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	05/07/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on observation, interview and record review the facility failed to notify the physician of a change of condition for one (R11) of three residents reviewed for injury on the sample list of 16. Findings include:Review of R11's Care Plan dated 08/27/2025 documents an admission date of 08/26/2025. The same Care Plan documents diagnoses of Type 2 Diabetes Mellitus Without Complications, End Stage Renal Disease, Essential (Primary) Hypertension, Chronic Embolism And Thrombosis of Deep Veins of Lower Extremity, Cellulitis, Acquired Absence of Right Foot, Acquired Absence of Left Foot, Osteomyelitis, Mixed Conductive And Sensorineural Hearing Loss, Bilateral, Insomnia, and Peripheral Vascular Disease. The same Care Plan documents R11 requires assistance of one to two staff members for ambulation and ADL (Activity of Daily Living) care.On 4/24/26 at 09:30am R11 was laying in the bed with an undated/signed dressing applied to the right lower leg. On 4/24/26 at 10:17am V17, License Practical Nurse (LPN) confirmed R11's right lower leg was wrapped with a dressing that did not contain a date or time or signature of person applying the dressing. V17 confirmed there are no physician orders in the medical record to apply a dressing. V17 confirmed the medical record did not contain a progress note notifying the physician of any injury. On 4/24/26 at 11:52am V18, LPN, stated on 4/20/26 a certified nursing assistant notified her that R11 was bleeding from the right lower leg. V18 stated V18 applied a dressing, notified the wound nurse, and sent R11 to dialysis. V18 confirmed V18 did not notify the physician of the injury. On 5/4/26 at 12:35pm V3, Assistant Director of Nursing, confirmed there is no progress note in the medical record notifying the physician of the injury. V3 stated the nurses are expected to notify the physician when there is any change in condition of the resident including an injury. V3 stated nurses are expected to get a wound dressing order from the physician at the time of call. The Physician-Family Notification- Change in Condition policy dated 12/2025 documents Purpose: To ensure that medical care problems are communicated to the attending physician or authorized designee and family/responsible party in a timely, efficient, and effective manner.Responsibility: Licensed Nursing Personnel. Guidelines: The facility will inform the resident; consult with the resident's physician or authorized designee such as Nurse Practitioner; and if known, notify the resident's legal representative or an interested family memberwhen there is: A. An accident involving the resident which results in injury and has the potential for requiringphysician intervention.

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	05/07/2026

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to protect the residents' right to be free from physical abuse by another resident for two of two residents (R4, R5) reviewed for abuse in the sample list of five residents.Findings include:R5's Current Medical Record documents R5 has diagnoses of anxiety disorder, substance abuse disorder, major depressive disorder, oxygen dependence, frontal lobe and executive function deficit, anoxic brain injury, and traumatic brain injury.The Minimum Data Set, dated [DATE] documents R5 has moderate cognitive impairment.R4's Current Medical Record documents R4 has diagnoses of mood and bipolar disorder.The Minimum Data Set, dated [DATE] documents R4 has intact cognition.The Final Abuse Investigation dated 4/6/26 documents on 3/29/26 staff reported a resident to resident physical altercation between R4 and R5. The Investigation documents while a nurse was administering medications R5 got upset and angry with the nurse and was yelling and cursing and R4 tried to intervene.The Progress Note dated 3/29/26 at 9:17 PM documents (R5) involved in physical altercation with another resident (R4). (R5) upset over medication administration times. (Hall Number) nurse attempted to educate resident on importance of physician orders and scheduled times for medication administration. (R5) became increasingly agitated towards nurse and started getting verbally upset towards nurse. Another resident (R4) stepped in to intervene. The two residents started a physical altercation. Non-emergency police notified and upon arrival, (R5) had previous traffic warrant from (county name). (R5) was detained and taken to (county name) jail.On 4/25/2026 at 9:30 AM, R4 stated there was a physical altercation between R4 and R5. R4 was unable to recall the date. R4 stated R4 thought the nurse was being yelled at by R5 and R4 tried to intervene which upset R5. R4 stated R5 then hit R4. R4 stated R4 hit R5 back and R4 and R5 began hitting each other. R4 stated R4 hit R5 with a wet floor sign.On 4/25/2026 at 9:40 AM, R5 stated there was a physical altercation between R5 and R4. R5 was unable to recall the date. R5 stated R4 was being nosy so R5 became angry and R5 hit R4 and R4 hit R5 back and R4 and R5 began hitting each other. R5 stated R4 hit R5 with a wet floor sign. On 4/25/2026 at 12:35 PM, V1 (Administrator) stated R5 was arrested for outstanding warrants after the altercation was reported to the local police. V1 stated R5 was taken to jail overnight.

