STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146148	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arc at Hickory Point	565 West Marion Avenue Forsyth, IL 62535

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to answer call lights in a timely manner for one (R76) of three residents (R75, R60, R76) reviewed for call lights in the sample list of 37 residents.Findings Include:Grievance forms dated December 8 and 28, 2025 and February 3 and 26, 2026, all document residents having to wait extended times for help with various activities.Resident Council Minutes dated February 6, 2026, document six residents attended the meeting and documented staff need to answer call lights quicker.R76's Medical Record reviewed 2/24/26 documents R76 admitted to the facility on [DATE] from a local hospital with Diagnoses of Seasonal Allergic Rhinitis, Polyneuropathy, Long Term (Current) Use Of Oral Hypoglycemic Drugs, Presence Of Right Artificial Knee Joint, Aftercare Following Joint Replacement Surgery, Chronic Obstructive Pulmonary Disease, Autoimmune Hepatitis, Presence Of Left Artificial Shoulder Joint, Asthma, Hypoxemia, Type 2 Diabetes Mellitus Without Complications, and Parkinsonism.On 03/03/26 at 09:50AM, V27 Certified Nursing Assistant (CNA) stated that the staff should answer the call lights in a timely manner but that does not always happen.On 03/03/26 at 11:40AM, V30 (R76's) Family Member stated that R76 did not have a call light answered in a timely manner. V30 stated R76 had to wait for over 30 minutes for a call light to be answered on 02/25/26. V30 stated upon approaching the nurse's station multiple staff members were going on break, while multiple call lights were activated. V30 stated the call lights above the door were lit as well as sounding an alarm at the nurse's station.On 3/4/26 at 10:16AM, V6 admission Nurse/License Practical Nurse (LPN), stated staff should answer the call light in under 10 minutes and should not be exiting the unit if call lights are activated. V6 stated V6 is not aware of any staff not responding to call lights before going to break.On 3/4/26 at 10:16AM, V1 Administrator, and V23 Corporate Nurse stated staff should answer a call light in under 10-15 minutes to meet resident needs and should not be going to break or exiting the unit until the call lights are answered and needs have been met for the residents. V1 stated V1 is not aware of staff not responding to call lights before going to break off the unit.The Call Light policy dated 01/2026 documents: The purpose of this policy is to respond to residents' requests and needs in a timely and courteous manner. The same policy documents Guidelines: Resident call lights will be answered in timely manner. Subsection 2 documents: All staff should assist in answering call lights. Nursing staff members shall go to resident rooms to respond to call system and promptly cancel the call light when the room is entered. 3. Bathroom lights should be viewed as emergencies and immediate attention will be given.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146148	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arc at Hickory Point	565 West Marion Avenue Forsyth, IL 62535

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 0557 Level of Harm - Actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to treat residents with respect and dignity for one (R76) of three residents (R75, R60, R76) reviewed for respect and dignity in the sample list of 37 residents. This failure resulted in R76 feeling embarrassed and degraded with a low self-esteem after staff continued the incontinence check after R76 stated R76 had notified staff that R76 was continent of urine.Findings Include:R76's Medical Record reviewed documents R76 was admitted to the facility on [DATE] from a local hospital with Diagnoses of Seasonal Allergic Rhinitis, Polyneuropathy, Long Term (Current) Use Of Oral Hypoglycemic Drugs, Presence Of Right Artificial Knee Joint, Aftercare Following Joint Replacement Surgery, Chronic Obstructive Pulmonary Disease, Autoimmune Hepatitis, Presence of Left Artificial Shoulder Joint, Asthma, Hypoxemia, Type 2 Diabetes Mellitus Without Complications, and Parkinsonism.R76's assessment record reviewed V6 admission Nurse/License Practical Nurse, documents on the admission assessment dated [DATE] at 09:57AM under subsection K; bowel and bladder that R76 is always continent of bowel and bladder.The same admission assessment under F, the neurological section, documents Neuro: R76 is alert to person, place, time, situation, and is verbally appropriate. On 03/03/26 at 09:50AM, V27 Certified Nursing Assistant (CNA) stated that the staff should read the care plan and if a resident is continent staff should ask the resident if the resident needs assistance to the restroom but should not insist that the bed/resident be checked for incontinence if alert resident states they are dry.On 03/03/26 at 11:40AM, V30 (R76's) Family Member, stated that R76 was feeling embarrassed and degraded with a low self-esteem after staff continued an incontinence urine bed check at 04:00AM on 2/25/26 after R76 stated R76 told staff that R76 was continent of urine and did not need the bed checked for urine incontinence.On 3/4/26 at 10:16AM, V6 admission Nurse/License Practical Nurse (LPN), stated the staff should follow the care plan and check/change the residents who are incontinent of urine and ask continent residents if they need assistance in getting to the bathroom. V6 stated the staff should be following the residents wants and needs.On 3/4/26 at 10:16AM, V1 Administrator and V23 Corporate Nurse stated a resident has the right to be treated with dignity and make the choice if the resident needs to be checked and changed or if they need assistance to the restroom. The Resident Rights policy dated 12/2025 documents the Purpose is to promote the exercise of rights for each resident, including any who face barriers (such as communication problems, hearing problems and cognition limits) in the exercise of these rights. A resident, even though determined to be incompetent, should be able to assert these rights based on his or her abilities. The same policy documents under the guidelines documents Exercising rights means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement. The facility will not hamper, compel, treat differentially, or retaliate against a resident for exercising his/her rights. Facility practices designed to support and encourage resident participation in meeting care planning goals as documented in the resident assessment and care plan are not interference or coercion.The Bowel & Bladder- Assessment & Toileting Programs dated 01 /2026 documents Purpose: Based on the resident's comprehensive assessment the facility will ensure that each resident with bowel or bladder incontinence will receive appropriate treatment and services to restore as much normal bowel or bladder functioning as possible. The same program documents under Guidelines: Subsection 3. If the resident is identified as continent, the voiding diary, Restorative Incontinence Observation, and toileting program will not be completed.