

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058735		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/19/2026	
NAME OF PROVIDER OR SUPPLIER ARC AT BRADLEY				STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE AVE , BRADLEY, Illinois, 60915			
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S0000	Initial Comments Annual Certification Survey Resource Support Survey Recert		S0000			03/05/2026	
S9999	Final Observations Statement of Licensure Violations 300.1210a) 300.1210c) 300.1810b) 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 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) c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Section 300.1810 Resident Record Requirements b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times		S9999			03/05/2026	

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 to those personnel authorized by the facility's policies, and to the Department's representatives. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to ensure that a resident's most recent wishes regarding cardiopulmonary resuscitation (CPR) were formulated and documented consistently in the electronic medical record (EMR) in the event of a medical emergency. This applies to 2 of 2 residents (R99 and R97) reviewed for advanced directives in the sample 26. Findings include: 1. R99's admission record showed he was admitted to the facility with diagnoses including congestive heart failure, respiratory failure with hypoxia, and chronic obstructive pulmonary disease with acute exacerbation. R99's progress note written by V14 (Registered Nurse) dated December 11, 2025 showed the following: Resident was unresponsive and the ambulance was called. Upon ambulance arrival no vital signs were detected and per the POLST [Practitioner order for life-sustaining treatment] form resident is a DNR [Do not resuscitate]." R99's advanced directives dated April 10, 2025 showed that R99 code status was DNR. R99's Death notice dated December 11, 2025 showed resident had a DNR code status and R99's time of death was 9:00 AM on December 11, 2025. R99 had an order dated December 9, 2025 that showed resident was a full code. R99's medical record dashboard also showed resident to be a full code. A progress note by V8 (Social Services Director) dated December 8, 2025 showed R99 code status was a full code. R99's Care plan showed him to be a full code. On February 10, 2026 at 1:49 PM, V8 (Social Services Director) initially stated while looking in his computer that R99 code status at the time of death was Do Not Resuscitate. V8 stated he assesses and fills out POLST forms with residents and reviews any change to the POLST if there was already a POLST. V8 stated he is responsible for contacting the Power of Attorney to determine if there are any changes in the code status or staff at the facility will inform him. V8 stated then he scans the POLST into the electronic medical record and sends a message via text to staff that the			S9999			

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S9999	Continued from page 2 POLST was in the medical record. V8 stated that he sent a notice that R99 was a DNR when the resident was readmitted. However, V8 stated but did not have the text message to document that the DNR notice was sent for R99. V8 stated he discussed the DNR status with the daughter but did not document it in the medical record. Surveyor pointed out that on December 8, 2025, V8 wrote a progress note that showed resident was a full code. V8 asked where surveyor saw the note. V8 was shown the note in the medical record then V8 stated resident was a full Code. On February 10, 2026 at 2:14 PM, V2 stated that the staff are to look at the dashboard in the resident's medical record to determine resident's code status. On February 10, 2026 at 4:25 PM, V2 stated she found R99 in his room and he was unresponsive. V2 stated she called out to the nurse's station and asked the code status and she was told that the resident was a full code. V2 stated they then started CPR. V2 stated they find a resident's code status on the electronic medical record dashboard. V2 stated that she expects the staff to go only on the dashboard to determine code status. On February 10, 2026 at 2:30 PM, V8 stated he had no contact with V8's Power of Attorney (POA) or resident from admission to death on December 11, 2025. V8 stated he had heard something about a discrepancy with R99's code status but did not remember when that was. The Emergency Medical Services Management Consultants (EMSMC) Prehospital Patient Care Report dated December 11, 2025 showed the following: Upon arrival to the facility was performing Cardiopulmonary Resuscitation (CPR)/life sustaining measures. "Staff states patient does not have a Do Not Resuscitate order. Chest compressions were resumed along with manual ventilations via bag-valve mask. Crew asked Dispatch to start a Two-minute count. Monitor was applied to patient using defibrillation PADS. Patient presents with PEA on monitor at this time. Staff states patient was found pulseless and apneic approximately 15-minutes ago (08:35 am). Crew began setting up for intubation attempt and intraosseous access. At this time crew was provided with patient paperwork in which a Valid Physicians Orders For Life Saving Treatments (POLST) was found. POLST FORM directly states NO CPR and Comfort-Focused measures only. Chest Compressions were stopped and no intubation or intraosseous access had been performed yet." On February 10, 2026 at 4:41 PM, V17 (Registered Nurse/RN) stated that on December 11, 2025 she heard the code blue called and she went to R99's room. V17			S9999			

