

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  04/22/2026
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)
F 0684  Level of Harm - Actual harm  Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the Facility failed to coordinate treatment care of a foot wound for 1 of 3 residents (R4) reviewed for wounds in the sample of 7. This failure resulted in a delay of treatment for R4, causing him to need more of his foot amputated due to the infection and lack of timely scheduling of the surgery. Findings include: R4's Physician Order Sheet (POS) for April 2026 documents a diagnosis of infective myositis, left foot; abscess of tendon sheath, left ankle and foot, other acute osteomyelitis, right ankle and foot; methicillin resistant staphylococcus aureus infection as the cause of diseases classified elsewhere; non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis, hereditary and idiopathic neuropathy, chronic obstructive pulmonary disease, unspecified type 2 diabetes mellitus with foot ulcer, acquired absence of right great toe (9/19/2025), abnormal weight loss, hypertension and anemia. R4's POS documents an order for Daptomycin Intravenous solution reconstituted 500 MG (milligrams), use 500 mg intravenously every 24 hours for sustained MRSA (Methicillin-resistant Staphylococcus aureus bacteremia) left foot/left diabetic foot until 4/17/2026, start date for the order was 3/13/2026. R4's Minimum Data Set (MDS) dated [DATE] documents R4 was cognitively intact for decision making of activities of daily living. R4 has no impairment and uses a walker and wheelchair. R4 needs supervision or touching assistance by staff for most ADL's (Activities of daily living). R4's Care Plan documents, Enhanced barrier precautions r/t (related to) chronic wounds/infection dated 3/11/2026; 3/18/2026 I am at risk for skin impairments r/t (related to) diabetes, impaired mobility. I have noted to remove my dressing and to unplug the wound vac and not let staff know that it needs plugged in. I was admitted with the following: stage 3 left plantar foot stage 4 right plantar foot right toes surgical. R4's Physician Order Sheet document R4 was admitted to the facility on [DATE]. R4's Wound Notes dated 2/10/2026 documents R4's left plantar foot wound was .80 x 1.00 x 0.10 (L) x width (W) x depth (D); the area was .80 cm <sup>2</sup> and the volume was .08 cm <sup>3</sup> . R4's Wound Note dated 2/26/2026 document R4's left plantar foot wound was getting larger and the measurements were 2.60 x 2.80 x 0.10 (L x W x D); area 7.28, and volume 0.73. R4's Wound Notes dated 3/31/2026 document R4's left plantar foot wound dated 3/31/2026 document the wound was advancing, and the measurement were 4/10 x 3.50 x unknown (L x W x D); area 14.35 cm <sup>2</sup> , volume is unknown. Exudate is present with serosanguinous, and the bone is now visible with the naked eye. R4's Wound Notes dated 4/7/2026 document R4's left plantar foot wound continues to increase in size and is documented 4.20 x 4.0 x unknown (L x W x D); Area 16.80 cm and volume unknown. The bone is still visible. On 4/7/2026 at 9:55 AM, V1, Administrator stated she was not aware of any issues with scheduling or conflicts for (R4's) surgery. She had not received any phone calls and/or messages related to him needing surgery and was not aware of any delays of treatment. On 4/7/2026 at 10:04 AM, V3, Assistant Director of Nursing (ADON) stated, There was an issue where the doctor needed a signature for surgery for (R4) which we were able to get the next day. I am not aware of any other issues with (R4) needing surgery and I am not aware of any delays, and I did not get any phone calls from the foot doctor. On 4/10/2026 at 4:30 PM, R4's left foot, has a red streak going across his foot from his large, big toe to the middle of his arch. R4 has a large area on the bottom of his foot (continued on next page)

