

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  07/02/2024
NAME OF PROVIDER OR SUPPLIER  Arc at Bradley		STREET ADDRESS, CITY, STATE, ZIP CODE  650 North Kinzie Ave 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 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**</b> 29562</p> <p>Based on observation, interview, and record review, the facility failed to provide routine shower/bed bath care for residents who require extensive assistance for activities of daily living (ADL) care. This applies to 2 of 3 residents (R1, R2) reviewed for ADL care in the sample of 3.</p> <p>The findings include:</p> <p>1. Face sheet shows R1 has multiple medical diagnoses which include acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia, chronic kidney disease, chronic diastolic (congestive) heart failure, morbid (severe) obesity with alveolar hypoventilation, encounter for attention for tracheostomy, atelectasis, morbid (severe) obesity due to excess calories, type 2 diabetes mellitus without complications, other asthma, need for assistance with personal care, other lack of coordination, other reduced mobility, abnormal posture, chronic obstructive pulmonary disease.</p> <p>R1's Minimum Data Set (MDS) dated [DATE], shows R1 is alert and oriented and requires substantial/maximal assistance for shower or bathing.</p> <p>On July 1, 2024, at 12:09 PM, R1 stated he prefers to have a bed bath rather than a shower due to his tracheostomy. R1 received a bed bath on Tuesday (June 25), Wednesday (June 26), and on Friday (June 28). Prior to last week, his last bed bath was on a Monday (June 3), afterwards, R1 had not had bed bath from June 4 through June 24, 2024. R1's bed bath was scheduled on night shift or the 3rd shift. According to R1, the staff does not wake him to give him the shower or bed bath. On June 18, 2024, R1 stated he spoke with V2 (Director of Nursing/DON) requesting for his bed bath schedule to be change to evening shift. R1 did not receive a shower or bath from June 18 to June 24, 2024. On June 23rd, R1 requested at 6 AM a bed bath because his family was going to visit him at 11 AM. A staff member informed R1 she was waiting for someone to help her. R1 informed staff he could help by turning and repositioning himself on the bed during the process, however, he still did not receive a bed bath day. R1 was so upset he told the nurse he would call Public Health because of their failure to give him a bed bath.</p> <p>On July 1, 2024, at 1:05 PM, V2 (Director of Nursing/DON) stated she had a meeting with R1 requesting to change shift schedule from night to evening shift because R1 was still sleeping during the bed bath time. V2 recalled after meeting there were staff who were about to give R1 a bath. The facility staff documented in the shower sheet when they provided shower or bed bath.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On July 1, 2024, at 3:28 PM, V3 (Assistant Director of Nursing/ADON) stated, The residents receive either shower or bed bath at least once a week and as needed. Some residents receive it every Monday, Wednesday, and Friday because that's how they wanted it. V3 said the facility follows resident's request or preference. They need shower or bed bath for personal hygiene and to prevent any potential infection especially for those who are bigger in size because of the extra folds in their skin, and to promote comfort.</p> <p>On 7/2/24 at 11:28 AM, V3 said R1's bathing schedule was every Monday, Wednesday, and Friday on the night shift, and it was changed on the PM shift on 6/21/24 as per R1's request. According to V3, the staff are to document in the shower sheet every time they give shower and/or bed bath. The facility started implementing the shower sheet documentation on May 1, 2024.</p> <p>On July 2, 2024, at 9:39 AM, V4 (Certified Nursing Assistant/CNA), recalled giving R1 a bed bath but she was unable to recall the exact dates. V4 said when she gives a shower or a bed bath, she documents it on the shower sheet, and she submits it to the nurse as a proof of giving a bed bath or a shower to her assigned residents.</p> <p>On July 2, 2024, at 9:47 AM, V5 (CNA) stated R1 is scheduled every Monday, Wednesday, and Friday. The last time V5 gave R1 a bed bath was on Friday (June 28), and she didn't know she had to document on the shower sheet. V5 added she had given R1 bed bath before but could not recall exact date.</p> <p>On July 2, 2024, at 1:32 PM, V7 (CNA) stated R1 is always cooperative with the ADL care, and R1 never refuses it.</p> <p>R1's updated care plan shows R1 has an ADL self-care/mobility performance (functional abilities) deficit related to limited mobility, lack of coordination, reduced mobility, need for assistance with personal care, abnormal posture. This same care plan shows multiple interventions which include substantial/maximal assistance for shower/bathing.</p> <p>Surveyor requested a copy of R1's shower sheets from June 4 to June 30 and it showed R1 received bed bath on June 25 and June 26, 2024. There was no documentation of R1 refusing any shower or bath for the month of June, 2024.</p> <p>2. Face sheet shows R2 is [AGE] years-old who has multiple medical diagnoses which include rheumatoid arthritis, type 2 diabetes mellitus, adult failure to thrive and other lack of coordination. R2's MDS dated [DATE], shows R2 is alert and oriented and requires substantial/maximal assistance for shower or bathing.</p> <p>On July 1, 2024, at 11:40 AM, R2 was resting in bed, watching TV, alert and oriented. R2 was unkempt and disheveled with facial hair growth and overgrown fingernails. R2's nailbeds had yellow and brownish discoloration and brown/black substances underneath nails. R2 said he needs assistance with shaving and nail care. R2 stated he was not getting regular shower or bed bath. R2 prefers to get a shower over bed bath because he has arthritis. R2 felt some relief whenever the warm water hits his body during shower time, but unfortunately, he was not getting it regularly or frequently.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On July 5, 2024, at 1:25 PM, V6 (CNA) stated she's familiar with R2. V5 usually was the one who gives R2 showers. V5 had never given R2 a bed bath, because R2 prefers to shower over bad bath. V5 documents in the shower sheet each time V5 provides a shower to R2. R2 receives 2 showers per week in the morning shift. V6 said sometimes R2 is cooperative and sometimes R2 refuses. When R2 refuses, the staff notifies the nurse on duty and documents it in the shower sheet.</p> <p>Facility presented a copy of R2's shower sheets for the whole month of June 2024, and it shows he only received on June 9, 12, and 18. There was no indication he received shaving and nail care. There was no documentation of shower or bed bath refusal.</p> <p>Facility's Shower and Bed Bath Policy and Procedures with review date of January 2018, shows the purpose of this is to ensure resident's cleanliness, to maintain proper hygiene and dignity.</p>		