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	05/07/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to obtain then follow a physicians order for an injury for one (R11) of three reviewed for injuries in the sample list of 16. Review of R11's Care Plan dated 08/27/2025 documents an admission date of 08/26/2025. The same Care Plan documents diagnoses of Type 2 Diabetes Mellitus Without Complications, End Stage Renal Disease, Essential (Primary) Hypertension, Chronic Embolism And Thrombosis of Deep Veins of Lower Extremity, Cellulitis, Acquired Absence of Right Foot, Acquired Absence of Left Foot, Osteomyelitis, Mixed Conductive And Sensorineural Hearing Loss, Bilateral, Insomnia, and Peripheral Vascular Disease. The same Care Plan documents R11 requires assistance of one to two staff members for ambulation and ADL care.On 4/24/26 at 09:30am R11 was laying in the bed with an undated/signed dressing applied to the right lower leg.On 4/24/26 at 09:30am R11 stated on an unknown date R11 was bleeding and a nurse applied a dressing to the wound. R11 stated the nurses are supposed to be changing the daily but no nurse has changed the dressing.On 4/24/26 at 10:17am V17, License Practical Nurse (LPN) confirmed R11's right lower leg was wrapped with a wound dressing that did not contain a date or time or signature of person applying the dressing. V17 confirmed there are no physician orders for wound treatment in the medical record to apply a dressing.On 4/24/26 at 10:19am V6, LPN, confirmed there is no physician order in the medical record for a wound treatment to the right lower leg.On 4/24/26 at 11:52am V18, LPN, stated on 4/20/26 a certified nursing assistant notified her that R11 was bleeding from the right lower leg. V18 stated V18 applied a dressing, notified the wound nurse, and sent R11 to dialysis. V18 confirmed V18 did not notify the physician of the injury.On 4/27/26 at 10:45am V6, LPN, confirmed R11 sees the wound clinic weekly and on 4/23/26 R11 had been to the wound clinic. V6 reviewed wound clinic after visit summary and confirmed there is a physician ordered wound care treatment: Right anterior leg. cleanse with wound cleanser, apply collagen then adaptic. Cover with ABD and wrap with kerlix. Fasten with paper tape. On 4/27/26 V19, Registered Nurse (RN), stated the wound clinic faxes the after visit summary (AVS) including any physician orders to the facility. V19 stated on 4/23/26 at 4:52pm V19 faxed the AVS to the facility with the following statement on the cover sheet. Please see attached NEW wound care orders. Progress Note will be sent when completed. Call [PHONE NUMBER] with questions.On 5/4/26 at 12:35pm V3, Assistant Director of Nursing, confirmed there is no progress note in the medical record notifying the physician of the injury. V3 stated the nurses are expected to notify the physician when there is any change in condition of the resident including an injury. V3 stated nurses are expected to get a wound dressing order from the physician at the time of call. V3 stated the nurses are expected to review the after visit summary for any new physician orders and/or a change in treatment.On 4/27/26 Review of R11's after visit summary (AVS) dated 04/23/26 documents a new wound to the right lower leg. The same AVS documents a new physician order for wound treatment on page 4 of 9 for the right anterior lower leg.On 5/4/26 Record review of April 2026 Treatment Administration Record documents there was no treatment entered or completed from 4/23/26 thru 4/28/26.Review of Physician Orders-Entering and Processing policy dated 12/2025 documents under section Guidelines: 5. Following a physician visit, a licensed nurse will check for any orders that require confirmation under Clinical>orders>pending orders. The orders will be confirmed by the nurse and the instructions for the order will be completed.

