STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008510	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC AT NORMAL	509 NORTH ADELAIDE NORMAL, IL 61761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Facility Reported Incident of 1/31/25/IL186204	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008510	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC AT NORMAL	509 NORTH ADELAIDE NORMAL, IL 61761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis.

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

These regulations were not met as evidenced by:

Based on observation, interview, and record review the facility failed to complete quarterly fall risk assessments and implement fall interventions and fall prevention measures for three of four residents (R10, R79, R96) reviewed for falls on the sample list of 36. These failures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008510	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC AT NORMAL	509 NORTH ADELAIDE NORMAL, IL 61761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

resulted in R79, who is cognitively impaired, falling from a high bed onto the tile floor. R79 was seen in the emergency room and kept for an overnight hospitalization related to the subarachnoid hemorrhage R79 sustained from the fall.

Findings Include:

The facility's Fall Prevention Program dated October 2024 documents the program's purpose is to assure the safety of all residents in the facility and is to include measures which determine the individual needs of each resident by assessing the risk of falls, implementing appropriate interventions to provide necessary supervision, and using assistive devices as necessary. A Fall Risk Assessment should be performed at least quarterly and with each significant change in mental or functional condition and after any fall incident. Safety interventions should be implemented for each resident identified at risk. The bed should be maintained in a position appropriate for resident transfers.

1. R79's Medical Diagnoses List dated February 2025 documents R79 is diagnosed with Vascular Dementia, Psychotic Disturbance, Anxiety, Alzheimer's Disease, Need for Assistance with Personal Care, Morbid Obesity, Unsteadiness on Feet, Abnormalities of Gait and Mobility, Lack of Coordination, Cognitive Communication Deficit.

R79's Physician Order Sheet dated February 2025 documents R79 was prescribed an anti-platelet medication in of March 2024.

R79's Minimum Data Set dated 12/31/24 documents R79 is severely cognitively impaired

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008510	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC AT NORMAL	509 NORTH ADELAIDE NORMAL, IL 61761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

and requires staff assistance for transfers, bed mobility, and activities of daily living.

R79's Care Plan dated 10/11/24 documents R79 is at risk for falls related to confusion and gait/balance problems.

V29's Licensed Practical Nurse (LPN) Progress Note dated 1/31/2025 documents R79 was found on the floor beside her bed at approximately 11:15 PM. R79 was observed with a pool of blood underneath her head. R79's bed was clearly in the up position with the head up in Semi Fowler's position and the lower part bent at the knee area. R79 rated her pain as a 7/10 in her head. Emergency Medical Services were notified and R79 was discharged to the hospital. The cause of the fall was the bed was not in the lowest position. R79 has cognitive limitations due to dementia and immobility.

On 2/20/25 at 1:40 PM R79 was sitting in her wheelchair in the television room. R79 had a half dollar sized raised hematoma on the left side of her forehead. R79 also had fading bruises under both eyes and a red fading bruise on the left side of neck. R79 was only alert to person and place.

On 2/20/25 at 1:30 PM R79's bed frame was an older bed frame with an air mattress on top. There is an old half metal side rail on the right side of the bed frame. The bed frame, when lowered all of the way, was still about a foot off of the ground.

On 2/20/25 at 1:08 PM V27 Certified Nurses Assistant (CNA) stated she put R79 to bed around 9:00 PM on 1/31/25. V27 stated on 1/31/25 R79 had gotten a new air mattress and a new bed frame that was an older model frame.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008510	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC AT NORMAL	509 NORTH ADELAIDE NORMAL, IL 61761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

V27 stated she believed part of the reason R79 rolled out of the bed was because of the new air mattress. V27 stated R79 could roll by herself in bed and was confused and needs the assistance of a staff and sit to stand mechanical lift for transfers. Confusion. V27 stated she thought she put the bed in the lowest position after she laid R79 down. However when V27 found R79 on the floor, V27 realized she had not put the bed all the way to the lowest position.

