

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 03/25/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>50430</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean environment in the dining room for 13 of 18 residents (R1, R3 and R8-R18) reviewed for a homelike environment on the sample list of 18.</p> <p>Findings include:</p> <p>The Facility's Resident Council Minutes dated 3/12/24, document one unknown resident complained that she does not think her room is being mopped or swept daily.</p> <p>On 3/24/25 at 11:38 AM, the garbage can in the small dining room on the 300 hall contained a dirty adult brief, and staff items such as a drinking cup and back pack were on the dining room table.</p> <p>On 3/24/24 at 11:36 AM, V4 Certified Nursing Assistant (CNA) stated they normally take the residents (300 Hall Residents) to the small dining room to eat, but it hasn't been cleaned because housekeeping is short on staff, so the residents are eating in their rooms. V4 further stated the 300 hall normally has a housekeeper clean once a week due to lack of housekeeping staff.</p> <p>On 3/24/25 at 1:25 PM, V9 Certified Nursing assistant stated the residents can only use the small dining room (300 Hall) maybe once a week because they never have staff to clean. V9 stated they have to ask housekeeping to clean it or it does not get done.</p> <p>On 3/25/25 at 8:54 AM, V17 Maintenance/ Housekeeping Director stated he has two house keepers that have been employed at the facility long term and two new employees that are in orientation. V17 stated the facility has been short staffed in housekeeping, and they are trying to hire more staff. V17 stated he is aware that the facility is not being cleaned appropriately.</p> <p>The Resident Roster dated 3/25/25 documents R1, R3, and R8-R18 reside on the 300 hall of the facility.</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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