

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/03/2026
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 0550 Level of Harm - Actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review the facility failed to maintain a resident's privacy and dignity by failing to ensure shower rooms were protected from unauthorized entry during bathing and personal care for two (R84, R52) of two residents and failed to protect a resident's dignity and privacy by failing to cover an indwelling urinary collection bag for one (R39) of one resident reviewed for infection control in the sample list of 47. The facility's failure to protect residents from repeated privacy intrusions during bathing caused emotional distress, fear, embarrassment, and loss of personal privacy. These outcomes constitute actual harm as R84 and R52 experienced negative psychosocial consequences directly related to the facility's deficient practice. Findings Include: On 5/31/2026 at 11:05AM, V1 Administrator stated V1 submitted an initial report on 5/29/26 due to R84 reporting two males were trying to enter the shower room while R84 was taking a shower. V1 stated V1 has not completed a full investigation and submitted a final to the State Agency. On 5/31/2026 at 9:20 AM, R84 was in bed and reported concerns regarding privacy in the shower room. R84 stated that approximately two days earlier, while a resident was preparing to shower in the shower room, two male residents attempted to enter the shower room. Although Certified Nursing Assistants (CNAs) attempted to redirect the residents, R84 stated the situation made R84 feel unsafe and fearful. R84 expressed concern for R84's personal safety and concern that R84 could be sexually assaulted. On 5/31/2026 at 10:01 AM, R86 stated R86 routinely used the shower room as a restroom and was frequently present in the hallway area surrounding the shower room. On 6/1/2026 at 2:45 PM, R70 stated R70 used the shower rooms located on the 100 and 400 halls and reported that residents and staff frequently entered the shower room without knocking while R70 was showering. R70 stated the incidents made R70 feel embarrassed and reported that it occurred regularly. On 6/2/2026 at 9:22 AM, V28 Certified Nursing Assistant was providing a shower to R40 in the 100 Hall shower room when R61 entered the shower room without knocking. At this time, the occupancy indicator was positioned to occupied with a red sign displayed; however, the door remained unlocked. On 6/2/2026 at 9:45 AM, V28 Certified Nursing Assistant stated that residents and staff entered occupied shower rooms all the time without knocking despite the occupancy sign indicating the room was occupied. On 6/2/2026 at 10:15 AM, V14 Certified Nursing Assistant stated that residents and staff routinely entered shower rooms while staff were providing showers. V14 stated there should be a better (continued on next page)		

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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F 0550 Level of Harm - Actual harm Residents Affected - Few	method to prevent residents and staff from entering occupied shower rooms. On 6/2/2026 at 10:20 AM, R52 stated that residents frequently ignored the occupied/vacant sign and entered shower rooms while occupied. R52 reported that residents would bust through the shower room door, invading privacy. R52 further stated that male residents would sometimes wait outside the bathroom area and then enter the shower room. R52 stated these incidents made R52 feel awkward, nervous, scared, and embarrassed. On 6/2/2026 at 11:15 AM, V2 Director of Nursing stated that residents and staff should not enter a shower room when the occupancy indicator was red and displayed as occupied, but there needs to be a better system as there is no lock or keypad on the door. The facility's Dignity Policy, revised August/2026, documented that the facility shall promote care for residents in a manner and environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. The policy further stated that resident privacy would be protected and valued, including requesting permission before entering private spaces and ensuring privacy during care 2. On 05/31/26 at 9:23 AM and 9:57 AM, R39 was sitting in the wheelchair in R39's room. R39's urine drainage collection bag did not have a dignity cover over it and the bag was laying directly on the floor under the wheelchair. On 05/31/26 2:27 PM R39 was sitting in R39's wheelchair in the dining/activity room. R39's indwelling urine drainage collection bag did not have a dignity cover of it and the collection bag was laying directly on the floor under the wheelchair. On 05/31/26 3:30 PM V2, (Director of Nursing) stated urinary drainage collection bags are to be covered for all residents.