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	05/07/2026

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow facility transportation policy resulting in transportation staff failing to properly secure a resident's wheelchair prior to driving, resulting in the wheelchair tipping backward and falling to the floor when the van accelerated from a traffic light due to being improperly secured in the wheelchair securement system. Additionally, staff failed to respond to a resident's request for medical attention and did not summon emergency medical services following the incident. These failures affect one of four residents (R12) reviewed for accidents in the sample list of 16. These failures resulted in R12 experiencing severe pain and sustaining a compression fracture requiring hospitalization after R12 fell to the van floor in the wheelchair. Findings include:The Immediate Jeopardy began on 3/30/26 when the facility failed to secure R12's wheelchair in the facility van before driving and R12 tipped backward in the wheelchair and fell to the floor. V1 Administrator was notified of the Immediate Jeopardy on 5/4/26 at 1:23 PM. The surveyor confirmed by observation, interview and record review that the Immediate Jeopardy was removed on 4/29/26, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training and implementation of protocols. R12's Care Plan dated 4/16/2025 documents an admission date of 04/15/2025. The Care Plan documents R12's diagnoses as Fusion Of Spine, Thoracic Region, Type 2 Diabetes Mellitus Without Complications, Sleep Apnea, Migraine, Essential (Primary) Hypertension, Major Depressive Disorder, Recurrent, Anxiety Disorder, Anemia, Chronic Postprocedural Pain, Muscle Spasm, Thrombocytosis, Nicotine Dependence, Seasonal Allergic Rhinitis. The Care Plan further documents R12 has Weakness, and Impaired Mobility and R12 uses a wheelchair for mobility and requires one to two staff members assistance to complete Activities of Daily Living. The Minimum Data Set, dated [DATE] documents R12 as cognitively intact.On 4/26/26 at 09:00 AM V1, Administrator provided an Investigation Report dated 4/1/26 for R12's change of plane on 3/30/26. The Investigation Report documents R12 is alert and oriented, that R12 needs staff assistance with activities of daily living and transfers, that R12 is unable to ambulate, and R12's mode of locomotion is manual wheelchair.The same report documents this Summary of events/situation:- On 4/1/26, R12, [AGE] year old female was being transported to appointment by facility when resident had a change of plane. Resident was sent to ER for evaluation. Resident was admitted to hospital for further work up and pain management. Hospital records documented possible new compression fracture at T12 upon return to facility. Upon investigation which included clinical records, assessments, and interview of staff it was determined that the resident is an assist of two for transfers. The resident was being transported to an appointment via facility vehicle. Resident has a follow up with neurosurgeon scheduled 4/27/26. The resident returned to our care on 4/1/2026. Her pain is controlled with current interventions in place. Care plan has been reviewed and updated.Investigation findings were reviewed with MD. This serves as the final report.The same investigation dated 4/1/26 at 12:54pm documents R12's, witness statement dated 4/1/26 as Resident stated that while she was being transported to (City Name) for an appointment the wheelchair straps in the van became loose causing her to tip in the wheelchair.R12's Emergency Department (ED) physician notes dated 3/30/26 at 1:52pm document a Chief Complaint: Patient fell backwards out of wheelchair in transport van and hit head. Patient complained of pain to neck and back pain shooting down right leg. The same document stated R12 was tearful during exam.On 04/27/2026 at 2:00 PM, R12 stated that on 03/30/2026 she was waiting to be transported to an appointment with her neurologist in (City State). R12 reported that V4 (Transport Driver) was running late and appeared to be in a rush. R12 stated that V4 buckled her seatbelt but did not secure her wheelchair with the four required anchor straps. R12 reported she did not realize the wheelchair was not anchored because she was wearing the seatbelt and assumed the wheelchair had been properly (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	05/07/2026

