

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 03/23/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to have fall precautions in place for four of five (R4, R8, R10 and R11) residents reviewed for accidents in a sample of 24. Findings include: 1. On 3/9/2026 at 11:30 AM R4 was lying crosswise on her bed, R4 was unable to rise from her bed, and the call light was not within her reach. R4's Minimum Data Set (MDS), dated [DATE], documents R4's cognition is moderately impaired. R4's current Care Plan, documents diagnoses of Hallucinations, unspecified and Alcohol dependence with alcohol-induced persisting Dementia. It also documents an intervention on 5/1/2025 of Be sure the resident's call light is within reach and encourage the resident to use it. 2. On 3/10/2026 at 10:30 AM, R8 was lying in bed, and his call light was not in reach. R8's MDS, dated [DATE], documents R8 is rarely or never understood. R8's Care Plan, documents diagnoses of Other Seizures and Dementia in other diseases classified elsewhere, unspecified severity with other behavioral disturbance. It also documents an intervention, dated 10/06/2020, of Be sure (R8's) call light is within reach and encourage him to use it for assistance as needed. 3. On 3/10/2026 at 2:00PM, R10 was lying in bed, and her call light was between the wall and the bed and was out of her reach. R10's MDS dated [DATE], documents R10 is rarely/never understood. R10's Care Plan, documents a diagnosis of Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbances. R10's Care Plan, dated 09/22/2025, documents, Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. 4. On 3/9/2026 at 10:00 AM, there were no grip strips on the floor in R11's bathroom nor in the shower room for R11. R11 stated that R11 has fallen trying to transfer himself. R11's MDS dated [DATE] documents R11's cognition is intact. R11's current Care Plan, documents diagnoses of Cerebral Infarction, unspecified and Hemiplegia and Hemiparesis following unspecified Cerebrovascular Disease unspecified side and interventions of, Apply grip strips to bathroom. Date Initiated: 07/25/2025. It continues, Apply grip strips to shower room. Date Initiated: 02/16/2026. On 3/11/2026 at 1:30 PM, V11, Certified Nurse Assistant (CNA), stated that fall precautions are found in the resident's charts and call lights should be within the resident's reach. On 3/11/2026 at 2:00 PM, V12, CNA, stated that he would just ask the nurses about residents' fall precautions and that the residents should all have their call lights within reach. On 3/11/2026 at 2:15PM, V13, CNA, stated that residents should have their call lights within reach and that their fall precautions would be found in their medical record. On 3/19/2026 at 10:30 AM, V2, Director of Nurses, stated that she would expect all fall interventions to be in place. The facility's policy, Fall Prevention Program, dated 01/2026, documents, Safety interventions will be implemented for each resident identified at risk. The admitting nurse and assigned CNA are responsible for initiating safety precautions at the time of admission. All assigned nursing personnel are responsible for ensuring ongoing precautions are put in place and consistently maintained.</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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