

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARC AT HICKORY POINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 WEST MARION AVENUE FORSYTH, IL 62535</b>		
(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  First Probationary Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  1 of 2  300.610 a) 300.1210 b) 300.1210 d)2) 300.1210 d)3) 300.1210 d)5)  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 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	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/08/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARC AT HICKORY POINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 WEST MARION AVENUE FORSYTH, IL 62535</b>		
(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	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to identify, assess, intervene, and treat pressure wounds for three (R171, R183, and R1) of four residents reviewed for pressure ulcers from a total sample list of 27 residents. These failures resulted in R171 and R1 developing facility acquired unstageable wounds underneath immobilizers.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARC AT HICKORY POINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 WEST MARION AVENUE FORSYTH, IL 62535</b>		
(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	<p>Continued From page 2</p> <p>Findings include:</p> <p>1a.) R171's Minimum Data Set, dated 3/14/25, documents R171 is cognitively intact.</p> <p>R171's wound assessment, dated 3/24/25, documents a facility acquired unstageable pressure ulcer on the right calf with an area of .50 centimeters (CM), first identified on 3/21/25.</p> <p>On 4/15/25 at 10:23AM, R171 had an immobilizer on his right leg.</p> <p>On 4/15/25 at 10:23AM, R171 stated he has a wound on his leg from the immobilizer.</p> <p>On 4/16/25 at 11:30AM, R171's wound dressing change was observed on the right posterior calf. The wound size was approximately that of a quarter requiring a daily treatment of Calcium Alginate and a foam boarder dressing.</p> <p>On 4/16/25 at 11:35AM, V5, Wound Nurse, stated R171 developed a stage three wound under an immobilizer while in the facility because the immobilizer was not removed, and that daily skin checks should be completed.</p> <p>On 4/16/25 at 3:00PM, V26, Physical Therapy Assistant, stated daily skin checks should always be done with immobilizers to prevent skin breakdown.</p> <p>1b.) On 4/15/25 at 10:16AM, R171 stated he has a wound on his buttock and it has been there for a couple of weeks.</p> <p>On 4/16/25 at 11:45AM, R171 stood up with the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARC AT HICKORY POINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 WEST MARION AVENUE FORSYTH, IL 62535</b>		
(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	<p>Continued From page 3</p> <p>assistance of V5, Wound Nurse, and displayed an open wound on his left buttock, approximately the size of a pencil eraser.</p> <p>On 4/16/25 at 11:47AM, V5, Wound Nurse, stated she did not know R171 had a wound on his buttock, because no one had ever told her about it.</p> <p>R171's medical record has no documentation of R171's buttock wound.</p> <p>2.) R183's wound assessment, dated 3/24/25, documents R183 admitted to the facility with an unblanchable area of skin on his right buttock that appeared to be a deep tissue injury with an area of .75 CM.</p> <p>R183's wound assessment, dated 4/1/25, documents R183's right buttock deep tissue injury remains with an area of .75CM.</p> <p>R183's wound assessment, dated 4/7/25, documents R183's right buttock deep tissue injury remains a size of .75CM.</p> <p>R183's wound assessment, dated 4/14/25, documents R183's right buttock deep tissue injury remains a size of .75CM.</p> <p>R183's April treatment administration record documents the use of zinc paste for incontinence.</p> <p>On 4/16/25 at 9:30AM, observed a wound the size of a half dollar, with slough covering the wound.</p> <p>On 4/16/25 at 9:09AM, V4, Certified Nursing Assistant (CNA), stated R183 has an open area</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARC AT HICKORY POINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 WEST MARION AVENUE FORSYTH, IL 62535</b>		
(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	<p>Continued From page 4</p> <p>on his bottom that has been there for at least a week.</p> <p>On 4/16/25 at 9:35AM, V5, Wound Nurse, applied Zinc paste over the wound mashing the paste into the slough and over the open wound bed.</p> <p>On 4/16/25 at 9:40AM, V5, Wound Nurse, stated she had not notified the physician of R183's wound change, nor had she asked for a treatment order for the wound.</p> <p>R183's physician orders, dated 4/18/25, document the first treatment orders for a wound.</p> <p>3.) R1's hospital discharge records, dated 1/8/25, documents R1 was readmitted to the facility with a right leg immobilizer following inpatient surgery to repair a right distal femur fracture following a mechanical fall at the facility.</p> <p>R1's Physician Orders, dated 1/30/25, documents to perform skin checks under leg immobilizer every shift.</p> <p>R1's Braden Score Assessment, dated 2/6/25, documents R1 is high risk for developing pressure ulcers.</p> <p>R1's current Minimum Data Set (MDS), dated 3/3/25, documents R1 is dependent on staff for activities of Daily Living. The same assessment documents R1 is severely cognitively impaired.</p> <p>R1's Wound Assessment, dated 2/20/25, documents a facility acquired pressure ulcer on R1's right lower extremity measuring 4 centimeters cm x 1 centimeter cm, and depth is unknown. The same assessment further documented moderate amounts of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARC AT HICKORY POINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 WEST MARION AVENUE FORSYTH, IL 62535</b>		
