

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  06/25/2025
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> Based on interview and record review, the facility failed to protect two residents' (R1, R10) from physical abuse for two of eight residents reviewed for physical abuse in a sample list if 15.</p> <p>Findings Include:</p> <p>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>The same policy documents on page two the definition of Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means (21 0 ILCS 45/1-103). Abuse is the willful infliction of injury, unreasonable</p> <p>confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident (42 CFR 483.5). This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain and/or maintain physical, mental, and psychosocial wellbeing. This assumes that all instances of abuse of residents, even those in a coma, cause physical harm or pain or mental anguish (42 CFR Interpretive Guidelines). The term willful in the definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. (42 CFR 483.5). An example of a deliberate (willful) action would be a cognitively impaired resident who strikes out at a resident within his/her reach.</p> <p>On 06/24/25 R10's care plan review documents R10's admission to the facility on 6/14/2023 with the following diagnoses: Atherosclerotic heart disease of native coronary artery without angina pectoris, and unspecified lack of expected normal physiological development in childhood.</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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NAME OF PROVIDER OR SUPPLIER  Arc at Normal		STREET ADDRESS, CITY, STATE, ZIP CODE  509 North Adelaide Normal, IL 61761	
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(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>On 06/24/2025 R11's care plan documents R11's admission to the facility on [DATE] with the following diagnoses: Vascular dementia, severe, with agitation, Autistic disorders and Dysphagia.</p> <p>On 06/24/2025 at 1:00 pm R10 stated on an unknown date that R11 struck R10 on the top of right-hand causing pain and redness and that staff applied an ice pack to the area to alleviate the pain.</p> <p>On 06/25/2025 at 11:55 am V3 (Activity Director) stated V3 was in her office in the activity room, when V3 heard yelling out and came out of the office noting R10 and R11 were very close together and R10 was trying to get up. V3 stated V3 did not see R11 strike R10, but R10 stated he was struck by R11.</p> <p>On 06/24/25 at 09:15 am V1 (administrator) confirmed on 06-17-2025 the facility submitted a final report documenting R11 struck R10 with a hand on the hand on 06/13/25.</p> <p>On 06/24/2025 at 09:15 am V1 provided a police report dated 06/13/25 documenting the Normal Police department had been notified of an aggravated battery incident at the facility.</p> <p>On 06/25/2025 at 1:55 pm V1 provided a written witness statement from V3 documenting that upon exiting the office in the activity room, V3 witnessed R10 and R11 waving their arms around.</p> <p>Example 2</p> <p>On 06/18/25 R1's care plan review documents R1's admission to the facility on [DATE] with the following diagnoses: Unspecified dementia, severe, with other behavioral disturbance, and major depressive disorder.</p> <p>On 06/18/25 R2's care plan review documents R2's admission to the facility on 9/25/2024 with the following diagnoses: Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance, Cognitive communication deficit, and Dysphagia.</p> <p>On 6/18/25 V5 (Assistant Director of Nursing) provided witness statements documenting V4 witnessed R1 walked over and stood near R2. R2 then reached out and scratched R1 with her (R2) fingernails. V4 stated that R1 did not provoke R2.</p> <p>On 06-13-2025 V1 (Administrator) provided a final summary of events to the department documenting V4 witnessed R2 scratching R1 in the hand.</p>		