

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  03/15/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</b></p> <p>Based on observation, interview and record review the facility failed to provide oral care for two (R1, R2) residents out of three residents reviewed for oral care in a sample list of three residents.</p> <p>Findings include:</p> <p>The facility policy titled Providing Oral Care on Natural Teeth/Dentures and with swabs revised 10/24/24 documents oral hygiene will be provided before breakfast, after meals and at bedtime and as needed in order to prevent and control plaque associated oral diseases and to keep the mouth and teeth clean and free of microorganisms.</p> <p>1. R2's undated Face Sheet documents medical diagnoses as Acute and Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease (COPD), Chronic Diastolic Heart Failure, Dementia and Chronic Lymphocytic Leukemia.</p> <p>R2's Minimum Data Set (MDS) dated [DATE] documents R2 as moderately cognitively impaired. This same MDS documents R2 requires supervision with oral hygiene, bathing, personal hygiene and toileting.</p> <p>R2's Medical Record does not document oral care being provided to R2.</p> <p>On 3/15/25 at 12:20 PM V10 Certified Nurse Aide (CNA) assisted R2 to her room after lunch. R2 was wearing her upper and lower dentures which had food particles in them. V10 and V11 (CNAs) assisted R2 to the bathroom and then transferred R2 to her recliner. V10 and V11 CNA's did not provide oral care to R2 after lunch.</p> <p>On 3/15/24 at 12:40 PM V10 (CNA) stated she assisted R2 out of bed this morning and provided routine morning cares. V10 (CNA) stated she handed R2 her bottom dentures out of a cup sitting on R2's bathroom sink without cleansing them. V10 stated R2 already had her top dentures in place and she did not offer to remove and cleanse them. V10 stated she did not provide oral care for R2.</p> <p>2. R1's undated Face Sheet documents medical diagnoses of Xerosis Cutis, Diastolic Congestive Heart Failure, Paroxysmal Atrial Fibrillation, Dysphagia, Gastro Esophageal Reflux Disorder (GERD), Vitamin D Deficiency, Actinic Keratosis and Anemia.</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
---	-------	-----------

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  03/15/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 as severely cognitively impaired. This same MDS documents R1 requires supervision with oral hygiene, personal hygiene and moderate assistance with bathing, dressing.</p> <p>R1's Medical Record does not document oral care being provided to R1.</p> <p>On 3/14/25 at 11:00 AM R1 was laying in her bed. R1's mouth, tongue and lips were very dry and cracked.</p> <p>On 3/15/25 at 9:45 AM R1 was laying in her bed. R1's mouth, tongue and lips were very dry and cracked.</p> <p>On 3/14/25 at 11:05 AM R1 stated My mouth is dry. It hurts. R1 stated she has her own teeth. R1 stated I used to be a nurse. I was a good one too. They (staff) never brush my teeth. I would feel better if they did.</p> <p>On 3/15/25 at 11:00 AM V9 Licensed Practical Nurse (LPN) stated she administered R1 her medication on 3/7/25 and did not provide R1 oral care or ensure her medication was taken in its entirety. V9 stated R1's mouth and lips were very dry and cracked. V9 stated she should have provided oral care to R1 and not left R1 with unswallowed medications in her mouth.</p> <p>On 3/15/25 at 11:30 AM V1 (Administrator) stated the black substance on R1's mouth and tongue was caused from V9 (LPN) giving R1 her morning medications that were crushed and placed in chocolate ice cream and offered R1 a drink of chocolate milk. V1 stated V9 should have ensured R1 actually took all of her medications and then provided oral care.</p>

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  03/15/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41970</p> <p>Based on observation, interview and record review the facility failed to identify the worsening of a skin alteration, update a skin careplan, and failed to complete weekly skin audits for one (R1) resident out of three residents reviewed for wounds in a sample list of three residents.</p> <p>Findings include:</p> <p>R1's undated Face Sheet documents medical diagnoses of Xerosis Cutis, Diastolic Congestive Heart Failure, Paroxysmal Atrial Fibrillation, Dysphagia, Gastro Esophageal Reflux Disorder (GERD), Vitamin D Deficiency, Actinic Keratosis and Anemia.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 as severely cognitively impaired. This same MDS documents R1 requires supervision with oral hygiene, personal hygiene and moderate assistance with bathing, dressing.</p> <p>R1's careplan initiated 11/2/2019 was not updated to include R1's Moisture Associated Skin Dermatitis (MASD) on her perineal, buttocks and Sacral areas.</p> <p>R1's Hospital record dated 3/12/25 documents (R1's) buttocks are red and blanchable, (R1's) Perineum was chaffed and red with MASD (Moisture Associated Skin Dermatitis).</p> <p>R1's Nurse Progress Note dated 3/12/25 at 2:46 PM documents R1 returned to facility from hospital stay. This same progress note documents R1 had reddened buttocks.</p> <p>On 3/14/25 at 11:20 AM V4 and V5 Certified Nurse Aide (CNA) provided incontinence care for R1. R1's front perineal area had two dark red lines several inches long, one on each inner groin area where R1's incontinence brief was positioned. R1's perineal, buttocks and Sacral areas was dark, beefy red. V4 CNA asked V3 Wound Nurse/Licensed Practical Nurse (LPN) to assess R1's perineal and buttocks areas. V3 LPN assessed R1's skin and described R1's perineal, buttocks and Sacral areas as dark beefy red which appeared to be partially a yeast infection and partially due to moisture from being incontinent and having to sit in urine. V3 LPN reported that R1's front two dark red lines were a direct result from her incontinence brief not being positioned correctly.</p> <p>On 3/14/25 at 12:00 PM V3 Wound Nurse/Licensed Practical Nurse (LPN) stated R1 returned from the hospital with redness on her buttocks but it has worsened. V3 Wound Nurse/LPN stated (R1's) perineal area was light pink. (R1) didn't have any of this dark, red beefy look to her skin at all. I will get this added to our wound log so we can start tracking it.</p> <p>On 3/14/25 at 1:45 PM V15 Certified Nurse Aide (CNA) stated she assisted R1 to her bed when R1 returned from the hospital on 3/12/25. V15 CNA stated R1's perineal area was 'slightly pink' and her buttocks area was not pink/red.</p> <p>(continued on next page)</p>		

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  03/15/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/15/25 at 9:00 AM V2 Director of Nurses (DON) stated R1's perineal and buttocks area has worsened since she returned from the hospital. V2 DON stated the staff should have alerted V3 Wound Nurse/LPN or V2 DON so that R1's careplan could be updated, weekly skin evaluations could be put in place and the appropriate parties could be notified. V2 DON stated We (facility) are trying to change the culture at this facility. This is a work in progress and obviously we still have some training to do.</p>		