

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  05/12/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49492</p> <p>Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by another resident for one of three residents (R1) reviewed for abuse in the sample of three.</p> <p>Findings Include:</p> <p>The Facility Abuse Prevention and Reporting policy effective 09/2024, documents this facility affirms the right of their residents to be free from abuse, neglect, exploitation, misappropriation of property, and deprivation of goods and services. This policy documents abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. The same policy documents physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. The policy documents as part of the resident's life history on the admission assessment, comprehensive care plan, and MDS assessments, staff will identify residents with increased vulnerability for abuse, neglect, exploitation, mistreatment, history of trauma or misappropriation of resident property, who have needs, triggers and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals, and approaches, which would reduce the chances of abuse, neglect, exploitation, mistreatment or misappropriation of resident property for these residents. Staff will continue to monitor the goals and approaches on a regular basis and update as necessary.</p> <p>On 05/08/25 R1's care plan review documents R1's admission to the facility on [DATE] with the following diagnoses: Cognitive communication deficit, Major depressive disorder, single episode, unspecified, Type 2 diabetes mellitus with diabetic polyneuropathy, and other lack of coordination.</p> <p>On 05/08/2025 R2's care plan documents R2's admission to the facility on [DATE] with the following diagnoses: Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, other specified disorders of muscle, and other lack of coordination. R2's care plan was updated on 04/16/25 documenting R2 has the potential to be physically aggressive (hitting) and verbally aggressive (yelling/screaming) with interventions put in place to alleviate R2's stressors.</p> <p>On 05/08/2025 at 10:00 am R1 stated on an unknown date R1 was struck in the face and legs by another resident. R1 stated another resident hit her in the face, and staff moved the other resident away, then the other resident came back over to R1 and hit R1 in the legs. R1 stated R1 was not injured.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145732
		If continuation sheet Page 1 of 2

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/08/2025 at 12:18 pm V3 (Certified Nursing Assistant, CNA) stated V3 came from the soiled utility room, heard yelling and turned to see R2 hit R1 in the face with R2's hand. V3 stated that R1 and R2 were separated at that time. V3 then went to help another resident. V3 stated after helping that resident, V3 returned to the hallway and witnessed R2 hit R1 for a second time. V3 stated another CNA moved R2 to another part of the facility.</p> <p>On 05/08/2025 at 2:07 pm V6 (R2's Family) stated V6 was notified R2 struck another resident in the facility. V6 stated R2 struck another resident at the previous facility in a disagreement about a chair.</p> <p>On 05/08/25 at 09:30 am V1 (administrator) confirmed on 04-21-25 the facility submitted a final report documenting R2 struck R1 with a hand on the face on 04/16/25.</p> <p>On 05/08/2025 at 10:00 am V1 provided a police report dated 04/16/25 at 05:45 am documenting the local Police department was notified of an aggravated battery incident at the facility.</p> <p>On 05/08/2025 at 10:00 am V1 provided a written witness statement from V3 documenting that upon exiting the soiled utility room, V3 witnessed R2 strike R1 in the face with a hand.</p> <p>On 05/12/25 at 11:30 am V1 stated V1 was not aware R2 struck R1 twice on 04/16/25. V1 stated V1 was unaware of R2 striking another resident at R2's previous facility.</p>		