STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145371	A. Building B. Wing	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Bloomington	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure linens and windowsills were clean and free from cobwebs and dirt for one of four residents (R5) reviewed for housekeeping on the sample list of six. Findings Include: R5's Quarterly Minimum Data Set assessment dated [DATE] documents R5 was admitted to the facility on [DATE] with diagnoses of Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation and Essential (Primary) Hypertension. This assessment documents R5 as cognitively intact. On 10/14/25 at 10:30 AM, dusty hanging cobwebs holding insects were accumulated all along the windowsill next to R5's bed. R5 was lying in bed watching television. Particles of dirt were on the top of the linens on R5's bed. On 10/14/2025 at 1:54 PM, V11 Housekeeping Supervisor walked into R5's room. V11confirmed the presence of the dusty hanging cobwebs holding insects that had accumulated all along the windowsill next to R5's bed. V11 stated R5's room needed to be cleaned better, and the staff needed to ensure all areas are cleaned. On 10/15/25 at 1:30 PM, V1 Administrator stated that the housekeepers are to clean the residents' rooms daily. V1 stated the cleanliness of the facility has been an issue. V1 then provided a form titled, Environmental Cleaning Procedure and stated that the facility utilizes these guidelines in regard to cleaning procedures. The facility's Undated Environmental Cleaning Procedures documents resident rooms will be visually inspected and cleaned daily ensuring resident linens and window areas are clean.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145371	A. Building B. Wing	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Bloomington	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145371	A. Building B. Wing	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Bloomington	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to implement appropriate accident and fall prevention interventions to prevent accidental removal of a feeding tube and falls for one of three residents (R1) reviewed for accidents on the sample list of six. These failures resulted in R1 pulling R1's feeding tube out requiring hospital reinsertion of the feeding tube and R1 falling and suffering a laceration above the left eyebrow requiring three sutures. Findings Include: The facility's Fall Prevention Program dated October 2024 documents the program's purpose is to assure the safety of all residents in the facility and is to include measures which determine the individual needs of each resident by assessing the risk of falls, implementing appropriate interventions to provide necessary supervision, and using assistive devices as necessary. A Fall Risk Assessment should be performed at least quarterly and with each significant change in mental or functional condition and after any fall incident. Safety interventions should be implemented for each resident identified at risk. R1's Care Plan dated July 2025 documents R1 admitted to the facility on [DATE] and discharged on 8/3/25. The same care plan documents admission diagnoses of Cerebral Infarction, Encephalopathy, Diabetes Mellitus, Chronic Embolism and Thrombosis, Seizures, Alcohol Abuse, and Stimulant Abuse. R1's Hospital Patient Discharge Plan Dated 7/31/2025 at 10:25am documents R1 was prescribed anti-coagulant and anti-platelet medications at discharge to continue at the facility. R1's Hospital Patient Discharge Plan Dated 7/31/2025 at 10:25am uploaded to the medical record documents in handwriting report that R1 is oriented to person only, does not follow directions, has a bed alarm and sitter and gets up alone. R1's Hospital Patient Discharge Plan Dated 7/31/2025 at 10:25am documents a Progress Note from V12 Hospital Physician dated 7/30/25 at 7:29pm stating R1 is encephalopathic and cannot follow commands. The same Progress Note documents R1 is status post gastrostomy tube (g-tube) insertion on 07/16/25.R1's Fall Care Plan initiated 7/31/25 documents R1 is at risk for falls and documents the following interventions dated 7/31/25: Anticipate and meet the resident's needs; Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed; Encourage the resident to participate in activities that promote exercise, physical activity for strengthening and improved mobility; Ensure the resident is wearing appropriate footwear; Physical Therapy evaluate and treat as ordered or as needed; and Review information on past falls and attempt to determine cause of falls. Alter/remove any potential causes if possible. Educate resident/family/caregivers/interdisciplinary team as to causes as needed. R1's Care Plan dated 8/1/25 documents a Focus Area that R1 exhibits impulsive behaviors with resultant medical concerns (falls, removing medical equipment). The same Care Plan documents the interventions as administer medications as ordered, date initiated 8/01/2025 and Room by Nurse's station, date initiated 8/01/2025 with no other interventions noted. V13, Social Service Director, Progress Note dated 7/31/2025 at 8:14am documents that R1's behaviors result in medical concerns such as falls and pulling out medical equipment. The same note does not contain any documented interventions. V6's Licensed Practical Nurse (LPN) Progress Note dated 7/31/2025 at 5:32pm documents R1 admitted to the facility with in the last three hours. R1 has been restless pulling on tube feeding and urinary catheter and climbing out of bed nonstop. Hard to redirect. Alert with confusion. Unable to verbally communicate needs. Family at bedside at this time. R1 continues to attempt to climb out of the bed. The Note documents a call was placed to psychiatric services with a condition report. V6's Licensed Practical Nurse (LPN) Progress Note dated 7/31/2025 at 7:25pm documents R1 sustained a fall on 07/31/2025 at 7:25 PM. The Note documents the incident occurred in the resident's room. Resident is alert and disoriented per usual baseline. No changes in range of motion from normal baseline. No new intervention is documented in the note to prevent falls. V6's Licensed Practical Nurse (LPN) Progress Note dated 7/31/2025 at 7:25pm documents V6 went to check on R1 when it was observed that the gastronomy tube (g-tube) was displaced and hanging on the floor. R1 stated R1 doesn't know what happened. The same note continues V6 called Director of Nursing (DON) for assistance, stated to send R1 to the emergency room (ER) to replace tube. 911 was called for transport. No new intervention is documented in the note after this accident. V2's Director of Nursing (DON) Progress Note dated 8/1/2025 at 10:30am documents the Interdisciplinary Team (IDT) met to discuss incident. R1 had an unwitnessed fall in his bedroom. R1 has been restless and attempting to get up out of bed. Resident was noted sitting on the floor and had removed his g-tube. Resident was assessed by unit nurse no injury noted. Sent to ER to have g-tube replaced. Returned to the facility the same evening. Root cause - self transferred