

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058297		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER ARC AT NORMAL				STREET ADDRESS, CITY, STATE, ZIP CODE 509 NORTH ADELAIDE , NORMAL, Illinois, 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) COMPLETION DATE	
S0000	Initial Comments		S0000				
	Complaint Investigation: 25612799/2704383 - 300.510a)						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.510a)						
	There shall be an administrator licensed under the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1987, ch. 111, par. 3651 et seq.) full-time for each licensed facility. The licensee will report any change in administrator to the Department, within five days.						
	These regulations were not met as evidenced by:						
	Based upon observation and interview, the facility has failed to employ a licensed Nursing Home Administrator full-time in the facility.						
	V1 Administrator is not licensed nor has V1 obtained temporary licensure through the Department of Professional Regulations of Illinois.						
	V2 Regional Operations Director is a licensed Nursing Home Administrator but is not in the facility on a full-time basis.						
	Observations were made starting on 1/15/26 through 2/4/26 between the hours of 9:30AM and 3:30PM.						
	V2 was present on 1/15/26 and 2/3/26 only.						
	On 1/15/26 at 11:00AM, V1 stated V1 just started the role of Administrator and was learning how things work. Prior to this role she was facility Activity Director.						
	Facility Assessment dated 8/28/25 documents average daily census is 115 residents, and documents staff needed to provide competent support and care for residents includes an Administrator, and an Assistant Administrator.						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 (B)			S9999			