

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 12/14/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50430</p> <p>Based on interview, and record review the facility failed to notify a resident of discharge from facility for one (R2) of one resident in a sample list of four residents reviewed for Facility Discharges.</p> <p>Findings include:</p> <p>The facilities Notice of Transfer and Discharge Policy revised 10/2022 documents prior to discharge the facility will notify the resident of the discharge and the reasons for discharge in writing. The notice of discharge will be made at least 30 days before the resident is transferred or discharged . The facilities undated Resident rights Policy documents before a facility discharges you they must prepare you to be sure your discharge is safe and appropriate.</p> <p>R2's Admission Record dated 12/14/24 documents R2 was admitted to the facility 3/8/24 and discharged [DATE].</p> <p>R2's Physician orders dated 11/27/24 at 3:52 PM, documents R2 no longer needs nursing home care or services. Give medications and explain how to take them. The same order documents V9 Medical Director will no longer follow R2, and he can have emergency care for thirty days.</p> <p>On 12/13/24 at 9:30 AM, V3 Social services stated on 11/27/24 V1 Administrator and V3 contacted corporate team for guidance and their corporate compliance suggested discharging R2 from facility. V3 stated V9 Medical Director was making rounds at the facility on 11/27/24 and wrote orders for R2 to discharge due to not having a medical need to be here. V3 stated we called the homeless shelter to see if they had an available bed. V3 stated a staff member drove R2 to homeless shelter with his medications and belongings and dropped him off on 11/27/24.</p> <p>On 12/13/24 at 10:17 AM, V1 stated V9 was at facility and wrote orders for R2 to discharge, we had found placement for R2 at a homeless shelter. V1 stated R2 had no needs to be here. V1 stated prior to 11/27 we had no complaints regarding R2 being inappropriate with any other residents or staff. V1 stated she does not have written notice for R2's discharge on 11/27/24.</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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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/13/24 at 12:30PM, V7 Family Member stated on 11/27 V3 called V7 and asked if R2 could come stay with her. V7 stated she lives out of state and has children and was unable to come get R2. V7 stated she later received a phone call from R2 that the facility discharged him and took him to a homeless shelter.</p> <p>On 12/13/24 at 12:46 PM, R2 stated on 11/27/24 V1 and V3 came to R2's room talked to him about him pushing R1 around the facility in her wheelchair. R2 stated next thing he knew the facility called the police and V9 came into R2's room and said we can't help you here anymore and V9 told me I would be discharging. R2 stated he was lost when he left, I didn't know what was going on. R2 stated V3 told me I was going to the homeless shelter. R2 stated R2 didn't want to be at shelter, and it upset R2 because he felt the facility just threw R2 out with no idea.</p>		