STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000496	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arc at Sangamon Valley	**3400 WEST WASHINGTON , SPRINGFIELD, Illinois, 62711**

(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) COMPLETION DATE
S0000	Initial Comments Investigation of Facility Reported Incident of 10-04-2025/2643273	S0000		10/28/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 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 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	S9999		10/28/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 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 are not met as evidenced by: Based on interview, observation, and record review, the facility failed to safely transfer a resident to prevent falls in 1 of 4 residents (R2) reviewed for falls in the sample of 4. This failure resulted in R2 falling and receiving a laceration which required suture repair. Findings Include: On 10/16/25 at 9:17 AM, R2 was observed in her bed with an approximately 1 ½ inch moon shaped scabbed, healing laceration to the right/center of her forehead. R2 is alert to self only. R2's Minimum Data Set (MDS), dated 9/23/25, documents R2 has a BIMS (Brief Interview for Mental Status Score) of 2, indicating R2 has severe cognitive impairment and is dependent with transfers. R2's Care Plan, dated 8/27/19, documents R2 is at risk for falls related to: Impaired mobility, memory loss/dementia, difficulty standing up, unsteady, fear of falling, history of falls, history of fractured left hip and clavicle with an intervention dated 10/6/25, to remove the floor mat from bedside as resident doesn't attempt to sit on the side of the bed any longer. R2's Care Plan, dated 5/30/23, documents R2 has impaired ability to independently transfer and requires a full mechanical lift with 2 assist to transfer. R2's Progress Note, dated 10/4/25 at 7:19 PM, documents the following: "Certified Nursing Assistant (CNA) notified writer that patient had fallen while being transferred in the (full mechanical lift). States that the machine tipped over as she was attempting to put patient into the bed. Patient has laceration to forehead. Writer notified POA (Power of Attorney), and physician and patient transferred to local ER (Emergency Room). R2's Progress Note, dated 10/6/25 at 10:27 AM, documents the following: "IDT (Interdisciplinary Team) met to review fall from 10/4/25. Root Cause: Resident injured during transfer. Intervention: Remove fall mat	S9999		

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S9999	Continued from page 2 from bedside as resident does not sit on side of bed any longer." R2's Progress Note, dated 10/6/25 at 9:27 PM, documents the following: "Resident has a new skin concern. Type of skin concern: Laceration, no new orders will follow up with hospital for further treatment plan. Located to Face - forehead: stitches r/t (related to) fall. Resident does not complain of pain. The Hospital ER Discharge Summary, dated 10/4/25, documents the following: 90-year-old female presenting from the nursing home due to a fall. Patient had an unwitnessed fall, staff then tried to lift her from the floor with a (full mechanical lift) and she fell from this. Patient sustained a laceration to her forehead. CT (Computed Tomography) of the head impression: small right frontal scalp hematoma. Superficial laceration approximately 5cm (centimeters) in length, closed with 10 sutures. The Facility's IDPH (Illinois Department of Public Health) Final Report, dated 10/10/25 by V2, Prior DON (Director of Nurses), documents the following: on 10/4/25 at 10:35 PM. R2 was being assisted into bed using a full mechanical lift. While cares were being provided and the lift was being used, the wheel became caught on the fall mat in place and caused the lift to tip resulting in a laceration to R2's forehead. She was assessed and the MD (Medical Doctor) and POA were notified. R2 was transported to the ER for evaluation. R2 returned from the ER with sutures. An investigation was conducted, and it was determined that the mechanical lift tipped due to a fall mat being in place while the lift was being used. The resident was being cared for at time of injury and is care planned to be transferred with an assist of 2 utilizing a mechanical lift. The IDT team reviewed the incident, and the care plan was reviewed and updated. Resident is being monitored for pain. Staff were educated on using the mechanical lifts as well as room preparation prior to using the lifts. Maintenance inspected the machine to ensure good working order. MD and POA were notified of plan of care and agreeable. On 10/1625 at 12:40 PM, V7, LPN (Licensed Practical Nurse), stated she was working when R2 fell from the Hoyer lift, but she was not in the room when it happened. V7 stated the aide came to her and stated they were putting R2 to bed and the full mechanical lift tilted over. V7 stated there was a floor (fall) mat in place next to R2's bed but it had been moved when she entered the room, so she isn't sure if it was by the bed when R2 was being transferred. V7 stated R2	S9999		

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S9999	Continued from page 3 was sent to the hospital for evaluation. V7 stated if a resident has a floor mat in place, it should be moved during the transfer. On 10/16/25 at 12:48 PM, V9, CNA, stated on 10/4/25 between 7:00 PM and 7:30 PM, she noticed R2 was in her wheelchair slouching down, so she was going to put her in bed. V9 stated she got R2 hooked up in the full mechanical lift, walked out of the room to get another CNA, she didn't see one, so she did the transfer by herself and has done them by herself several times. V9 stated she had lifted R2 up in the lift, was moving the wheelchair while her other hand was on the full mechanical lift moving it towards the bed and over the floor mat. V9 stated she should've moved the mat but didn't, she tried moving the lift over the mat, the lift caught on the mat and tipped over completely. V9 stated R2 hit her head, and it was "busted open." V9 verified there were no other staff in the room during the transfer, and she did not move the floor mat prior to the transfer. On 10/16/25 at 1:05 PM, V1, Administrator, stated when using the Hoyer lift, there should be 2 staff present and she would expect that if a floor mat was in place, it be moved prior to the transfer. The Fall Prevention Program Policy, dated 11/2012, documents the following: The purpose of the policy is to assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. The resident's environment will be kept clear of clutter which would affect ambulation and remove hazards. Transfer conveyances shall be used to transfer residents in accordance with the plan of care. The Transfers - Manual Gait Belt and Mechanical Lifts Policy, dated 11/2012, documents the following: In order to protect the safety and well-being of the staff and residents, and to promote quality care, this facility will use mechanical lifting devices for the lifting and movement of residents. Mechanical lifting devices shall be used for any resident needing a two person assist, or who cannot be transferred comfortably and/or safely by normal transfer technique. (B)	S9999		