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to use the services of a Registered Nurse (RN) for at least eight consecutive hours per day. This failure has the potential to affect all 91 residents residing in the facility. Findings Include: The Long-Term Care Facility Application for Medicare and Medicaid dated 5/31/26 documents a facility census of 91 residents. Facility Nursing Staff Daily Schedule Sheets document the facility failed to use the services of a Registered Nurse (RN) for at least eight consecutive hours on 5/4/26 and 5/22/26. On 6/3/26 at 10:14 AM, V2 Director of Nursing confirmed the facility did not have RN coverage on 5/4/26 and 5/22/26. The facility's Facility assessment dated [DATE] documents a Registered Nurse is needed every day in order to provide competent support and care for the facility's resident population.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure expired medications were discarded and not available for use and failed to ensure medications were stored in a manner to prevent potential cross contamination. This failure has the potential to affect all 91 residents residing in the facility. Findings include: The facility's Medication Storage policy dated 10/2015 documents the facility should destroy or return all discontinued, outdate/expired, or deteriorated medications or biologicals. On 6/2/26 at 8:04 AM, V43 License Practical Nurse (LPN) was in the medication storage room. There were three bottles of Oyster Shell Calcium Plus Vitamin D (mineral supplement) 250 milligrams (mg) containing 100 tablets sitting on the shelf. An expiration date of 5/26 was printed on these three bottles of Oyster Shell Calcium Plus Vitamin D. There was also two bottles of Bisacodyl (laxative) 5 mg containing 200 tablets sitting on the shelf. An expiration date of 2/26 was printed on these two bottles of Bisacodyl. At this time there were five bottles of Jevity 1.2 CAL (calorie)- 50.7 Fluid Ounces of tube feeding formula sitting on the self. An expiration date of 5/26 was printed on these five bottles Jevity. Additionally, 50 prefilled 10 milliliters (mL) normal saline flush syringes with an expiration date of 7/25 and multiple Intravenous (IV) start kits with expiration date 4/25 were present in the medication room. On 6/2/26 at 8:20 AM, V2 Director of Nursing (DON) stated expired items are to be removed when found. On 6/2/26 at 8:25 AM, an open box of coffee pods were found in the IV (Intravenous) storage cart with IV tubing and other medical supplies. On 6/3/26 at 1:00 PM V2 DON stated all residents could potentially use the expired medications. The Long-Term Care Facility Application for Medicare and Medicaid dated 5/31/26 documents the facility has a census of 94 residents.		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review the facility failed to protect residents' right to a functional, sanitary, and comfortable environment in the facility. This failure has the potential to affect all 91 residents residing in the facility. Findings Include: The Long-Term Care Facility Application for Medicare and Medicaid dated 5/31/26 documents a facility census of 91 residents. On 5/31/26 at 11:16 AM the facility had multiple areas with scraped paint on the walls and doors, ceiling tiles that show water damage and discoloration, floors that appear dirty and worn, broken tile, missing baseboards and trim throughout the facility, cloudy windows, dirty windowsills, and old discolored sanded wood handrails with no paint or stain. On 6/3/26 at 10:50 AM V1 Administrator confirmed the facility needed a lot of environmental work, both cometic and functional. On 05/31/2026 at 9:15 a.m., the wall behind R1's bed had a hole measuring approximately 10 inches by 12 inches. This hole was in line with R1's bed frame. On 5/31/2026 at 9:25 a.m., all resident doors on the 200 hallway had black scuff marks along the bottom half of the doors, the floors had dark black marks running up and down the hall, and the baseboards were pulled away from the walls. On 6/2/2026 at 11:38 a.m., V19 Maintenance Director stated V19 was not aware of any resident rooms containing holes in the walls. V19 stated V19 uses an (Operations and Building Management Platform) for communication with staff regarding items that need repaired. V19 stated there are no work orders regarding holes in the walls in any residents' rooms. V19 stated V19 would fix the holes in the walls if notified of the issues. On 5/31/26 all of the walls within the facility had paint chip marks and, on the ceiling, there are holes around the sprinkler system. On 05/31/2026 at 8:45 AM, R7's room had a hole measuring approximately 12 inches by 10 inches in the wall approximately one foot above mattress height. On 05/31/2026 at 9:20 AM, in R84 and R94's room there was a hole approximately 10 inches by 10 inches in the wall underneath the air conditioner located underneath the window. R84 stated holes and cleanliness throughout the building have always been a problem and management staff knows because it has been reported.		