

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 05/28/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>32874</p> <p>Based on observation, interview and record review the facility failed to administer medication as ordered for 1 of 3 residents (R2) reviewed for medication in the sample of 5.</p> <p>Findings include:</p> <p>On 5/27/2025 at 8:50AM medication cup on R2's bedside table with medication in it. A Trelegy Ellipta aerosol powder breath activated inhaler and Fluticasone Propionate Nasal spray also sitting on bedside table. R2 asleep in chair.</p> <p>R2's Medication Administration Record (MAR) dated 5/1/2025-5/31/2025 documents R2 prescribed medications as Cetirizine 10 mg in morning Duloxetine 30mg, in morning, Esomeprazole Magnesium capsule delayed release 40 mg in morning, Ferrous sulfated ER 45mg in morning, Furosemide 40mg, 1 tablet in morning, Magnesium Oxide 400mg in morning, Omeprazole 20mg daily, Trelegy Ellipta inhalation aerosol powder breath activated 1 puff orally in the morning, Apixaban 5mg every morning, Doxycycline Monohydrate 100mg two times a day, Eliquis 5mg every morning, Fluticasone allergy relief nasal suspension 50 mcg (microgram) a spray each nostril two times a day, Gabapentin 300mg in morning, Metformin HCL ER extended release 24 hour 500mg, Methocarbamol 500mg every morning, Hydrocodone-Acetaminophen 5/325mg every 8 hours for pain (signed out by V4, Registered Nurse (RN) 8:00AM). R2's MAR documents all above medications administered by V4, RN. R2's MAR does not document R2 is to have medications at bedside.</p> <p>R2's Physician Orders (PO) dated May 2025 does not document R2 to have medications at bedside or document R2 on a self-administering medication program.</p> <p>On 5/27/2025 at 11:47AM V4, Registered Nurse (RN) stated she did leave R2's medication at the bedside. V4 stated R2 keeps nasal spray and inhaler at her bedside too. V4 stated she does not leave anyone else's medication at the bedside.</p> <p>On 5/27/2025 at 2:34PM V2, Director of Nursing (DON) stated R2 does not have a program to self-administer medication.</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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy Medication Administration Policy dated last revised 1/2015 documents licensed nurse (Registered Nurse (RN), Licensed Practical Nurse (LPN) may prepare, administer and record administration of medications.		