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S9999	Continued from page 3 stated during an emergency, they check the electronic medical record, in miscellaneous tab to check POLST form to check the date to determine a resident's code status. V17 stated even if the dashboard says full code. They check the POLST, and they proceed by what the POLST form reflects. On February 10, 2026 at 4:59 PM, V4 (Assistant Director of Nursing) stated V2 said R99 was unresponsive. V4 stated she went into the room when she heard code blue being called. V4 stated they check the resident's electronic medical records dashboard to determine someone's code status. V4 stated, if there is an emergency situation and someone says the code status is something different then they will look at POLST, then proceed with what is more recent. On February 11, 2026 at 10:02 AM, V16 (RN) stated that if a resident is found unresponsive she will check the resident's code status by going into the electronic medical record to see if they have a DNR status. V16 stated she will go into the miscellaneous tab and check the resident's POLST. V16 stated then she will proceed based on the POLST as long as it is signed. V16 stated if there is a discrepancy between what is on the dashboard and the POLST she will treat the resident as a full code. V16 stated they decided yesterday there was an error in having access to the advanced directive books according to the director of nursing. V16 stated she was not sure what her policies and procedures say about how to procedure in an emergency if there is a discrepancy with the dashboard and the POLST. V16 stated that the most up-to-date POLST's are in the social services office kept in a book and the door is locked on the weekends. On February 11, 2026, at 10:03 AM, V11 (LPN/Licensed Practical Nurse) said if she finds a resident unresponsive, she would call out for someone to get another nurse. When the other nurse arrives, one of us will stay with the resident while the other one goes and checks the resident's code status in the electronic medical record on the dashboard. If there is nothing on the dashboard, V11 said she would check the POLST under the miscellaneous tab. 2. R97 was admitted to the facility on January 30, 2026. R97 had multiple diagnoses including rhabdomyolysis, type 2 diabetes mellitus with other diabetic kidney complications, severe morbid obesity due to excess calories, chronic systolic (congestive) heart failure, type 2 myocardial infarction, unspecified atrial flutter and unspecified cardiomyopathy, based on the face sheet.		S9999				

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S9999	Continued from page 4 On February 9, 2026 at 2:21 PM, R97's EMR (Electronic Medical Record) dashboard showed, "Code Status: (Advance Directives) FULL CODE." R97's active care plan initiated on February 2, 2026 showed, "DNR (Do Not Resuscitate). I have a signed and valid DNR. Do Not resuscitate should I stop breathing, display no pulse as a result of failure of the heart to contract effectively or at all." R97's active order as of February 10, 2026 showed an order dated January 31, 2026 for, "Full Code." On February 10, 2026 at 1:34 PM, V8 (SSD (Social Service Director)) stated that on admission he assessed R97's cognition and based on his assessment the resident was cognitively intact to make decision and sign his own POLST (Physician Orders for Life-Sustaining Treatment) form. V8 stated that R97 elected DNR for his code status which was documented on the resident's signed POLST form. V8 presented R97's signed POLST form dated February 2, 2026 which showed an "X" mark on, "No CPR-Do Not Attempt Resuscitation (DNAR)." During this interview, V8 acknowledged that upon checking R97's EMR dashboard and the active order made on January 31, 2026 which was effective at the time of interview showed that the resident had a code status of "Full Code." V8 stated that based on the information between the EMR dashboard, physician's order and the resident's signed POLST form, there is inconsistent information regarding the code status of R97. During the interview, V8 was asked how he communicated the signed POLST form for DNR to the nursing staff. V8 responded that he uploaded the said signed POLST form to the EMR under the miscellaneous reports and then nursing was notified. According to V8, nursing should change the order and the EMR dashboard from full code to DNR status, after the signed POLST had been uploaded and reviewed by the nursing for consistency and to ensure that R97's wishes for DNR is reflected. During the interview, V8 was asked who the nurse was that he communicated with regards to R97's signed POLST form for DNR. V8 was not able to name the nurse. On February 10, 2026 at 2:05 PM, V7 (LPN (Licensed Practical Nurse)) was the assigned nurse for R97. V97 stated that in case of medical emergency, if R97 was found unresponsive, without pulse and without breathing, she will check the EMR dashboard first then check the order to verify the resident's code status. During the time of the interview, V7 checked the EMR dashboard and the active order and confirmed that R97 is Full Code. V7 stated that in case of medical			S9999			