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to prevent and control the presence of insects within the facility for seven residents (R7, R14, R16, R70, R72, R84, and R94) reviewed for environmental concerns. This deficient practice had the potential to affect all 91 residents residing in the facility by exposing them to unsanitary environmental conditions and nuisance pests within resident living areas. Findings: The facility's Pest Control policy, effective December/2025, documents the purpose of the pest control program was to prevent or control insects and rodents from spreading disease. The policy further documents the pest control program would be conducted on a regular and as-needed basis, employees were instructed to promptly report observations of pests to their department heads, and the facility was to be maintained in a condition that prevented the harborage or feeding of insects and rodents. This document also states the department would be periodically inspected and serviced by a pest control company. The policy further documented a pest control log would be maintained, including the type of pest, location, and date observed, and that the contractor would document visits and actions taken. On 5/31/2026 at 8:45 AM, R7's room had food debris scattered throughout the room, ants present on the floor, and flies flying within the room. On 5/31/2026 at 9:20 AM, R84 was repeatedly swatting at flies while lying in bed. Flies were observed in the room that is shared by R84 and R94. On 5/31/2026 at 12:52 PM, R16 stated crawling black bugs and flies are an ongoing issue within the facility and further stated R16 had seen insects in R16's room and throughout the facility hallways. R16's Minimum Data Set (MDS) assessment dated [DATE] documented R16 was cognitively intact. On 5/31/2026 at 12:55 PM, R16's room had flying black insects present near a full trash receptacle located within R16's room. On 6/1/2026 at 9:15 AM, R14 stated R14 had experienced an ant issue the previous day and had several ants crawling on the floor near dropped food in R14's room. R14 stated facility staff entered the room and swept up the ants. On 6/1/2026 at 10:00 AM, R70 stated there have been ants and flying insects within the facility during the previous several weeks. R70's MDS assessment dated [DATE] documented R70 was cognitively intact. On 6/1/2026 at 10:30 AM, R72 stated flying insects, which R72 described as gnats, were present in the dining area during mealtimes. R72 stated the insects would fly around R72's face while eating and further stated R72 had observed other residents swatting insects away from their faces during meals. R72 also stated R72 had seen ants crawling on the dining room floor. On 6/1/2026 at 1:45 PM, V17, Certified Nursing Aide (CNA), stated V17 has known of the insect and bug issue within the facility for an extended period of time. V17 CNA stated V17 had seen ants in several resident rooms as well as common areas of the facility. V17 confirmed the black crawling insects actively crawling on the floor in a common area hallway were ants. V17 stated ants have been an ongoing issue within the facility during the previous several weeks. On 6/2/2026 at 11:42 AM, V19 Maintenance Director, stated V19 was unaware of a pest control log maintained by the facility. V19 also stated an outside pest control company had been at the facility within the previous few weeks but was unable to provide the exact date of service. V19 stated the pest control company recommended additional exterior treatment to better control ants around the facility. On 5/31/2026 at 2:46 PM, V1, Administrator, stated V1 had considered utilizing the facility's contracted pest control company to perform additional spraying due to ants being present within the facility.