

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145371	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/20/2024
NAME OF PROVIDER OR SUPPLIER  Arcadia Care Bloomington		STREET ADDRESS, CITY, STATE, ZIP CODE  1509 North Calhoun Street Bloomington, IL 61701	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>38780</p> <p>Based on interview and record review, the facility failed to protect a residents right to be free from verbal abuse by a staff member. This failure affects one (R2) of four residents reviewed for abuse in the sample of six.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention and Reporting Policy dated 8/2023 documents the facility affirms the right of its residents to be free from abuse or mistreatment by staff. Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: harassing, mocking, insulting, ridiculing, threatening, and yelling or hovering over a resident with an intent to intimidate.</p> <p>The Abuse Investigation Report dated 8/1/24 documents on 7/27/24 during dinner, R2 asked V3 Dietary Aide if R2 could have something else to eat. V3 told R2 V3 did not make the food and ignored R2. The report further documents V3 said to R2 stop looking at me you fat ugly b**** (expletive).</p> <p>V6 Receptionist, Abuse Allegation Staff Interview Statement dated 7/27/24 documents the following: V3 Dietary Aide was walking past R2, R5, and a guest (V16 R5's Family Member), V6 heard V3 say, stop looking at me you ugly b**** (expletive) and V3 exited the front door.</p> <p>R2's Face Sheet dated 8/20/24 documents R2 has the following diagnoses: Type 1 Diabetes Mellitus, Generalized Anxiety Disorder, and Morbid Obesity.</p> <p>R2's Comprehensive Assessment (MDS) current documents R2 is cognitively intact.</p> <p>On 8/20/24 at 9:22am, R2 stated on 7/27/24 R2 was in the dining hall for dinner and asked V3 if R2 could have something else to eat. R2 stated V3 told me I didn't deserve it and ignored R2 at that time. R2 stated, awhile later I was sitting near the front door and [V3] walked past me and called me a 'b**** (expletive).'</p> <p>R2's Abuse Allegation Resident Interview dated 7/27/24 confirms R2's statements.</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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NAME OF PROVIDER OR SUPPLIER  Arcadia Care Bloomington		STREET ADDRESS, CITY, STATE, ZIP CODE  1509 North Calhoun Street Bloomington, IL 61701	
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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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/20/24 at 10:02am, R5 stated on the day of the incident between R2 and V3, [V3] said 'stop looking at me you fat ugly b**** (expletive)' and slammed out the front door. R5 stated this was out in the lobby area. R5 stated V3 directed this comment towards R2. R5's Abuse Allegation Resident Interview dated 7/29/24 confirms R5's statements.</p> <p>On 8/20/24 at 11:05am, V16 R5's Family Member stated V16 was present on the day of the incident (7/27/24). V16 stated V3 walked past R2, R5, and V16 and yelled 'stop looking at me you ugly b**** (expletive).' V16 stated V3 yelled this at R2 and then walked out of the facility.</p> <p>On 8/20/24 at 11:32am, V4 Dietary Manager confirmed on 7/27/24 the incident between V3 and R2 was reported to V4 by V6 Receptionist immediately. V4 stated V4 was not in the facility at the time of the incident but came to the facility. V4 stated V4 was advised that R2 apparently did not want what was being served for dinner and voiced this to V3. V4 stated other dietary staff advised V4 that V3 had disappeared for a little bit and came back and collected V3's belongings. V4 stated V4 was told by V6 that on V3's way out the front door, V3 said, 'stop looking at me you ugly b****(expletive).' V4 stated per V6's statement, this was said in front of R2, R5, V6, and V16. V4 stated V4 contacted V3 and advised V3 that V3 was not allowed back at the facility and was suspended pending investigation. V4 stated V3 resigned the next day. V4 stated V4 reported this incident to V15 (Administrator at that time) due to this incident being verbally abusive.</p>		