

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2023
NAME OF PROVIDER OR SUPPLIER Arc at Bradley		STREET ADDRESS, CITY, STATE, ZIP CODE 650 North Kinzie Bradley, IL 60915	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36567</p> <p>Based on observation, interview and record review, the facility failed to provide sinks in working order for resident's use. This applies to 5 of 6 residents (R1-R5) reviewed for physical environment in the sample of 9.</p> <p>The findings include:</p> <p>R1-R3 shared a room.</p> <p>On October 13, 2023, at 11:40 AM, R1's room had a sink with signage above the sink read Don't use. The sink had standing water in it and a bucket under the sink to catch drips. R1 stated, I don't use the sink. We can't wash up or brush our teeth. Even the CNAs can't use it when cleaning up my roommate (R3). I have been in this room since September 16 (2023). We can't even wash our hands. R1 added no room change was offered to her.</p> <p>R1's Admission MDS (Minimum Data Set) dated September 16, 2023, showed R1 was cognitively intact.</p> <p>On October 13, 2023, at 12:52 PM, R2 (R1's roommate) stated You can't brush your teeth or wash your face if the sink does not drain. It's been probably like for a month at least. I have asked the maintenance on several occasions. He (maintenance) is no longer here. One gentleman (from maintenance) just put a bucket underneath and said it will drain out. No other repair man has been here. I know I told V1(Administrator) when it first started. No room change has been offered to me. R2's quarterly MDS dated [DATE], showed R2 was cognitively intact.</p> <p>On October 13, 2023, at 11:42 AM, V5 (Certified Nursing Assistant) stated R3 needs total assistance and she uses the sink across the hallway (at other residents sink) for incontinence care and grooming for R3. V5 stated R1-R3's common bathroom does not have a sink. V5 added R3 was alert but confused. R3 was non interviewable and was not able to articulate responses to enquires. R3's quarterly MDS dated [DATE], showed R3 was severely impaired in cognition.</p> <p>On October 13, 2023, at 11:46 AM, R4's room had a sink was half full of standing water with signage above the sink showing Do not Use. V5 stated R4 was under Hospice care and needs assistance with care and is confused. V5 also stated she uses the sink across the hallway if the residents in room allow her, to assist with R4's grooming and toileting. R4's entry MDS dated [DATE], showed R4 was non interviewable.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On October 13, 2023, at 12:35 PM, R5's room had a sink was filled with standing water. R5 was sleeping and V9 (CNA) who was in the area, stated R5 needs total assistance with care. V9 stated, I don't know what's wrong with it (sink). I go in the shower room and bring a tub of water to clean the resident.</p> <p>On October 13, 2023, at 1:25 PM and 3:30 PM, V1 (Administrator) stated the previous Maintenance Director's post is vacant since September 22, 2023, and his assistance is currently on vacation. V1 stated V3 (Social Service Director) does Guardian Angel rounds and logs concerns of the residents and offers room changes as needed.</p> <p>On October 13, 2023, at 2:50 PM, V3 stated she handles grievances and concerns. V3 added during Guardian Angel rounds she found R4's sink was clogged about a couple of weeks ago and notified the maintenance via a log. V3 stated she also found R5's sink was clogged during rounds she did today. V3 stated the rooms have been pretty full so she did not offer a room change to these residents.</p> <p>Facility undated Maintenance Request forms for clogged sinks for R4 and R5 were incomplete. The same form showed areas showing request received by work assigned to and approved by were left blank.</p> <p>Facility undated policy for Maintenance included as follows:</p> <p>Policy: It is the policy of the facility to provide a safe, accessible, effective, and efficient environment of care is consistent with its mission, services and law and regulations.</p> <p>Guidelines:</p> <p>7. Plumbing fixtures and piping shall function properly and maintained in good repair.</p>		