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Failures at this level required more than one deficient practice statement. Based on observation, interview, and record review the facility failed to protect residents' right to a clean, comfortable, and homelike environment in resident living and dining spaces. This failure affects 18 of 24 residents (R1, R2, R3, R7, R9, R10, R19, R21, R29, R45, R55, R65, R68, R71, R84, R85, R94, R99) reviewed for environment on the sample list of 47. Findings Include: The Illinois Long-Term Care Ombudsman Program: Resident Rights for People in Long-Term Care Facilities, last revised November 2018, documents all residents have the right to live in a facility that is safe, clean, comfortable, and homelike. On 5/31/2026 at 10:07 AM R85's room had very dirty floors, garbage under the bed, dirt build up around the edges where the floors meet the walls, marks on the walls, paint scraped off the walls, trash and debris outside of R85's window, the bedside table had built up gunk around all the edges of the table, the closet door was broken, there was base board missing in the bathroom, a strong urine smell in the bathroom, and used paper towels piled up on the sink due to there being no trash can in the room. On 5/31/26 at 10:31 AM R21's room had a bed frame with no mattress, holes and scrapes on the walls, clothes all over the floor, a very dirty floor, and a used urinal and bed pan with a dark substance in it on the floor by R21's bed. R21's bathroom had a dark substance all over the toilet seat and the seat itself was peeling, yellow stained towels were on the floor next to the toilet, a plunger with a towel around it was sitting by the toilet, a used bed pan was on the floor, the base of the walls were torn up with no base trim, and paint was peeling from the door frame and door itself. R21 stated R21 wishes the facility would keep R21's room and bathroom clean because it is disgusting to use the bathroom and makes R21 very uncomfortable. On 5/31/2026 at 10:43 AM R55 and R10's room had clutter everywhere on the floor, debris and trash, bags and boxes, food and drinks covered bedside tables, a trashcan with no liner had old food in it, and the closet doors were broken. On 5/31/2026 at 10:55 AM R2's room had paint scraped off of the walls, a broken closet door, a bed frame with no mattress, air conditioning unit coming off the wall and a bedside dresser cabinet door was broken. The bathroom had peeling paint and scraped up walls, three plungers sitting around the toilet, a toilet riser covered in a dark substance, a hole in the wall, a bed pan resting on the towel rack on the wall beside the sink, and a dirty incontinence brief in the trash can. R2 stated housekeepers do not come into R2's room very often or clean anything every day. R2 stated R2 takes out R2's own trash because it gets full and the housekeepers never come into her room. On 5/31/2026 at 11:01 AM R99's room had a broken closet door, one knob missing, very dirty floor, and peeling paint on the walls. On 5/31/26 at 11:05 AM R19's room had scraped paint peeling off the walls and the floors were messy. R19's bathroom had a bedpan resting on the towel bar on the wall and no trash can liner with (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	paint peeling off the wall above the sink. R19 stated R19 doesn't remember the last time R19's sheets were changed and housekeeping hardly ever comes into R19's room. On 5/31/26 at 11:10 AM R65's bathroom had no trash can liner, an incontinence brief hanging on the towel bar, a dirty toilet seat with a brown substance on it, and the entire room's floor was dirty. On 6/3/26 at 10:50 AM V1 Administrator confirmed the facility needed a lot of environmental work and housekeeping staff needed to do a better job of cleaning up the facility. On 05/31/2026 at 8:45 AM, R7's room had food debris scattered throughout the room. R7's floor was sticky from some kind of liquid that had been spilled on the floor. R7 also had noticeable trash on the floor which included Styrofoam cups, wrappers and old food. R7 stated no housekeeping has been in to clean R7's room for over a week. On 05/31/2026 at 9:20 AM, R84 and R94 had noticeable food on the floor, the garbage was overflowing, the floor was sticky with visible corn on the floor. R84 stated that nobody ever cleans their room. R94 stated cleanliness throughout the building has always been a problem and management staff knows because it has been reported. On 6/1/2026 at 9:01AM, V2 Director of Nursing confirmed R7's room needed to be cleaned and stated there has been a staffing turnover with housekeeping. On 5/31/2026 at 9:15 a.m., R1's room had a sticky substance on the floor. On 5/31/2026 at 9:13 a.m., R3 and R29's (roommates) room had trash (cups, papers, food wrappers) on the floor between R3 and R29's beds and the floor had a sticky substance on it. On 6/1/2026 at 12:45 p.m., R1, R3, and R29's resident rooms had not been cleaned and appeared the same as they did on 5/31/2026. On 6/2/2026 at 11:28 a.m., R1's room was in disarray with food debris and a sticky substance on the floors. On 6/2/2026 at 11:25 a.m., V23 Housekeeper stated housekeepers are to clean rooms every day, including garbage, mopping and high touch service areas. On 6/2/2026 at 11:35 a.m., V24 Housekeeping Supervisor stated