

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Care Auburn		STREET ADDRESS, CITY, STATE, ZIP CODE 304 Maple Avenue Auburn, IL 62615	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>49494</p> <p>Based on interview and record review the Facility failed to provide a RN (Registered Nurse) 8 hours a day 7 days a week. This has the potential to affect all 59 residents of the facility.</p> <p>Findings include:</p> <p>The Facility's Nursing Schedule, dated 3/30/24, documented there was no RN on duty 3/30/24. The Facility's Nursing Schedule, dated 3/31/24, documented there was no RN on duty 3/31/24.</p> <p>On 4/23/24 at 9:00 AM V2 DON (Director of Nursing) stated the facility does not have a RN on duty 7 days a week. V2 stated she did not have a RN on duty on Saturday, March 30, 2024, nor on Sunday, March 31, 2024.</p> <p>On 4/23/24 at 10:20 AM V1 Administrator stated the facility does not have a staffing policy and the facility staffs according to census needs.</p> <p>The Facility's Resident Census Report and the CMS 671 form, dated 4/22/24, documented that there were 59 residents in the facility.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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