

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 02/06/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16746</p> <p>Based on observation, interview and record review, the facility failed to provide shower assistance to a resident. This applies to 1 of 3 (R1) residents reviewed for shower assistance in the sample of 11.</p> <p>Findings include:</p> <p>R1 was admitted to the facility on [DATE].</p> <p>R1's admission MDS (minimum data set) dated January 30, 2025 showed that the resident was cognitively intact and required total assistance from the staff with shower.</p> <p>The facility's care plan task report showed that R1 was scheduled to receive shower/bathing on Tuesdays and Fridays during the morning.</p> <p>The facility presented only one shower sheet dated January 27, 2025 signed by V10 (CNA/certified Nursing Assistant). On February 4, 2025 at 3:30 PM, V10 stated that she did not provide a shower to R1 on January 27, 2025 but instead provided a bed bath.</p> <p>On February 4, 2025 at 12:22 PM, R1 was in bed, alert and oriented. In the presence of V2 (Director of Nursing), R1 stated that she had not received any shower since admission at the facility. During this observation, R1's hair was observed greasy. V2 informed R1 that she will be given shower that day. At 3:40 PM, in the presence of V2, R1 stated that she still had not have a shower. R1 stated that when she was admitted at the facility, she (R1) was told by the nursing staff that she will receive shower twice a week, but she was never asked for her preferred shower day and time. According to R1, I asked everybody including the nurses every day, when can I get a shower, but no body assisted me to get one. R1 stated that her hair is greasy, and she can smell herself. V2 acknowledged that R1's hair was greasy. During this interview, R1 denied receiving any bed bath at the facility including on January 27, 2025.</p> <p>R1's active care plan showed that the resident has ADL (activities of daily living) self-care deficit. The same care plan had multiple interventions including provision of maximum assistance with bathing.</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>The facility's bathing-shower policy and procedure dated October 2024 showed under purpose, To ensure resident's cleanliness to maintain proper hygiene and dignity. The same policy under guidelines showed, A shower, tub bath or bed/sponge bath will be offered according to resident's preference, no less than once a week or according to the resident's preferred frequency and as needed or requested.</p> <p>On February 5, 2025 at 2:38 PM, V2 stated that though the facility's policy showed to offer residents shower no less than once per week, if the resident prefers and/or request to have a shower twice or more a week, the shower preference and request should be honored. According to V2, the nursing staff are expected to provide ADL assistance including showers to residents, to ensure and maintain their hygiene and grooming.</p>		