

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: 146148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Arc at Hickory Point		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0689 Level of Harm - Minimal harm or potential for 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 observation, interview and record review, the facility failed to implement fall interventions for one (R4) of three residents reviewed for falls in a sample list of three. Findings include: R4's Fall Risk assessment dated [DATE] documents R4 is a high fall risk. R4's Care Plan initiated 6/12/2026 documents R4 required assistance from staff for Activities of Daily Living (ADL's), toileting and transferring. R4's Care Plan initiated 6/12/2026 documents R4 is at risk for falls related to Confusion, Deconditioning, Gait/Balance problems, and History of Falls. R4's Electronic Health Record (EHR) documents an admission date of 6/11/2026 and diagnosed with Left Femur Fracture, Fall, Dementia, and Right Artificial Hip Joint. On 6/16/2026 at 9:15 AM, V6 (Family for R4) was at the bedside with R4. V6 stated they never leave R4 alone since they were worried R4 would fall. V6 stated R4 was to have an alarm but the one that was brought in was broken and was to be replaced. Since admission V6 stated R4 has not had a working alarm. V6 stated the family has verbally alerted various staff members with concerns about the broken alarm and absence of a functioning alarm. V6 stated they have addressed concerns regarding R4 not having any fall precautions in place and have not had anyone provide any answers. V6 stated they were very concerned since R4 is confused, has hearing difficulties, and has had falls with injuries in the past and recently. R4's broken alarm was located in R4's armoire. V6 stated they do not feel R4 is safe in the facility unless they are there to watch R4. V6 stated they have requested for R4 to be discharged home. At this time, V6 activated R4's call light which was answered by V8 within five minutes. R4 then activated the bathroom call light at 9:50 AM and the call light was answered again by V8 at 9:55 AM. R4 had no alarm in R4's recliner chair or bed. No alarm had been put in place. On 6/16/2026 at 10:00 AM, V5 (Licensed Practical Nurse, LPN) was the nurse for the 300-400 hall. V5 was unable to identify who was a fall risk on the 300 or 400 hall and was unable to identify what fall prevention interventions were care-planned for R2, R3, or R4. V5 stated they did not know how to identify a residents' fall risk. On 6/16/2026 at 10:45 AM, V12 (Medical Director) stated R4 is a high fall risk. V12 stated they were made aware of R4's family request to discharge home. R4 is to be discharged to home. On 6/16/2026 at 11:00 AM, V8 (Certified Nurses Aid, CNA) could not demonstrate how the alarm functioned because the alarm was not in place. V8 confirmed the alarm was not in R4's room and stated they did not know why. V8 cannot recall when the last time the alarm was used. V8 did not retrieve a new alarm. On 6/16/2026 at 11:10 AM, V9 (Certified Nurses Aid, CNA) could not demonstrate how the alarm functioned because it was not present. V9 confirmed the alarm was not in R4's room and stated they did not know where to get one. On 6/16/2026 at 1:00 PM, V2 (Director of Nursing, DON) stated the facility is bedrail-free and the facility does not use alarms. V2 confirmed R4 is identified as a high fall risk by the Fall Risk Assessment completed upon admission. R4's Fall Risk Assessment scores R4 at 13. The facility's Fall Scale determines any resident that scores over 9 is at high risk for falls. V2 stated there should not be an alarm in R4's room. V2 confirmed R4's Care Plan initiated 6/12/2026 documents R4 is to have a call light connect visual alarm per family request. V2 confirmed the alarm intervention was on the Care Plan. V2 confirmed the alarm was not present in R4's room. V2 stated V7 (Former (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 - Minimal harm or potential for actual harm Residents Affected - Few	Administrator) had added the alarm intervention to R4's Care Plan and stated they did not know why.R4's Care Plan dated 6/12/2026 documents R4 is to have a call light connect visual alarm.		