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	secured. R12 stated that while traveling in (City), the transport vehicle stopped at a red light. When the light turned green, V4 accelerated, causing her unsecured wheelchair to tip backward onto the floor of the vehicle. R12 reported hitting her head and neck and experiencing extreme pain. She stated she was crying and repeatedly asked V4 to call 911. R12 reported that V4 told her they were close to the neurologist's office and asked her to please let me just take you to your appointment. R12 stated that V4 pulled her by the arm and the wheelchair back upright from the floor and then continued driving to the appointment. R12 reported that she immediately called V15 (Receptionist) and V3 (Assistant Director of Nursing) to report what had occurred. Upon arrival at the neurology office, R12 informed the receptionist of the incident, and her neurologist was notified. EMS (Emergency Medical Services) was dispatched, and R12 was placed in a neck brace and transported to Local Hospital Emergency Department. On 04/27/2026 at 2:00 PM, V4, Transport Driver, stated V4 was transporting R12 to a physician's appointment in (City) on 3/30/26. V4 stated V4 accelerated from a traffic control light and heard R12 yell out, V4 stated V4 looked in the rearview mirror and R12 was tipped over backwards in the wheelchair laying in the van floor. V4 stated V4 forgot to attach the wheelchair anchoring straps to the wheelchair when V4 loaded R12 into the van. V4 then stated V4 accelerated to the shoulder of the road from the center lane of the roadway, then pulled R12 up to a sitting position by one of R12's hand/arm while pushing the wheelchair back into the correct seated position with the other hand. V4 confirmed R12 was complaining of pain and requested emergency medical services. V4 stated the van was just blocks from the physician appointment/office, so V4 elected to drive the van to the appointment.On 04/27/2026 at 2:30 PM V1, Administrator, provided V4's employee file. V1 confirmed V4 had not attached the wheelchair securement device in the van to R12's wheelchair. V1 confirmed V4 should have contacted emergency medical services for R12 at R12's request.On 4/28/26 at 09:35 V15, receptionist, stated that R12 will not allow V4, driver, to transport R12 to appointments due to fear V4 will not secure R12 correctly in the van. V15 stated V15 contacts an outside company to take R12 to the physician appointments R12 may have. On 04/28/2026 at 10:00am V1, Administrator, stated on 3/30/26 that V4, Driver, did not follow the transportation policy. V1 stated V4 should have called emergency medical services upon the incident. V1 stated V4 should not have lifted R12 back up into the wheelchair.On 05/4/26 at 01:19pm V3, Assistant Director of Nursing, stated V4 was transporting R12 to a follow up physician appointment in (City) when R12's wheelchair tipped over in the back of the van. V3 stated V4 should have followed the policy and called emergency medical services right then as soon as the incident occurred. V3 stated R12 told staff V4 did not have the wheelchair secured in the van.On 05/5/2026 at 08:52am V16, Neurologist, stated (on 3/30/26) R12 came inside the office asking for help, telling the office receptionist about the incident in the transport van. V16 stated V16 was alerted to the incident and requested emergency medical services transport R12 to the local emergency room for evaluation. V16 stated R12 had recent cervical and thoracic laminectomy/surgery and that the driver (V4) should have called emergency services from the scene and not moved R12.On 4/28/26 at 11:01am V1, Admin stated the facility does have a transportation policy titled Transportation for Residents; dated 01/2026. The policy documents under the section titled Guidelines: Lines 10, 11 and 12 document the following:10. All transport personnel must be trained on securement procedures, le. safety belts, buckles, straps, wheelchair securement.11. In the event of an accident during transportation staff must Immediately contact the facility Administrator.12. In the event of an accident during transportation and a resident sustains major injuries staff will immediately call emergency services (911).On 4/28/26 at 8:51am V1 provided an undated Transportation driver Job Description that documents: Summary: The Transportation Driver will provide the transportation of patients to and from hospitals, medical offices, dialysis centers and private residences in a safe, secure, and professional manner.Essential Duties: Provides assistance to residents including but not limited to: Boarding and leaving the bus, Assistance with seat belts, Securing wheelchairs and walkers,Hospital emergency room Progress Notes dated 3/30/2026 at 6:14pm document R12 was treated in the emergency room with the following (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	05/07/2026

