

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/13/2025
NAME OF PROVIDER OR SUPPLIER  Arthur Home, The		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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>37813</p> <p>Based on interview and record review the facility failed to protect the resident's right to be free from verbal abuse by a staff member for one of three residents (R1) reviewed for abuse on the sample list of three residents.</p> <p>Findings Include:</p> <p>The facility's Abuse, Neglect, and Exploitation policy reviewed 12/10/24 states The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. This includes, but is not limited to freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms. It is the policy of (the facility) to provide protection for health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of property. This policy also states All employees of (the facility) must immediately report any suspected abuse, neglect, misappropriation of resident property, or exploitation to the administrator.</p> <p>R1's Care Plan initiated 12/23/24 includes the following diagnoses: Chronic Vulvitis, Vulvar Cancer, Anxiety Disorder, and History of Stroke with Right Hemiplegia/ Hemiparesis.</p> <p>On 1/9/25 at 11:12AM V3, Social Service Director stated (On 12/26/24) in the morning I was near (R1's) room (R1) sounded like (R1) was in pain and I heard some arguing in angry irritated voices coming from the room. (V6), Dietary Manager was closer and I think could hear more of what was being said, but I could identify it was a staff member and (R1) shouting at each other.</p> <p>On 1/9/25 at 1:49PM V6, Dietary Manager stated I was in the hall in front of (R1's) room (on 12/26) sometime in the midmorning. V4 Certified Nurse's Aide (CNA) and V7, Certified Nurse's Aide (CNA) were in (R1's) room. (R1) had been anxious and was repeatedly pushing the call button. I could hear V4 shouting 'Stop pushing the call light. There is no reason for that.' Then I heard (R1) shout 'stop yelling at me. I will turn you in.' V4 sounded angry and irritated. I saw (V4) take the call light from (R1) and put it on the foot of the bed out of (R1's) reach.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/9/25 at 1:54PM V7, Certified Nurse's Aide (CNA) stated V7 and V4, Certified Nurse's Aide (CNA) entered R1's room to provide care. V4 raised her voice and shouted at R1 That is uncalled for. Quit pushing that light. V7 stated R1 raised her voice and shouted back at V4 You can't yell at me I will turn you in. V4 shouted even louder We're in here don't push that button again. V4 then forcibly removed the call light from R1's hand and placed it on the foot of the bed out of R1's reach. V7 stated V7 and V4 lifted R1 with a sling type lift to the wheelchair and V7 gave R1 the call light. By that time V4 realized she had been loud and was frustrated and left the room.</p> <p>On 1/9/25 at 2:00PM V1, Administrator verified (V4) had been terminated for founded abuse.</p>		