STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146112	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arc at Bradley	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to properly transfer a resident from his bed to the wheelchair. This failure resulted in the resident sustaining an impacted spiral fracture of the left humerus. This applies to 1 of 3 residents (R2) reviewed for injuries in a sample of 3.Findings include:R2 is a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including heart disease, chronic atrial fibrillation, hypertension, and a history of traumatic brain injury. On 5/15/26, R2 was admitted to the hospital for an impacted spiral fracture of the left humerus and discharged on 5/18/26. On 5/27/26 at 11:35 am, R2 left shoulder and upper arm were observed swollen with purple coloring to the skin.On 5/27/26 at 11:50 am, V7 (R2's family member) said that on 5/15/26, she came to visit R2, and when she touched his left shoulder, he jumped and told her that his shoulder hurt. V7 said she reported it to R2's nurse.On 5/27/26 at 2:35 pm, V5 (Nurse) said she was R2's nurse on 5/15/26 and V7 reported to her that R2's shoulder was swollen and bruised. V5 said she examined R2's shoulder and saw that it was swollen. V5 said she reported it to the doctor and an x-ray was ordered. V5 said the x-rays were done at the facility.On 5/28/26 at 2:17 pm, V1 (Administrator) said he investigated R2's injury of unknown origin and had determined that in the early morning of 5/15/26, V6 CNA (Certified Nursing Assistant), transferred R2 by herself and did not use a mechanical lift, and that was how R2's left humerus was fractured. V1 said when he interviewed V6, she admitted she transferred R2 by herself and did not use a mechanical lift. V1 said that R2 requires two staff and a mechanical lift for all transfers. V1 said that if V6 had used the mechanical lift and had 2 staff for the transfer, R2 would not have had a fracture. On 5/28/26 at 2:39 pm, V2 (Director of Nursing) said that R2 is dependent on staff for all ADL (Activity of Daily Living) care and is unable to get in and out of his bed or chair by himself. V2 said that on 5/15/26, V6 transferred R2 by herself and did not use a mechanical lift and that caused R2's fracture to his left arm.On 5/28/26 at 10:46 am, V9 APRN (Advanced Practice Registered Nurse) said that on 5/15/26, R2 had an impacted spiral fracture. V2 said that an impacted spiral fracture can only be caused by blunt force trauma, compression, and rotation at the same time. V9 said that R2's fracture was not caused by any medical condition, it was caused by blunt force trauma. V9 said that the improper transfer caused this fracture. V9 said that if the staff had transferred R2 using 2 staff and a mechanical lift, he would not have sustained a fracture.On 5/27/26 at 1:47 pm, V3 CNA (Certified Nursing Assistant) said that R2 is a 2-person mechanical lift transfer, but sometimes staff including herself transfer R2 by themselves.On 5/27/26 at 2:27 pm, V4 (CNA) said that R2 is a two-person mechanical lift transfer, but sometimes he has had to transfer R2 by himself.On 5/27/26 and 5/28/26 several attempts were made to interview V6 (CNA), but she would not make herself available.R2's Nursing Note dated 5/15/26 at 4:03 PM, showed that the nurse observed R2's left upper arm was swollen. R2 was examined by the doctor, and X-rays of the left forearm and upper arm were order. R2's 5/15/26 X-ray report showed that R2 had an impacted spiral fracture of the left humerus.R2's 5/18/26 hospital discharge summary showed that R2 was seen by ortho for a left humeral fracture, and R2 is to follow up with an orthopedic physician as an outpatient.R2's 5/19/26 MDS (Minimum Data Set) showed that R2 is dependent on staff for (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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F 0689 Level of Harm - Actual harm Residents Affected - Few	transferring.R2's 1/14/26 care plan showed a focus on ADL (activities of daily living) self-care deficit with interventions including dependent on two staff for transfers with a mechanical lift.The facility's Addendum to the 5/15/26 State Survey Agency Report of Unknown Injury, showed that the cause of R2's fracture was due to an improper transfer by a facility staff.The facility's Transfers- Manual Gait Belt and Mechanical lifts policy dated 12/2025, showed that the purpose is to protect the safety and well-being of the staff and residents and to promote quality care. The policy showed that the mechanical lifting devices shall be used for any resident needing a two person assist.