the facility has housekeepers every day of the week. V24 stated the expectation of housekeepers is to clean all rooms daily and each housekeeper is to deep clean one room a day until there is a monthly rotation in place. On 05/31/26 at 11:31 AM, the floor in the dining room was sticky making it difficult to walk. 2. On 05/31/26 at 11:31 AM, V8 Certified Nursing Assistant (CNA) and V10 CNA pulled more chairs away from the tables and placed them in the entrance of dining area to the left side. V8 CNA stated the dining area cannot accommodate all residents utilizing the dining room at the same time and because of this some residents choose to eat in their rooms. On 05/31/26 at 11:50 AM, V10 CNA assisted R9 and R71 with their meals. While assisting R9 and R71, V10 CNA stood up and was standing over them while going back and forth between the two. V10 CNA (continued on next page)		

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to communicate regularly with the dialysis center to coordinate resident dialysis care. This failure affects one resident (R5) of one reviewed for dialysis on the sample list of 47. Findings include: The facility's Care Coordination Agreement (2/23/2024) between the facility and their contracted kidney dialysis provider documents For the purposes of care coordination, in advance of each Resident's dialysis treatment, Long Term Care Facility shall furnish all information and documentation necessary for Dialysis Facility to provide safe and appropriate care, including any and all information reasonably requested by Dialysis Facility. R5's Census Sheet (6/2/2026) documents R5 admitted to the facility on [DATE]. R5's Medical Diagnosis sheet (6/2/2026) documents diagnoses including End Stage Renal Disease, Type 2 Diabetes Mellitus, Chronic Embolism And Thrombosis Of Deep Veins of Lower Extremity, Cellulitis, Peripheral Vascular Disease, and Osteomyelitis. R5's Physician Orders form (6/2/2026) documents an order starting on 8/7/2025 for R5 to receive hemodialysis outside of the facility three times per week on Mondays, Wednesdays, and Fridays. The same record documents an order for facility staff to obtain R5's vital signs prior to each dialysis treatment and to weigh R5 every Monday, Wednesday, and Friday morning before R5 receives dialysis. R5's Care Plan (6/2/2026) documents R5 needs kidney dialysis related to End Stage Renal Disease. The same record documents an intervention to coordinate care with outside providers regarding dialysis. On 6/1/2026 at 1:32PM, V2 (Director of Nursing) reported the facility uses communication forms that should be sent with R5 to the dialysis center three times per week to communicate recent changes in vital signs, weights, changes in condition, and any new labs or changes of orders. V2 reported the same form should be returned to the facility when R5 returns from dialysis and the form has a section for dialysis center staff to complete that documents resident vital signs and weight post-dialysis, changes or concerns with resident status, and any new orders, labs, or instructions for the resident. V2 reported the communication forms should be located in the R5's electronic medical record or in a three-ring binder located at the nurse's station. V2 reported the facility has had some difficulty getting the dialysis center to return the communication forms sent with R5 on treatment days. On 6/1/2026, R5's electronic medical record (undated) documented the presence of only two Dialysis Communication Forms for all of R5's 42 or more weeks of dialysis treatments since R5 began dialysis the week of 8/7/2025. On 6/1/2026 at 1:36PM, the above three-ring binder was located at the nurses station and only contained blank communication forms and no completed forms for R5. V35 (Registered Nurse) was present and reported completed forms for residents receiving dialysis treatment are supposed to be in the binder. On 6/2/2026 at 3:10PM, V2 reported if R5 does not have any more communication forms in R5's electronic medical record, then additional forms for R5 probably do not exist. V2 reported facility staff nurses should complete a dialysis communication form for R5 prior to sending R5 to the dialysis center and then facility staff hand off that sheet to the dialysis center staff and should retrieve the sheet when R5 is picked back up after dialysis. V2 reported the in-house facility nurses will complete the communication forms but the facility has had a lot of nurse turnover and agency nurses are filling in and they have not been completing the forms for residents who receive dialysis. V2 reported the nurse on shift should be calling the dialysis center if a resident returns without the form to ensure coordination of resident care.		

