others and doesn't enjoy big crowds. R1 tends to try and get into (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145452	A. Building B. Wing	04/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arc at Dwight	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the dining room before others at mealtimes. Staff should offer R1 the option to sit in the dining room at a table by herself to avoid conflict with others. R2's Minimum Data Set (MDS) dated [DATE] R2 is cognitively intact. R2's Incident Note dated 3/16/2026 documents R2 exchanged rude remarks and came in contact with another resident. R2's Care Plan dated 3/25/2026 documents R2 has a potential for aggressive verbal behavior. Sometimes R2 can lash out at other residents if she is bothered or annoyed. Staff should remove R2 from the area when R2 shows increased aggression.