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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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>exposing the bone, there is no drainage or smell. The bone is visible because of the hole. The area was measured by V19, Licensed Practical Nurse and measured .30 centimeters x 6 cm. The area is larger than a fifty-cent piece. On 4/10/2026 at 4:40 PM, V19 stated, (R4) has been having issues with this area on his foot for at least a year. (R4) is having surgery and they are going to amputate part of his toe/foot. I do not remember seeing the bone a year ago. (R4) is easily confused and very forgetful. I am not aware of any issues with (R4) needing scheduled for surgery and any delays. It is a bad wound, and you can see the bone with your eye. We do not have a wound nurse. We have been without one for about a month now. I think they are hiring a new one though. On 4/14/2026 at 11:15 AM, V2, Director of Nursing (DON) stated, I was just out on the floor passing out medications. I just started working here on 1/19/2026 so it has been for about 3 months. I am not aware of any issues with (R4) needing an appointment for surgery and having any issues and/or delays in getting the surgery set up. R4's Progress Notes dated 4/7/2026 at 12:00 AM, Scheduled for surgery on April 14 at (Hospital), likely a first day amputation of right foot by (V16), Podiatrist. Patient has had multiple foot surgeries previously. Post operative plans include partial weight bearing in a shoe for four weeks and dressing to remain until first postoperative appointment. On 4/16/2026 at 4:04 PM, V16, Doctor of Podiatry Medicine (DPM) stated, On 3/24/2026 (R4) was seen at my wound clinic. (R4) has been having issues for a while, and he has had multiple surgeries. I called the DON's number and let her know things are not progressing well and (R4) needs surgery. (R4)'s wound was increasing in size, and the bone is now visible which is never a good thing, and he needed surgery STAT (right away). I faxed the orders over to the facility, but nobody calls me back, nobody schedules (R4)'s surgery. I called the facility over six times because (R4)'s bone is hanging out and on top of that he has osteomyelitis and he needs surgery to prevent this guy from losing more of his foot or worse yet, him developing sepsis and dying. Nobody is calling me back. Staff from my office were calling as well. I called, I would leave a message, and no staff member ever returned my message. On 3/31/2026 we had everything finalized with insurance and I am trying to get (R4) set up for surgery, so the infection does not spread. Finally, the ADON (Assistant Director of Nursing) calls me, and I am really getting worried for (R4). To me this is neglect. This should have been set up much earlier. They should have seen his bone sticking out and put this as a priority. (R4) was either going to lose more of his foot or potentially get sepsis and die. The facility was not acting and did not seem to care about what would happen to (R4). I realize the (Facility) is busy, but I was really hoping for a better outcome. I did do the surgery on (R4), and I did have to remove more of the foot because the infection had spread. I do believe that if the surgery had been done earlier, I could have saved more of his foot. Again, it puts the resident at risk for more infection and if he gets septic he could easily die. If the surgery had been performed at the end of March, beginning of April, I believe we would have had a better outcome. No staff or management ever told me (R4) was missing his antibiotics, and that is never good, and it just contributes to everything going on with (R4)'s foot. (R4) had issues with his foot and he needed surgery and because of the delay we had to amputate more of the foot due to the infection, and I believe he would have a better outcome if the facility had coordinated care and scheduled his surgery earlier and returned my calls. I called and talked to a nurse, and multiple receptionists, there was no Wound Nurse so everything was falling through the cracks because nobody was reaching out to me and nobody was making sure (R4) got his surgery. On 4/17/2026 at 9:57 AM, V22, CNA (Certified Nursing Assistant)/Receptionist stated, I remember several weeks ago I was working the phones, and I got a call from the Podiatrist who was upset because he was trying to schedule a surgery for (R4). The old (DON) told him in the future to talk with her and he was calling, and I would put the calls through, but she was not answering him. He was upset because nobody was returning his calls, and he had left several messages. I remember him telling me if he could not get ahold of the administrator or the DON then he would call Public Health. He said he had called numerous times, and I know I did talk with him three times that day with the phone going back and forth. On 4/21/2026 at 2:54 PM, V3, ADON stated, I found out later after I talked to you, that (R4) was having issues with getting his (continued on next page)</p>		

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