(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	<p>Continued From page 5</p> <p>serosanguinous drainage and redness to wound edge.</p> <p>R1's Wound Assessment, dated 4/14/25, documents a facility acquired pressure ulcer on R1's right lower extremity measuring 2 cm x .7 cm x .3 cm (depth) with moderate serous drainage. This wound is documented as unstageable.</p> <p>R1's February 2025 Treatment Administration Record (TAR), does not contain documentation of skin checks on 2/4/25, 2/8/25, 2/9/25, 2/10/25, and 2/14. The facility census documents R1 was in the building on these dates.</p> <p>On 4/16/25 at 1:00 PM, V5, Wound Nurse, stated the facility nurses could have not noticed R1's pressure ulcer developing because it was on back of leg under the immobilizer. V5 further stated she did not review R1's treatment record to see if staff were signing off on skin checks, and was not aware there were days skin checks were not completed.</p> <p>The facility provided Skin Condition Assessment and Monitoring-Pressure and Non-Pressure Policy, dated 4/2025, documents the purpose of the policy is to establish guidelines for assessing, monitoring, and documenting the presence of skin breakdown, pressure injuries, and other non-pressure skin conditions and assuring interventions are implemented. Each resident will be observed for skin breakdown daily during care and on the assigned bath day by the Certified Nursing Assistant (CNA). Changes shall be promptly reported to the charge nurse who will perform the detailed assessment. If the resident receives a shower, it will be necessary to have</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARC AT HICKORY POINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 WEST MARION AVENUE FORSYTH, IL 62535</b>		
(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  the resident stand or be returned to bed to visualize the buttock area and groin. Care givers are responsible for promptly notifying the charge nurse of skin breakdown. Changes in the wound requires physician notification. The resident's care plan will be revised as appropriate, to reflect alteration of skin integrity, approaches, and goals for care. A licensed nurse will observe the condition of a wound with dressing changes and these observations will be documented in the nurse's notes. If observations are acute, the physician, resident and resident's responsible party will be notified and notification will be documented in the medical record.  (B)  2 of 2  300.610 a) 300.1210 b) 300.1210 d)1) 300.1630 d)  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	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARC AT HICKORY POINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 WEST MARION AVENUE FORSYTH, IL 62535</b>		
(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	<p>Continued From page 7</p> <p>and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure pain medication was effective, available, and provided when pain was present for one (R179) of two residents reviewed for pain on the sample size of 27. These failures resulted in R179 going without pain medication, canceling his doctors appointment due to pain, and reporting pain of 8</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARC AT HICKORY POINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 WEST MARION AVENUE FORSYTH, IL 62535</b>		
(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	<p>Continued From page 8</p> <p>out of 8.</p> <p>Findings include:</p> <p>The facility's pain management program policy, dated 4/2025, documents the facility will manage a resident's pain by developing an optimal pain management plan. This policy also documents the facility will use pharmacological and nonpharmacological interventions which will be included in the resident's care plan.</p> <p>R179's Care Plan, dated 4/11/2025, documents R179 is at risk for pain. This care plan includes interventions to administer pain medications and evaluate the effectiveness of pain interventions.</p> <p>On 4/15/25 at 8:59 AM, R179 was lying in bed in a slouched upright position, with the head of the bed slightly elevated. R179 stated, "I have to stay in this position or else I am in pain." R179 then attempted to move in bed to reach the breakfast tray, and began to scrunch eyebrows together and grimace.</p> <p>R179's physician order, dated 4/11/25, documents an order for one to two 37.5-325 milligram tablets of Tramadol-Acetaminophen every 8 hours as needed for moderate pain.</p> <p>On 4/16/25 at 8:57 AM, R179 was lying flat on his back in his bed. R179 stated, "I hurt all over, but especially in my back. I'd say its 100% hurting."</p> <p>R179's Controlled Substance Proof of Use sheet, dated 4/12/25, documents one tablet of Tramadol-Acetaminophen 37.5-325 milligrams was given on 4/15/25 at 7:00 AM. This sheet documents this tablet as the last dose of this medication.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016687</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARC AT HICKORY POINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 WEST MARION AVENUE FORSYTH, IL 62535</b>		
(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	<p>Continued From page 9</p> <p>On 4/16/25 at 10:30 AM, V7, Licensed Practical Nurse, stated she just met R179 this morning. V7 stated she was informed by the night shift nurse that R179 came to the facility with an order for Tramadol for pain relief, but he ran out and agency nurses did not request a refill or new orders. V7 stated R179 canceled his appointment with his doctor this morning because he was in so much pain. V7 stated she gave R179 Tylenol this morning, but he is going to need something stronger. V7 stated she is going to reach out to R179's primary doctor today to see if he can give an order for pain relief. V7 stated R179 said he would just lay in a certain position to stay comfortable.</p> <p>On 4/16/25 at 11:15 AM, V16 (R179's granddaughter) stated R179 called her, and V17 (R179's daughter) at 2:00 am and 3:00 am this morning because he was in pain and he couldn't reach his call light. V16 stated they ran out of his pain medication, which had helped with his pain.</p> <p>On 4/16/25 at 2:40 PM, V2, Director of Nursing, confirmed R179 was out of Tramadol/Acetaminophen, and stated the pharmacy dispersed six tablets on 4/11/25. V2 stated R179 rated his pain as an eight out of eight today. V2 stated a prescription should be refilled when there are four doses left. V2 stated the facility did not attempt to refill it until yesterday (4/15/25).</p> <p>(B)</p>	S9999		