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	diagnoses-Impression and Plan Back pain- Fall - Intractable pain - Neck pain by V26, emergency room Physician before being admitted to the hospital for further care.Hospital Discharge Orders dated 4/1/26 document V24, Hospitalist/Physician, documented a discharge diagnosis of compression fracture T12 for R12. The same record documents a Progress Note dated 03/30/2026 at 5:49 pm authored by Neurosurgery Physician V25 which states: (R12's) wheelchair was not secured and she (R12) fell back. Neurosurgery has since gotten additional imaging it appears that patient does have an acute compression fracture. She was in pain on arrival. On 4/29/26 at 12:38pm V1, provided (Company Name) installation manual which included user instructions.On 4/29/26 at 1:00pm review of the (Company Name) Use and Care Manual-- Vehicle Anchorages & Accessories For 4-Point Wheelchair Securement Systems dated 2020: Documents on page four the following: Tie-Down Hooks must be attached to a solid wheelchair frame (no spokes, wheels or movable components) at an approximate 45-degree angle with floor. The manual further documents: The (Company Name) 4-Point Wheelchair Securement Systems should not be operated by anyone who does not have full comprehension of how the system works or if the system is not working properly. This (Company Name) 4-Point Wheelchair Securement System and its components MUST be regularly inspected, cleaned and maintained-reference the Maintenance and Care section in this manual. Page 21 documents: The following items should be inspected and serviced by an experienced and trained technician during the scheduled maintenance of the (Company Name) 4-Point Wheelchair Securement System. Always keep belts clean and off the floor by using a storage device such as a (Company Name) wall pouch. We recommend one storage device per wheelchair location. All systems and components MUST be regularly inspected, tightened, cleaned, and maintained.The facility presented an abatement plan to remove the immediacy on 5/4/26. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented a revised abatement plan on 5/5/26, and the survey team accepted the abatement plan on 5/6/26.The Immediate Jeopardy that began on 3/30/26 was removed on 4/29/26 when the facility took the following actions to remove the Immediacy.On 5/6/26 Surveyor was able to confirm onsite that the facility took the following measures to remove the immediacy:On 4/2826 V1, Administrator, conducted in-service education for the proper securing of resident wheelchairs in the transportation van, including the newly developed facility policy, for the three approved transportation drivers and the maintenance director.On 4/28/26 V1, Administrator, utilized (Company Name) training manual for the securement straps and seat belts in the transportation van for each of the three approved transportation drivers and the maintenance director.On 4/28/26 V1, Administrator, conducted return demonstrations for each of the three approved transportation drivers and the maintenance director.On 4/28/26 V1, Administrator, reviewed the facility policy for securement of wheelchairs in the transportation van with drivers.On 4/28/26 V1, Administrator, reviewed the job description for the transportation drivers with each driver.On 4/28/26 V1, Administrator, developed a list of approved transportation drivers.On 4/28/26 V1, Administrator, conducted an Ad-Hoc Quality Assurance Meeting to discuss the Immediate Jeopardy citation, needed training, proficiency checklist, list of approved drivers, review of transportation aide job description, development and corporate approval of facility policy, and abatement plan.On 4/29/26 V20, Maintenance Director, began conducting audits for three residents utilizing the facility van for transport to appointments, R102, R103, and R104.On 4/28/26 V1, Administrator, confirmed each of the three transportation drivers completed proper demonstration for securement technique of an occupied wheelchair into the facility transportation van.

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	05/07/2026

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on Interview and record review the facility failed to employ a full-time Director of Nursing to oversee nursing services, resulting in lack of supervision of nursing staff and inconsistent clinical oversight, which has the potential to affect the health and safety of all 88 residents. Findings include:On 4/23/26 at 09:00AM surveyor requested to interview the Director of Nursing (DON) and was informed by multiple staff members there is no DON at this time. On 5/4/26 at 12:35PM V3, Assistant Director of Nursing (ADON) stated the former DON had been terminated on an unknown date and there is currently no DON.On 4/28/26 V1, Administrator, provided a copy of the Facility Assessment that documents the facility will employee one (1) full time Director of Nurses. The Resident Roster dated April 23, 2026 documents 88 residents reside in the facility.