

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 08/01/2025
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)
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. (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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to prevent injury for 1 of 3 (R3) residents investigated for accidents in a sample of 3. R3's Undated Face sheet documents initial admission date 11/27/2023 diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, iron deficiency anemia unspecified, unspecified osteoarthritis, unspecified site and unspecified hearing loss, unspecified ear.R3's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 15 out of 15.R3's MDS dated [DATE] documents resident needs substantial/maximal assistance with sit to lying, lying to sitting outside of bed, assistance to sit to stand, chair/bed to chair transfer and toilet transfer.R3's Care Plan addresses Resident is at a (moderate risk) for abuse/neglect as noted from Abuse screening r/t (related to) depression symptoms and right sided hemiparesis. Goal: Resident will be free for abuse/neglect through next review. Interventions: Resident has right-sided hemiparesis, extra caution when transferring/adjusting resident.R3's Care plan addresses The Resident needs assistance with ADL's (Activities of Daily Living). Goal: [NAME] will receive assistance as needed to safely perform ADLs through review date. Interventions: Toileting: Assist of 1 with gait belt. Transfers: Stand Pivot Assist x 2 with gait belt- SPT (stand pivot transfer) only.R3's Progress note dated 7/26/2025 at 2:00 PM documents During routine shower, Aide noted a bruise to residents right posterior hand below her thumb. Bruise noted to be deep purple in color. When asked how it happened, resident stated the CNA (certified nursing assistant) was kind of rough and impatient with her. Bruise was reported to on call nurse along with residents' statement about the situation. After beginning the investigation and getting statements from all staff members and resident, the aide assigned to her was suspended pending further investigation. All parties were made aware of all.R3's Progress note dated 7/26/2025 at 10:17 AM documents IDT (interdisciplinary teams) met to discuss fall from today. Resident was lowered to floor with staff assist while ambulating in room. Root cause- Weakness Intervention- Refer to therapy services r/t transfers.On 7/29/2025 at 10:49 AM R3 observed sitting in wheelchair, reading her book. R3 states V6, Certified Nursing Assistant, (CNA) tried to get her up for breakfast a couple days ago. R3 states her right side is paralyzed, but she R3 still does have some feeling. R3 states (V6) was forceful and pulled her right side. R3 states (V6) then grabbed her bad right hand and put her fingernail into her right hand. R3 states her right hand has a bruise under her thumb and a fingernail mark. R3 showed this writer her right hand, has a quarter size dark purple bruise along with a small fingertip size scab above it. R3 states her right hand is still sore. R3 states (V6) did not use the gait belt. R3 states most of the agency CNA's don't listen to her, but the staff CNA's know her very well and take good care of her. R3 states staff mostly help when she (R3) goes to restroom and will use a gait belt with 1 staff to assist. R3 states she (R3) has been here a long time and most staff know her needs well. R3 states she (R3) can make her needs well known.On 7/29/2025 at 10:58 AM, V3, CNA, states (R3) need one assist and gait belt for assistance.On 7/29/2025 at 11:00 AM V4, Licensed Practical Nurse, (LPN) states she was here the day (R3) got her injury to right hand. V4 states during medication pass, (R3) was about to get a shower and told her she didn't feel comfortable with the (V6) giving her a shower. (R3) requested V7, Restorative Aide, to give her a shower, as (R3) feels more comfortable with her. V4 states (R3) is very particular with staff that she wants to give her care and who she trusts. V4 states she looked at (R3's) right hand and saw very little bruising at that time.On 7/29/2025 at 11:18 AM V5, Police Officer, states staff V8, Nurse Manager/Wound Nurse at Arc at Sangamon Valley contacted police department regarding (R3). V8 states (R3) told him (V6) went to get her (R3) up. V8 states (R3) told (V6) she is paralyzed on her right side, and (V6) did not listen. V8 states (R3) stated her right foot slipped into the chair and hit her right hand. V8 states (V6) admitted she was in a hurry, and couldn't find the gait belt, so she used the back of (R3's) bra strap to lift her and lost balance and slipped. V8 stated (R3) told her it was okay to use the back of her bra strap. V8 states (R3) did not want to press charges and did not want to get (V6) in trouble. On 7/29/2025 at 11:48 AM V6, Certified Nursing Assistant, (CNA) states on 7/26/2025 at 7:43 AM, (R3) was still asleep, so she gave her five more minutes. V6 states at 8:09 AM she got (R3) up for breakfast, but (R3) wanted to do her exercises, although she knew (R3) needed to get up now and her son was coming today. V6 states she could not find (R3's) gait belt, so she used (R3's) bra strap to grab and lift her up. V6 states (R3) told her she could use her bra