On 2/20/25 at 3:29 PM V29 (LPN) stated the head of R79's bed was up at a 45 degree angle and the bed was also bent at the knees. V29 stated he asked V27 why the bed was like that and she stated so R79 could watch television. V29 also stated R79's bed was not at its lowest position. V29 stated the beds of confused residents should always be at the lowest position but R79's bed was about a foot and a half or two feet off the floor. R79 had blood on her head and on the floor. V29 confirmed R79 has poor safety awareness and would not be aware of where the edge of the bed was if she attempted to turn in bed. V29 also confirmed R79 was in a new air mattress and new bed frame that day for the first time. V29 stated he feels the cause of R79's fall on 1/31/25 was likely R79 trying to adjust herself in bed, then falling head first from the bed due to elevated angle of the head of the bed. V29 confirmed R79's injury risk increased due to the elevated height of the bed at the time of the fall.

On 2/21/25 at 9:30 AM V2 Director of Nurses (DON) confirmed there was no quarterly fall risk assessment completed for R79. V2 stated R79 is currently a fall risk and confirmed R79 was a fall risk prior to her fall on 1/31/25 due to her impaired cognition, poor safety awareness, ability to turn and move in bed, and inability to safely

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008510	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC AT NORMAL	509 NORTH ADELAIDE NORMAL, IL 61761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

transfer on her own. V2 confirmed when R79 was transferred to bed, V27 CNA should have ensured R79's bed was lowered as low as possible and the head of the bed is not elevated. V2 also confirmed on 1/31/25, when R79 fell out of bed and sustained a subarachnoid hemorrhage, R79's bed was not placed in the lowest position and the head of the bed was elevated, increasing R79's risk of injury when she moved in bed and fell out of bed onto the tile floor below.

2. R10's Minimum Data Set (MDS) dated 12/30/24 documents the following: R10's Brief Interview of Mental Status score of two (2) out of a possible 15, indicating severe cognitive impairment. The same MDS documents R10 had two or more, falls since the last quarterly assessment.

R10's Care Plan dated 12/30/24 documents the following:
Focus: "(R10) is at risk for falls r/t (related /to) dementia, morbid obesity, muscle wasting and difficulty walking. HX (history) of hip FX's (fracture). Interventions include: "Apply (name brand non-skid material) on top and under w/chair (wheelchair) cushion. Date Initiated: 07/05/2024."

On 2/20/25 at 2:10 PM R10 was seated in his wheelchair bedside. V33, Certified Occupational Therapy Assistant (COTA) and an unidentified Certified Nursing Assistant assisted R10 to a standing position from R10's wheelchair. V30 and V31 (R10's Family Members) entered R10's room as R10 was being assisted. R10 had non-skid material under, but not on the top of his wheelchair cushion. V33, COTA confirmed R10 had no non-skid material on top as his wheelchair cushion. V30 and V31 also noticed R10 did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008510	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC AT NORMAL	509 NORTH ADELAIDE NORMAL, IL 61761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

have the non-skid material on the top of his wheelchair cushion. V30 and V31 both stated the facility is good about notifying them of R10's falls and has notified them R10 has had falls from his wheelchair.

On 2/20/25 at 2:50 PM V30 Assistant Director of Nursing reviewed R10's medical record and confirmed R10 is to have non-skid material above and below R10's wheelchair to prevent R10 from sliding out if his wheelchair.

3. R96 was admitted to the facility on 10/16/24 with diagnoses including Neurocognitive Disorder with Lewy Bodies, Dementia with behavior disturbances and Hallucinations.

R96's Quarterly Comprehensive Assessment dated 1/22/25 documents R96 has severe cognitive impairment and history of falls.

R96's Care Plan Dated 10/21/25 documents R96 is at risk for falls related to dementia and cognitive disorder. This same record documents the following fall intervention: [name brand non-skid material] in wheelchair.

On 2/19/25 at 2:10 PM, R96's highback wheelchair did not have non-skid material.

On 2/19/25 at 2:11 PM, V18 (Certified Nursing Assistant) confirmed R96's highback wheelchair did not have non-skid material in place.

(A)