

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Care on the Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 555 West Carpenter Springfield, IL 62702	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>32874</p> <p>Based on interview and record review the facility failed to notify Power of Attorney (POA) of change in condition for 1 of 3 residents (R2) reviewed for change of condition in the sample of 4.</p> <p>Findings include:</p> <p>1. On 10/28/2024 at 10:29 AM, V3, R2's POA (Power of Attorney) stated she was not aware R2 was placed on an antibiotic and being treated for pneumonia until the facility notified her R2 was being sent out to the hospital on 10/24/2024.</p> <p>On 10/28/2024 at 11:00AM V1, Administrator stated R2's POA stated to V1 when she was notified R2 was sent to the hospital, she had not been made aware R2 was placed on an antibiotic for pneumonia. V1 stated V4, Registered Nurse (RN) stated she did not notify the POA of change in R2's condition.</p> <p>R2's chest x-ray report dated 10/21/2024 at 15:13 documents impression: right basilar opacity by one view, correlate clinically for atelectasis, chronic scarring, and/or pneumonia.</p> <p>R2's progress notes dated 10/21/2024 at 21:28 documents Xray services called with positive chest x-ray findings. R2's progress notes documents new order for Doxycycline 100 Milligrams (MG) twice a day (BID) for 10 days. R2's progress notes do not document POA notified of change in condition.</p> <p>On 10/29/2024 at 10:10AM V6, Licensed Practical Nurse (LPN) stated POA/family are to be notified of any change in condition of resident.</p> <p>The facility policy Physician-Family Notification-Change in condition, dated revised 11/2018 documents the purpose is to ensure medical care problems are communicated to authorized designee and family/responsible party in a timely, efficient and effective manner. The policy documents the facility will notify the resident's legal representative or an interested family member when there is a significant change in a resident's physical, mental, or psychosocial status (i.e., a deterioration in health condition or clinical complications); a need to alter treatment significantly.</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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