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S9999	Continued from page 5 emergency, CPR (Cardiopulmonary Resuscitation) will be performed to R97. V7 was asked if it is part of the process to check any uploaded advance directive documents or POLST form to verify code status. V7 responded, "no." When V7 was asked to check R97's uploaded records for any signed POLST form, V7 does not know how to locate and retrieve the said form. V7 was shown the signed POLST form copy that was presented by V8 (SSD). V7 was not aware that R97 had a signed POLST dated February 2, 2026 for DNR. During the same interview, V7 stated that R97's code status was not consistent based on the EMR dashboard, physician's order and the resident's signed POLST form. According to V7, if medical emergency had happened and CPR was performed to R97, this will not be in accordance to the resident wishes of DNR. On February 11, 2026 at 11:43 AM, V8 (SSD) stated that on February 2, 2025 he obtained the signed POLST from R97 indicating DNR status and on the same day he uploaded the signed POLST on the EMR miscellaneous report. V8 stated that he informed V2 (DON (Director of Nursing)), V4 (ADON (Assistant Director of Nursing)), and the rest of the administrative team via group chat on February 2, 2026 that he uploaded R97's signed POLST form, and it is up to the nursing department to obtain the DNR order and change the EMR dashboard to reflect R97's DNR status. V8 presented screenshot evidence that on February 2, 2026 at 10:40 AM, a message was sent by him (V8) to the administrative team group chat, indicating that R97's POLST form was "uploaded and logged." The same screenshot showed that V2 and V4 were part of the group chat. On February 11, 2026 at 2:56 PM, V4 (ADON) stated that she is included in the group chat with other administrative staff including the Director of Nursing. V4 stated that even if she received V8's (SSD) message via group chat on February 2, 2026 regarding the uploading of R97's POLST form, she admitted that she does not remember. V4 stated, "I was never been directly told that it is my responsibility to update the Code status of any resident when a signed advance directive or POLST are available." According to V4, when a medical emergency happens such as a resident found unresponsive, no pulse, no breathing, she is aware to look at the EMR dashboard which is automatically populated when a code status order is placed. and to follow the indicated code status. V4 admitted that she does not check any other available documents such as signed POLST or advance directives to verify a resident's code status, because in an emergency, there is no time to look at other records. According to V4, she and the other nursing staff would			S9999			

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S9999	Continued from page 6 depend on what is written on the EMR dashboard. V4 was not aware that R97 had a signed POLST for DNR. According to V4, she started working at the facility on November 17, 2025 and had never changed or updated any order for advanced directive or code status. V4 stated that if R97's EMR dashboard and order for code status was full code and the signed POLST form was DNR, there is a discrepancy in the code status that could lead to mistake in making sure that the resident's wishes for a code status are followed. On February 11, 2026 at 3:17 PM, V2 (Director of Nursing) acknowledged that she is part of the team/group chat, however she does not remember if she had read the team chat that was sent by V8 (SSD) on February 2, 2026 that the POLST for R97 was uploaded in the EMR. V2 stated that with regards to advance directives the facility's procedure is for V8 to obtain the completed signed POLST including the physician signature, then V8 will give the actual paper copy of the signed POLST to her (V2). If V2 is unavailable, V8 should give the paper copy to V4 (Assistant Director of Nursing). If both V2 and V4 are unavailable, V8 should give the copy to the assigned nurse on the unit to input the physician's order which automatically updates the EMR dashboard. After the order had been transcribed, the actual copy of the POLST should be given to the medical records to be uploaded. V2 acknowledged that there is a disconnect with communication resulting in failure in the facility's process. V2 added that the facility's current process is not effective and is broken down and could result in error. On February 12, 2026 at 3:50 PM, R97 was sitting in his wheelchair inside his room. R97 was alert and was able to answer questions. R97 was asked if he wanted to be resuscitated, if the staff found him unresponsive, without breathing and without pulse. R97 responded, "no." The facility's Advance Directives policy effective January 2026 showed in-part under purpose, "To ensure that all residents and/or resident representatives are informed concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive." The same policy under the guidelines showed in-part, "For purposes of this policy and procedure "Advance Directives" means a written instrument, such as a living will or life prolonging procedure declaration, appointment of health care representative and power of attorney for health care purposes. These directives are established under state law and relate to the provision			S9999			

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S9999	Continued from page 7 of medical care when the individual is incapacitated. 1. At the time of admission each resident will be asked if they have made advanced directives and provided educational information regarding state and federal law. 2. The Social Service and/or Admissions Director will be responsible for providing copies of state statutes, regulations, and information regarding Advanced Directive(s), to resident, legal representatives upon admission, and also to families who wish to receive such information and assistance regarding Advanced Directive(s) and decisions regarding life sustaining measures and in no event shall give legal advice on the need for medical care directives. 3. The resident, the legal representative, or the individual who has been authorized as the resident's health care representative will be asked if an Advanced Directive, as recognized under the state law, has been executed. Documentation concerning this inquiry and the individual response shall include the date the entry was made and the individual making this inquiry. This information shall then be included in the resident's medical record. 4. If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with law. 5. The facility will provide this information to the individual once he or she is able to receive such information. This will be determined by Social Service and/or attending physician assessment of the resident to determine if the resident is capable of understanding and is able to make a decision regarding advance directives. 6. Copies of the resident's Advanced Directive shall be made and maintained in the resident's clinical record and financial folder. 7. A resident who has not been declared legally incompetent or found by their attending physician to be capable of making a decision may exercise the right to participate in decision making concerning their health care and medical treatment. 8. If a resident or health care representative indicates an Advanced Directive regarding CPR (Cardiopulmonary Resuscitation) or Scope of Treatment (POLST or POST form), the appropriate forms will be completed. 9. A written physician's order is required in response to the resident's Advanced Directive(s). Physician's orders shall be specific and address each Advanced Directive(s). 10. Advanced Directive(s) shall be included in the resident's plan of care and will be reviewed during the care plan meeting with the resident and/or the resident's legal representative when present." "A"			S9999			

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