

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  06/18/2025
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>Based on observation, interview and record review the facility failed to provide bathing assistance to residents dependent for assistance.</p> <p>This applies to 2 of 4 (R2, R3) residents reviewed for bathing in a sample of 4 residents.</p> <p>Findings include:</p> <p>On 6/17/25 at 11:25 AM, R3 stated she had missed getting showers. R3 stated she was supposed to be switched to evening shift for baths. Last week no one could tell her who the shower aid was. R3 stated was then told she was not on the list for her Tuesday showers. During the interview R3 was noted with an unpleasant odor.</p> <p>On 6/17/25 at 11:36 AM, R2 stated she had not gotten her bed bath on Wednesday the prior week. R2 stated she prefers bed baths to showers. R2 stated there is a regular occurrence that she misses her bed bath. She brought the issue up in the last resident council meeting and had spoken to the social worker about her missed bed baths. R2 stated she never refuses a bed baths because she only gets them twice per week and she wants them done. During the interview R2 was noted with an unpleasant body odor.</p> <p>On 6/17/25 at 11:47 AM, V3 CNA (Certified Nursing Assistant) stated residents receive two showers per week and they are documented on the shower sheet and in the electronic medical record. If residents refuse their showers, they must sign the shower sheet to documents the refusal.</p> <p>On 6/17/25 at 02:04 PM, V5 RN (Registered Nurse) stated there is a shower aid that completes residents' showers and shower sheets. Nurses sign the shower sheets to note any skin issues and verify the shower was completed.</p> <p>On 6/17/25 at 02:17 PM, V8 Social Services Director stated both R2 and R3 have brought concerns of missed showers to her attention. V8 stated R3's shower had been switched to the evening shift</p> <p>On 6/17/25 at 02:29 PM, V6 RN stated R3 is compliant with her care and was not aware of R3 declining to be showered.</p> <p>On 6/17/25 at 02:43 PM, V1 Administrator stated residents are showered twice per week. The showers are documented on shower sheets and in the electronic medical record. If a resident misses their bed bath or shower it is made up the next day. If a resident refuses a shower social service should intervene and do education.</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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(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>On 6/17/25 at 03:03 PM, V2 ADON (Assistant Director of Nursing) stated R2's has had missed bed baths that were made up the following day. V2 stated R3's bed baths had been switched to the evening shift and she had not missed any showers.</p> <p>On 6/17/25 at 03:48 PM, V7 CNA (Certified Nursing Assistant) stated residents receive two showers per week and they are documented on the shower sheet and in the electronic medical record. If residents refuse their showers, they must sign the shower sheet to documents the refusal.</p> <p>R2 submitted a grievance form on 3/27/25 stating she had not been bathed for a week. The resident council minutes from 6/12/25 documents R2's complaint of not being bathed on 6/11/25. R3 submitted a grievance form on 3/21/25 stating she had not been showered after requesting a shower. The facility Care Plan item task listing report dated June 17, 2025, shows R2's showers are scheduled on Monday and Wednesday on the PM shift. R3's showers are scheduled Tuesday and Friday on the AM shift. Review of R2's current care plan states she has an ADL (Activity of Daily Living) self-care mobility performance deficit and requires substantial / maximal assistance with bed baths. R2's Shower sheet documentation show she had four documented bed baths in March 2025 on 3/3, 3/19, 3/24 and 3/31. June 2025 R2 had documented bed baths in June 2025 on 6/2, 6/4, and 6/9. The facility did not provide any computer documentation of baths provided to R2 for March or June 2025. R3's current care plan identifies an ADL self-care performance deficit. R3 requires partial to max assist of one staff with bathing and showering as necessary. R3's shower sheets and electronic medical record documentation shows in March 2025 she was showered on 3/13 and was not showered again until 3/28.</p> <p>The facility policy Bathing Shower and Tub Bath dated 10/2024 states the purpose to ensure resident's cleanliness to maintain proper hygiene and dignity. A shower, tub bath or bed / sponge bath will be offered according to resident's preference, no less than once per week or according to the resident's preferred frequency and as needed or requested.</p>		