

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  05/09/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49494</b></p> <p>Based on observation and interview the facility failed to provide comfortable temperatures in the dining room and visiting room. This failure has the potential to affect all 57 residents residing at the facility.</p> <p>Findings include:</p> <p>1. R3's medical diagnosis sheet, print date of 5/9/25, documented R3 has diagnoses including type 2 diabetes mellitus, heart failure, fibromyalgia, dementia, and anemia.</p> <p>R3's Minimum Data Set (MDS), dated [DATE], documented R3 is moderately cognitively impaired although resident was alert and oriented at time of interview.</p> <p>On 5/9/25 at 9:24 AM R3 stated the facility was freezing the first day they shut the heat off, my room temperature is okay now, but the dining room is still cold.</p> <p>2. R4's medical diagnosis sheet, print date of 5/9/25, documented R4 has diagnoses including chronic obstructive pulmonary disease, hypokalemia, atrial fibrillation, osteoarthritis, anxiety, hypertension, and morbid obesity.</p> <p>R4's MDS, dated [DATE], documented R4 is cognitively intact.</p> <p>On 5/9/25 at 9:33 AM R4 stated the dining room and lobby are always cold. Other residents and I have told maintenance about it being so cold.</p> <p>3. R5's medical diagnosis sheet, print date of 5/9/25, documented R5 has diagnoses including heart failure, muscle weakness, asthma, chronic obstructive pulmonary disease, and myalgia.</p> <p>R5's MDS, dated [DATE], documented R5 is cognitively intact.</p> <p>On 5/9/25 at 9:42 AM R5 stated her room is a comfortable temperature but it is a little cold in the dining room. Resident was observed wearing a scarf over her head and had a hooded jacket on with the hood also covering her head while sitting in her wheelchair in the dining room.</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. R6's medical diagnosis sheet, print date of 5/9/25, documented R6 has diagnoses including morbid obesity, chronic kidney disease, heart failure, anxiety, hypothyroidism, and depression.</p> <p>R6's MDS, dated [DATE], documented R6 is cognitively intact.</p> <p>On 5/9/25 at 9:57 AM R6 stated her room temperature is okay, but it is usually cold in the dining room and makes it uncomfortable during meals and activities.</p> <p>On 5/9/25 at 9:40 AM V6 Certified Nurse Assistant, CNA, stated she has had some residents complain to her about the dining room being cold.</p> <p>On 5/9/25 at 9:45 AM V7 CNA stated she occasionally hears residents saying they are cold in the dining room, so she gets them a blanket.</p> <p>On 5/9/25 at 9:52 AM V3, Maintenance Director, stated the dining room thermostat is in the kitchen, the air conditioner is on, and they keep it set on 70. V3 stated it blows cool air out into the dining room and sitting area.</p> <p>On 5/9/25 at 10:02 AM V3 was observed checking the dining room temperatures with 2 different thermometers. The first thermometer read 68 degrees Fahrenheit (F) and his second thermometer read 67.3 F. Surveyor checked the temperature with third thermometer, and it read 67.8 F degrees.</p> <p>On 5/9/25 at 10:18 AM V9, Activity Assistant, stated she had one resident, R2, recently say she was cold in the dining room during lunch, so she bundled her up with blankets.</p> <p>On 5/9/25 at 10:25 AM V3, Maintenance Director, checked the visiting room temperature with 2 different thermometers. The facility's thermometer read 67.3 degrees F and surveyor's thermometer read 67.6 degrees F.</p> <p>On 5/9/25 at 10:54 AM V1, Administrator, stated the current facility census is 57 and all residents do come out of their rooms.</p> <p>On 5/9/25 at 11:52 AM, V1, provided surveyor with the facility disaster plan/policies and procedures. V1 stated the facility does not have any other policies for internal facility temperatures other than what is in the emergency plan in the event the facility loses power.</p>		