strap. V6 states when she lifted (R3) up, then back down, she hit her right arm and tensed up. V6 states she then saw (R3's) gait belt in another chair under clothes. V6 states she was later told that (R3) requested V7 to</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review the facility failed to provide pain medications to a newly admitted resident for 1 of 3 (R2) residents investigated for medications in the sample of 20. R2's EMR (Electronic Medical Record) undated documents that the resident was admitted to the facility on [DATE].R2's EMR dated 4/18/25 documents a diagnosis of aftercare following joint replacement surgery and presence of right artificial hip joint.R2's Care Plan dated 5/18/25 documents The resident is at risk for pain r/t (related to) Osteoarthritis and RTHA (Reverse Total Hip Arthroplasty).R2's Physician Order dated 4/18/25 documents Hydrocodone-Acetaminophen Oral Tablet 7.5-325 MG (Hydrocodone-Acetaminophen); Give 1 tablet by mouth every 6 hours as needed for Pain.R2's Physician Order dated 4/18/25 documents tramadol HCl Oral Tablet 50 MG (Tramadol HCl); Give 1 tablet by mouth every 6 hours as needed for pain.R2's MAR (Medication Administration Record) dated April 2025 does not document that R2 received Hydrocodone-Acetaminophen 7.5/325 mg, or Tramadol 50 mg on the evening of 4/18/25.R2's Controlled Substance Proof of Use sheet dated 4/18/25 documents that R2 did not receive a Hydrocodone/APAP tablet 7.5/325 mg until 4/19/25 at 11:40 am.R2's Controlled Substance Proof of Use sheet dated 4/18/25 documents that R2 did not receive a Tramadol 50 mg until 4/19/25 at 11:40 AM.On 7/30/25 at 9:03 AM, V17, LPN (Licensed Practical Nurse) stated that she is pretty sure that R2's medication did not get here until late. She stated that the pharmacy runs late and that only certain people have access to the (Medication Distribution Machine).On 7/30/25 at 9:54 AM, R2 stated that he did not get his medication until Saturday morning (4/19/25). He stated that his pain medication was not available Friday (4/18/25) evening, and he was in a lot of pain. He stated that he did not sleep well because of the pain.On 7/30/25 at 10:30 AM, V2, DON (Director of Nursing) stated that she would expect a newly admitted resident to get their medication on time. She stated that staff can pull medication from the (Medication Distribution Machine).Facility's Pain Management Program dated 4/2025 documents To establish a program which can effectively manage pain in order to remove adverse physiologic and physiological effects of unrelieved pain and to develop an optimal pain management plan to enhance healing and promote physiological and psychological wellness.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide medication on admission on 1 of 3 (R2) residents investigated for quality of care in a sample of 20.R2's EMR (Electronic Medical Record) undated documents that the resident was admitted to the facility on [DATE].R2's EMR dated 4/18/25 documents a diagnosis of aftercare following joint replacement surgery and presence of right artificial hip joint.R2's EMR dated 4/18/25 documents a diagnoses of unspecified asthma and chronic obstructive pulmonary disease with acute exacerbation (COPD).R2's Care Plan dated 5/18/25 documents The resident is at risk for pain r/t Osteoarthritis and RTHAR2's Care Plan dated 5/18/25 documents The resident has altered respiratory status/difficulty breathing r/t COPD.R2's Physician Order dated 4/18/25 documents Hydrocodone-Acetaminophen Oral Tablet 7.5-325 MG (Hydrocodone-Acetaminophen); Give 1 tablet by mouth every 6 hours as needed for Pain.R2's Physician Order dated 4/18/25 documents Apixaban Oral Tablet 5 MG (Apixaban); Give 1 tablet by mouth every morning and at bedtime for anticoagulation.R2's Physician Order dated 4/18/25 documents Doxycycline Hyclate Oral Tablet 20 MG (Doxycycline Hyclate); Give 1 tablet by mouth two times a day for infection.R2's Physician Order dated 4/18/25 documents tramadol HCl Oral Tablet 50 MG (Tramadol HCl); Give 1 tablet by mouth every 6 hours as needed for pain.R2's MAR (Medication Administration Record) dated April 2025 does not document that R2 received Apixaban 5mg, Doxycycline 20 mg, Hydrocodone-Acetaminophen 7.5/325 mg, or Tramadol 50 mg on the evening of 4/18/25. On 7/30/25 at 9:03 AM, V17, LPN (Licensed Practical Nurse) stated that she is pretty sure that R2's medication did not get here until late. She stated that the pharmacy runs late and that only certain people have access to the (Medication Distribution Machine).On 7/30/25 at 9:54 AM, R2 stated that he did not get his medication until Saturday morning (4/19/25). He stated that his pain medication was not available Friday (4/18/25) evening, and he was in a lot of pain. He stated that he did not sleep well because of the pain.On 7/30/25 at 10:30 AM, V2, DON (Director of Nursing) stated that she would expect a newly admitted resident to get their medication on time. She stated that staff can pull medication from the (Medication Distribution Machine).Facility's Medication Administration Policy dated 1/2015 documents Medications must be administered in accordance with a physician's order, e.g., the right resident, right medication, right dosage, right route, and right time.</p>		