

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/11/2026
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a comfortable and safe ambient temperature for one (R1) of eight residents reviewed for physical environment. Findings: On 6/11/26 at 4:32 p.m., R1 was observed sitting on her bed with a fan directed toward her while receiving oxygen at 3 liters per minute via nasal cannula. R1 stated her room had been really hot earlier and that the heat made it more difficult for her to breathe. R1 reported her breathing improved only after the fans were turned on and stated that heat and humidity had worsened her respiratory symptoms over the past several days. R1's MDS dated [DATE] documents that R1 is cognitively intact. This MDS also documents that R1 has multiple respiratory diagnoses including Cardiorespiratory condition, Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Chronic Lung Disease, Chronic Respiratory Failure with Hypoxia, and Respiratory Failure with Hypercapnia. R1's Care Plan dated 4/8/26 documents that R1 has an altered respiratory status/difficulty breathing related to COPD. This Care Plan documents that R1 is on continuous oxygen therapy related to ineffective gas exchange. On 6/11/26 at 2:20 p.m., V6, Housekeeper/Laundry Aide stated the facility has been pretty hot, primarily in the lobby area over the past few days. On 6/11/26 at 2:07 p.m., V5 (Housekeeper) stated it had been hot on the East Hall over the past 3 to 4 weeks. V5 stated she believed the air-conditioning on the East Hall had been broken down recently and was unsure if parts were pending repair or replacement. V5 stated, can't you feel the difference between the resident rooms and the hallway? She further stated residents had complained, particularly those with breathing difficulties, but was unable to identify specific residents who had voiced concerns regarding room temperatures. On 6/11/26, between 3:41 p.m. and 4:59 p.m., continuous observations were conducted with V3 (Maintenance Director), during which environmental temperature and humidity readings were obtained throughout resident care areas. Temperatures ranged from 75.7 F to 79.9 F, with the highest humidity reading of 65.8% recorded in Zone 7. Temperature and humidity readings were obtained in multiple resident rooms on all hallways and at both ends of the East and [NAME] Halls. On 6/11/26 at 2:25 p.m., V8 (CNA) stated the facility had been really warm, particularly in the television room, over the past several weeks. V8 stated that both residents and staff had complained about the heat in the building. Although V8 could not identify specific residents who had complained, she stated she had heard several complaints regarding the building temperature over the past couple of weeks. On 6/11/26 at 5:22 p.m., V9, Registered Nurse (RN) stated she had heard numerous resident complaints over the past several weeks regarding the temperature in the facility. V9 stated residents had specifically complained that the lounge area was hot and uncomfortable. On 6/11/26 at 6:24 p.m., V10, Licensed Practical Nurse (LPN) that several residents throughout the facility had complained of being hot over the past two to three weeks. V10 further stated that during the most recent weekend, both staff and residents complained that the facility was extremely hot and stated she thought it felt like it was 100 degrees. On 6/11/26 at 3:31 p.m., V3 (Maintenance Director) stated he had been monitoring temperatures throughout the facility daily, including weekends. V3 reported the highest temperature reading he observed was 83 F in a resident room the previous week (exact date unknown). V3 stated (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
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a portable air conditioning unit was immediately placed in the room, which resolved the issue. V3 further stated that rising outdoor temperatures over the past several weeks had resulted in noticeably warmer temperatures inside the facility. According to V3, the facility's HVAC contractor identified issues with the air conditioning system on 6/10/26, including a non-functioning condenser. V3 stated he was awaiting a repair quote and that additional repairs were needed to motor, fans, and compressors associated with the cooling system. V3 stated he anticipated the facility's air conditioning system would be fully operational within approximately two weeks. On 6/11/26 at 4:37 p.m., V1, Administrator stated the facility had been warmer than normal over the past several weeks and that the HVAC contractor had evaluated the air conditioning system on 6/10/26. V1 stated she was informed that significant repairs were needed and that corporate approval would be required due to the cost of the repairs. V1 further stated that corporate policy required quotes from at least two HVAC companies before repairs could proceed. V1 confirmed the facility was still awaiting the first repair quote and that a second HVAC assessment would need to be scheduled before repairs could be authorized and completed.		