

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/09/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident received timely incontinence care. This failure applies to 1 of 3 residents (R1) reviewed for incontinence care. Findings include: R1's health record shows he is a [AGE] year-old male with diagnoses including dystonia (neurological movement disorder), type 1 diabetes, hydrocephalus (brain fluid disorder), muscle wasting and atrophy, and cognitive communication deficit who was admitted to the facility April 17, 2026. On June 08, 2026 at 1:13 PM, V9 (Friend) said approximately 3 weeks ago, R1 was in the dining room during dinner. V9 said R1 had wet through his pants, his chair cushion, and the urine had leaked onto the floor. R1 was wearing double incontinence briefs and leaked through it all. A team leader was called to dining room to see and clean up the urine. V9 said approximately a week or week and a half ago, R1 triggered his call light to be changed, a staff responded by coming into the room, turning the call light off, V9 said she asked the aide to change R1, the aide advised she performs rounds every two hours and although R1 was soaked the aide told her R1 would have to wait until she was doing her rounds. V9 said she believes if residents are soiled, they are supposed to be changed and not have to wait for them to do their every 2 hour rounds. V9 said it was almost 2 hours before that staff member returned. R1's current care plan initiated April 18, 2026, shows he has a self-care performance deficit for activities of daily living related to weakness, impaired mobility, dystonia, and hydrocephalus and, requires assistance with toileting and is incontinence bladder and wears briefs; and R1 has urinary incontinence with interventions including incontinence management program as needed, monitor for incontinence and change as needed; and remind/cue to go to the bathroom. On June 08, 2026 at 10:20 AM, R1 was sitting in the dining area. On June 08, 2026 at 11:23 AM, R1 was sitting in the dining area. On June 08, 2026 at 11:59 AM, R1 was sitting in the dining area. On June 08, 2026 at 12:30 PM, R1 was in the dining area eating. On June 08, 2026 at 12:45 PM, R1 was sitting in the dining area. On June 08, 2026 at 1:10 PM, R1 was sitting in the dining area. On June 08, 2026 at 3:18 PM, V13 (Occupational Therapist) said she transferred R1 to therapy from the dining area at approximately 2:00 PM. On June 08, 2026 at 2:25 PM, R1 was in the therapy room receiving physical therapy. On June 08, 2026 at 3:00 PM, V9 (Friend) said while R1 was in therapy, the therapist said she noticed his wheelchair was wet. On June 08, 2026 at 3:15 PM, V12 (Physical Therapist) said she noticed R1's wheelchair was wet during therapy but wasn't sure what caused the wheelchair to be wet. On June 08, 2026 at 3:59 PM, V8 (Certified Nursing Assistant) said she provided incontinence care to R1 at 9:00 AM and 11:00 AM and he had urinated. V8 said she left the facility close to 2:00 PM and last saw R1 in the dining room before he went to therapy. On June 08, 2026 at 3:05 PM, R1 was transferred in his wheelchair to his room by V6 (Certified Nursing Assistant) then transferred from his wheelchair to his bed by V6 and V7 (Certified Nursing Assistant). R1's wheelchair padding was very wet with a faint urine odor. V7 removed R1's pants to begin incontinence care and said R1's pants were soaked with urine. V6 removed R1's brief and said R1's brief was pretty wet. V7 showed surveyor R1's incontinence brief and it was saturated with urine. On June 09, 2026 at 10:16 AM, V2 (Director of Nursing) said nursing staff should be performing rounds at a minimum of every 2 hours to check residents for incontinence needs. On June 09, 2026 at 11:50 AM, V8 (Certified Nursing (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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assistant) said R1 heavily urinates and needs to be checked for incontinence frequently. V8 said she attempted to check R1's brief to determine if he needed incontinence sometime after lunch and before she left yesterday around 2:00PM. V8 said she tried to identify what staff would be relieving her to let them know R1 needed to be checked for incontinence however she could not and did not inform anyone else about this before she left for the day. On June 09, 2026 at 11:55 AM, V2 (Director of Nursing) said if V8 last changed R1 yesterday at 11 AM, R1 should have been checked and changed around 1:00 PM. V8 should have let the oncoming staff know to check R1 for incontinence care needs before she left for the day. V1 (Administrator) said V8 also could have informed V2 or the charge nurse that R1 needed to be checked for incontinence care needs. The facility's Incontinence Care Policy received 06/09/2026 shows: The purpose of the policy is To prevent excoriation and skin breakdown, discomfort and maintain dignity. Incontinent resident will be checked periodically in accordance with the assessed incontinent episodes or approximately every two hours.		