

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

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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 07/13/2026
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, interview and record review, the facility failed to implement proper infection control practices to prevent cross contamination, for three of four (R1, R4 and R5) residents, reviewed for infection control, in a sample of 12. Findings include:1.On 7/8/2026 at 9:50 AM, V4, Wound Nurse/Infection Preventionist (IP), picked up bandages and dressing supplies from the top of the treatment cart, carried them into R4's room and laid them on a towel. V4 then performed hand hygiene and donned gloves. V4 uncovered R4, rolled R4 onto R4's right side, and removed the old dressing from R4's left distal medial buttock, that was dated 7/7/2026. V14 performed hand hygiene and donned gloves. V14 picked up the package of silver collagen off of the towel that the supplies were laying on, then opened a package of silver collagen, opened the box and took out the tube of stock (multiple resident use) medicated honey, took the cap off of the medication, applied the medication to the silver collagen, and with the same gloved hands applied it to R4's wound to R4's left buttock. V14 then performed hand hygiene and donned another pair of gloves and picked up the non-bordered foam dressing from the towel and opened it with V14's gloved hands, removed it and applied it to R4's wound. V4 then picked up the bordered foam dressing package from the towel and opened the package with V4's gloved hands and applied it to R4's wounds all without the benefit of hand hygiene and glove changes after opening packages.R4's Care Plan, dated 6/25/2026, documented, Follow universal precautions.2.On 7/8/2026 10:30 AM, V4, Wound Care Nurse/IP performed hand hygiene and donned gloves. V4 removed R5's blankets and pressure relieving boots. On R5's left heel, there was a dressing dated 7/7/2026, and V4 removed it with the same gloved hands that V4 removed R5's blankets with. V4 then performed hand hygiene, donned a new pair of gloves. V4 then took a medication cup of bleach solution and a gauze pad and cleansed area. Then V4 performed hand hygiene and donned another pair of gloves, opened the box of stock (multiple resident use) medicated honey, took the cap off the container, applied it to the foam boarded dressing and applied it to R5's left heel without benefit of hand hygiene. V4 then performed wound care to R5's right heel. V4, Wound Care Nurse/IP performed hand hygiene and donned gloves, removed the right boot, removed wound dressing that was dated 7/7/2026 without benefit of hand hygiene or glove changes. They performed hand hygiene and donned another pair of gloves, took the tube of stock medicated honey, took the cap off of the container, applied it to the foam boarded dressing and applied it to R5's right heel without the benefit of hand hygiene or glove changes.R5's Care Plan, dated 1/16/2026, documented, Administer treatments as ordered and monitor for effectiveness.3.On 7/8/2026 at 1:30 PM, V4, Wound Nurse/IP, performed hand hygiene and donned gloves, with their gloved hands, they opened the stock medicated honey box, removed tube, and took the cap off of the tube and with the same gloved hands, they took a pair of scissors, off the table, cut the calcium alginate to fit R1's wound, and applied the stock medicated honey to it. With the same gloved hands, they opened the package of non-bordered foam pad and applied all of it to R1's open wound. With the same gloved hands, they opened the (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	package of boarded foam pad and applied it to the wound all without benefit of hand hygiene.R1's Care Plan, dated 6/9/2026, documented, Treatment as ordered.On 7/9/2026 at 2:30 PM, V4, Wound Nurse/Infection Preventionist stated that the medicated honey was a stock medication and it is used for multiple residents on the hallway. V4 stated that they should not use the same gloved hands to open packages and apply medications to the dressings and then use the same gloves to apply the treatment onto a resident.The Facility's policy, Dressing Change- (Clean/Non-Sterile), dated 12/2025, documented, 6. Wash hands. 7. Prepare/open any necessary supplies and place on top of clean barrier 8. Apply gloves. In the event that personal contamination is anticipated, personal protective equipment, such as a gown or mask should be worn. It continues, 13. Apply clean gloves.14. Clean area/wound with solution specified in treatment order. 15. Observe wound for response to treatment and any signs/symptoms of infection. 16. Apply prescribed ointment and/or dressing per doctor order. Follow manufacture's recommendations for application of dressing/ointments/cremes/moisturizers, etc. It continues, 22. Sanitize bandage scissors after each use before returning to pocket or cart.		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide food that was palatable and appetizing for two of three (R2 and R5) residents, reviewed for Dietary Services, in a sample list of 12. Findings include: 1.) On 7/07/2026 at 11:09 AM, R2 stated that the food is terrible, and R2 no longer eats it. R2 stated R2 hasn't eaten it in months. R2 stated that it was always cold when R2 ate it; they prepare the food and let the trays sit there for hours before serving. R2 stated they offer no alternate menu, you get what you get. R2 continued to state that when you ask about ordering a cheeseburger or another alternative staff say they don't do that anymore. R2's Minimum Data Set (MDS), dated [DATE], documented that R2 was cognitively intact. 2.) On 7/7/2026 at 10:12AM, R5 stated that the food is cold all the time, tastes horrible, bland and has no flavor. R5's MDS, dated [DATE], documented that R5's cognition was mildly impaired. The facility's Dining Manager, (Corporate) Menu (Spring/Summer) 26, dated 3/3/2026 documented, Wednesday (Day 18), Lunch: Hamburger Stroganoff, Buttered Peas, Watermelon and Beverage. The Facility's Meal Replacement Options, undated, documented what options there are if one wants a substitute. It also documented, Subject to Availability, these items may be served in place of your meal. Resident Council Meeting minutes, dated 4/8/2026, documented, 9. Cold food and warm milk. Cold food in the dining room. Resident Council Meeting minutes, dated 5/4/2026, documented, 9. Dietary: Cold food. The facility's Concern/Compliment Form, dated 4/15/2026, documented, Still getting cold food, and ice cream being melted. The Concern form continued, Summary of Pertinent findings: Substantiated. The Concern form then documents, Trays may be sitting before being passed on halls. The Concern form then documents, Getting food out of kitchen on hot plates as quickly as possible. Ice creams we are trying to send separately. The facility's Concern/Compliment Form, dated 4/15/2026, documented, Vegetables being cooked to long and are mushy. Fries not being cooked all the way and being floppy. The Concern form continues, Summary of Pertinent Findings: Substantiated. The Concern form then documents, Some vegetables don't hold up well through service. The Concern documents, Trying new products/menu/cooking /holding procedures. The facility's Concern/Compliment Form, dated 5/5/2026 documented, Cold food. The Concern form continues to document, Summary of Pertinent Findings: Substantiated. The Concern form then documents, Hall tray served late. The Concern form continues to document, Corrective Actions Taken. Offered resident to join us in the dining room to ensure hot food and more prompt service. On 7/8/2026 at 11:45 AM, V29, Dietary Manager, stated that they try their best to get the food out to the residents to keep it hot but that they have no control over how soon the (Certified Nurse Assistants) CNA's would pass the hall trays to the residents. V29 stated that V29 has had no complaints about the flavor of the food coming out of the kitchen and the only people who complain about cold food are the residents who eat in their room. V29 stated that most of the residents follow a liberalized diet and that they offer salt, pepper and sugar packets. V29 stated that the menus are on a rotation and are set by the corporation. On 7/8/2026 at 12:16 PM, a test tray with hamburger stroganoff, noodles and peas was tasted and all lacked flavor, was bland in taste and was not appealing on the plate. The Facility's Policy, Food Preparation: Taste-Testing, dated 05/2026, documented, 4. Food items will not be served unless palatable and pleasing to the eye.		