

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Arc at Normal		STREET ADDRESS, CITY, STATE, ZIP CODE 509 North Adelaide Normal, IL 61761	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>34201</p> <p>Based on interview and record review, the facility failed to ensure residents were free from sexual abuse for two of five residents (R1, R2) reviewed for abuse on the sample list of five.</p> <p>Findings Include:</p> <p>On 4/29/24 at 8:25 am, V3 (R1's family) stated R2 was roaming the halls and entered R1's room, placed R2's hand on R1's chest and R1's hand on R2's groin, without saying anything. V3 stated R1 started screaming no, no. get out and R2 left the room. V3 explained that R1 was so horrified, R1 didn't say anything about it to anyone until the next day, then R1 reported it to V4 Medical Director. V4 reported it to the facility and at that time, they got the police involved. R1 didn't want to press charges or anything, R1 just wants to forget that it happened.</p> <p>R2's ongoing Diagnosis Listing documents R2 has Metabolic Encephalopathy, Parkinson's, Dementia, and Cognitive Communication Deficit.</p> <p>R1's Progress Notes dated 2/7/24 by V2 DON (Director of Nursing) documents V4 Medical Director came to V2 and reported that while seeing R1, R1 reported that R1 saw a resident (R2) that R1 went to therapy with pass by R1's room in wheelchair so R1 waved at R2. R2 waved back and then entered R1's room. R2 was in a wheelchair and R2 approached R1's bed. R1 stated R2 then touched R1's chest and guided R1's hand to R2's crotch area. R2 then left the room. Upon report, V2 ensured that R1 and R2 were separated. Police was notified and came to the facility. The Police Officer interviewed both R1 and R2. R1 stated that R1 did not want to press charges. Social Services assessed R1. R2 placed on 1:1 observation. Ombudsman notified. R1 is on file for making her own notifications.</p> <p>On 4/29/24 at 10:21 am, V2 confirmed that R1 reported a sexual abuse allegation to V4 back in February 2024. V2 stated according to R1, R2 entered R1's room after R1 waved at R2. R2 approached R1, who was in bed, and placed R2's hand on R1's chest then guided R1's hand towards R2's lap/crotch area. V2 stated R2 has dementia so R2 was not able to recall the incident when V2 talked to R2. V2 explained R2 has never been sexually inappropriate in the past and hasn't been since the incident. V2 believes that R2 mistook R1 for R2's wife, and that R2 did not have any malicious intentions.</p> <p>(continued on next page)</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
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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility Abuse Prevention and Reporting Policy dated October 2022 documents this facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. Sexual abuse is non-consensual sexual contact of any type with a resident. Sexual abuse includes but is not limited to unwanted intimate touching of any kind especially of breast or perineal area.		