STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146023	A. Building B. Wing	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arthur Home, The	423 Eberhardt Drive Arthur, IL 61911

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 35046 Based on observation, interview, and record review the facility failed to ensure a call light was within reach for one (R1) of three residents reviewed for accommodation of needs on the sample list of three. Findings include: The facility's Call Lights: Accessibility and Timely Response policy dated 1/5/3 documents, 5. With each interaction in the resident's room or bathroom, staff will ensure the call light is within reach of resident and secured, as needed. R1's care plan dated 5/15/24 documents an intervention to, Keep call light in reach at all times. On 5/22/24 at 9:30 AM, V1 Administrator walked into R1's room. R1 was sitting in a chair in the room. R1's call light was not in reach and the call light was on R1's bed. V1 took R1's call light off the bed rail and handed R1 the call light. V1 stated R1's call light was not within reach. On 5/22/24 at 9:35 AM, R1 stated R1 could not reach the call light. R1 stated it was not given to him after he was brought back from breakfast. The facility's Grievance/Concern Form dated 5/20/24 documents V23 (Family Member) was the person filing the complaint on the behalf of R1. This form documents a concern that R1 was assisted to bed and was left without the call light. On 5/23/24 at 1:00 PM, V1 Administrator stated R1's call light should have been in reach. V1 stated R1 ate breakfast in the dining room this morning and when R1 was brought back his call light wasn't handed to him and it was not in reach. V1 confirmed that R1 has had complaints concerning the call light not being in reach before and a grievance was filed on 5/20/24.

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35046 Based on interview and record review the facility failed to assist with showers as scheduled for two (R1, R2) of three residents reviewed for showers on the sample list of three. Findings include: The facility's undated Resident Showers policy documents, 1. Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety. 1. The facility's Shower List documents R1 is to be given a shower on Wednesday and Saturdays. R1's facesheet documents R1 was admitted to the facility on [DATE] (Wednesday). R1's medical record does not contain documentation that R1 received a shower on 5/18/24 (Saturday). On 5/21/24 at 3:55 PM, V23 R1's Family Member stated R1 has been in the facility for almost a week and has not been showered. On 5/22/23 at 12:30 PM, V3 Licensed Practical Nurse provided a stack of shower sheets. V3 stated there were no shower sheets for R1. 2. The facility Shower List documents R2 is to be given showers on Wednesday and Saturdays. R2's shower sheets provided by V3 do not include a shower sheet for 4/27/24, 5/4/24, 5/11/24, or 5/18/ 24 (Saturdays). At that time, V3 stated it doesn't look like she is getting her showers on Saturdays. On 5/22/24 at 1:30 PM, R2 stated that R2 does not always get her showers on Saturdays and stated she likes to get her showers. On 5/22/23 at 1:00 PM, V2 Director of Nursing stated residents should be showered on their shower days.

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 35046 Based on observation, interview, and record review the facility failed to provide a safe transfer for one (R2) of three residents reviewed for transfers on the sample list of three. Findings include: On 5/22/24 at 1:30 PM, R2 was sitting in her room in a wheelchair. R2 had a three inch bruise above the left eyebrow. R2 stated she got the bruise when the mechanical lift arm where the sling connects hit her in the eye causing the bruise. R2 stated V25 Certified Nurse's Assistant was the staff member assisting her at the time. R2 stated no one helped V25 with the transfer. On 5/22/24 at 2:04 PM, V25 Certified Nurse's Assistant (CNA) stated V25 used the mechanical lift to put R2 in her wheelchair. V25 stated when she got her lowered into the chair she didn't realize there was still tension on the mechanical lift arm from the sling and when she unhooked the sling the lift arm hit R2 in the face. V25 stated she operated the controller and maneuvered R2 in the chair by herself. V25 stated there was another staff member in the doorway on standby but that she did the transfer by herself. V25 stated there are supposed to be two CNAs performing the transfer when using the mechanical lift. R2's event report dated 5/19/24 at 12:12 PM documents V25 reported the mechanical lift bumped R2 about the left eye this morning when getting R2 up. This report documents R2 has a bruise above the left eye. The facility's mechanical lift policy dated 4/5/19 documents, 4. There must be two CNAs present with their hands on the (mechanical lift). The policy also documents, 14. One CNA is to work the controls and the other CNA guides the lift.