

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Arc at Sangamon Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 West Washington Springfield, IL 62711	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure wheelchairs were clean for 1 of 5 residents (R2), reviewed for safe/clean/comfortable/homelike environment in the sample of 5. Findings include: On 7/1/25 at 9:00 AM, R2 was observed in her wheelchair, in the dining room. The wheelchair had dried debris on the edges of the seat, wheels, and frame. On 7/1/25 at 12:45 PM, R2 stated the facility staff is to clean her wheelchair once a month, but she isn't sure if they do it. R2's Minimum Data Set, dated [DATE], documents R2 has a BIMS (Brief Interview of Mental Status) score of 14, indicating R2 is cognitively intact. On 7/1/25 at 4:00 PM, V1, Administrator, stated he will make sure R2's wheelchair is cleaned. The Cleaning & Sanitizing - Wheelchairs and Other Medical Equipment, dated 11/20/12, documents the following: Medical equipment/devices will be cleaned and sanitized weekly or more often if needed, when used by the same resident.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure fall interventions were in place in 1 of 4 residents (R3), reviewed for falls in the sample of 5. Findings Include: R3's Face Sheet, undated, documents R3 has the following diagnoses: Dementia, History of Falling, and Chronic Kidney Disease. R3's Minimum Data Set, dated [DATE], documents R3 has moderate cognitive impairment, utilizes a wheelchair for mobility, and is dependent upon staff for chair/bed transfers. R3's Care Plan, dated 10/5/23, documents R3 is at risk for falls with the following interventions: Tilt Broda (reclining wheelchair) back in a reclining position when she is up and is not eating, keep furniture in locked position, and placement of a reminder sign to lock the Broda chair brakes when resident is sitting at the table due to resident pushing herself away from the table and is unbalanced and will lean forward causing unbalanced trunk movements. On 7/1/25 at 1:10 PM, R3's reclining wheelchair was observed with brakes to all four wheels and a sign on it documenting to make sure the brakes were locked and the chair was tilted backwards when R3 was in it. On 7/1/25 at 1:00 PM, V12, R3's family, stated the problems in the facility are ongoing. V12 stated R3 had a fall recently and had to go the ER/emergency room, she didn't have to get any stitches or have any bleeds. V12 stated when R3 is up in her chair, she is to have her wheelchair locked and she is to be leaned back. V12 stated R3 fell in the dining area, and she feels that staff didn't have her wheelchair locked or leaned back. V12 stated R3 used the table pushing herself backwards and fell out of her chair and smacked her head. V12 stated this was never confirmed or denied by the facility but she has requested the nurses report. V12 stated she doesn't believe there is enough oversight in the dining room, it is just dining staff and not enough CNAs (Certified Nursing Assistants) or nurses supervising. V12 stated R3 has fallen a few times, that is why she has signs all over her room reminding them to lock her wheelchair and tilt it backwards. R3's Progress Note, dated 6/24/25 at 10:23 AM, documents the nurse was called to the dining room by the activity aide. Resident was observed lying on the floor on her right side. Head laceration to the forehead. Complaints of pain to the head and right hip. Full mechanical lift sling lying on the floor with her. One wheel locked on the wheelchair. Resident transferred to local emergency room for further evaluation. R3's Progress Note, dated 6/23/25 at 10:53 AM, documents the interdisciplinary team met regarding recent fall. Resident was in the dining room when she pushed herself away from the table and fell. Resident unable to state what happened. Root cause: pushed self away from the table. Intervention: send to emergency room for evaluation and treatment. R3's Progress Note, dated 6/24/25 at 10:18 AM, documents the interdisciplinary team met regarding recent fall. Resident returned from the hospital with no major injury. Hematoma to the right forehead. Intervention: monitor bruising to forehead, add non-skid material to wheelchair and schedule acetaminophen for pain control. On 7/1/25 at 4:00 PM, V1, Administrator, stated he is aware of V12's concerns with R3's fall and has spoken with her about this. The Fall Prevention Program policy, dated 11/20/12, documents the purpose of the policy is to assure the safety of all residents in the facility when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary.</p>		