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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.			
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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview, and record review, the facility failed to obtain informed consent prior to administering psychotropic medications for one (R77) of two residents reviewed for psychotropic medications in the sample list of 47. Findings include: The facility Behavioral Health Services Program, last approved on 03/2025, documents Obtain consent for any new psychotropic medications prior to administration. R77's clinical Physician Orders, printed 5/31/26, documents Olanzapine (antipsychotic) 2.5 milligrams (mg) by mouth one time daily ordered on 5/27/26, Fluoxetine (antidepressant) 10 mg to be given with Fluoxetine 20mg for a total of 30 mg daily ordered on 5/2/26, Trazodone (antidepressant) 150 mg at bedtime ordered on 4/30/26, Clonazepam (benzodiazepine) 1 mg twice daily ordered 4/30/26, and Buspirone (anxiety) 20 mg twice daily ordered on 4/30/26. R77's Medication Administration Record documents that R77 has received the medication as ordered in May of 2026. R77's medical record did not contain documentation of informed consent for Olanzapine 2.5 mg, Fluoxetine 30 mg, Trazodone 150 mg, Clonazepam 1 mg, or Buspirone 20 mg. On 6/1/26 at 4:47 PM, V25, R77's Power of Attorney, stated V25 had not signed consent forms or provided verbal consent for R77's psychotropic medications. On 6/1/26 at 1:27 PM, V2, Director of Nursing, confirmed the facility did not have informed consent documentation for R77's psychotropic medications.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, interviews and record review the facility failed to ensure an accident hazard-free environment and failed to provide safe assistive devices for one resident (R7) reviewed for accidents on a sample list of 47. Findings Include: R7's diagnoses included Complete Paraplegia, Stage Four Pressure Ulcers of the Left and Right Lower Back and Right Hip, Chronic Osteomyelitis, Protein-Calorie Malnutrition, Cellulitis, and an Unspecified Thoracic Spinal Cord Injury. The care plan documented that R7 had a history of bumping lower extremities on objects while repositioning in bed and required interventions to maintain skin integrity and prevent injury. Review of nursing documentation dated 4/19/2026 at 2:40 PM revealed R7 was found bleeding from the left leg with a large amount of blood present in the room and hallway. R7 stated R7 was attempting to lift R7's left leg with a grabber/reacher and did not realize R7 had cut R7's self. Nursing staff applied pressure, initiated emergency measures, and called 911. Additional nursing documentation indicated R7 became intermittently unconscious and was transferred by ambulance to the emergency department. Documentation dated 4/19/2026 at 4:58 PM indicated R7 was receiving blood for blood loss. Hospital return documentation dated 4/20/2026 noted an incision to the left lower leg with six stitches. On 5/31/2026 at 8:45 AM, R7 was in bed, with the reacher/grabber on the floor next to R7. R7 stated since R7 can't feel R7's legs, R7 must have hit the reacher/grabber on R7's left leg which required hospitalization. R7 stated it was a one and million accident and stated R7 has used the reacher/grabber for years. On 5/31/2026 at 8:28 AM, V2 Director of Nursing, removed the grabber/reacher from the room and informed R7 that a safer grabber/reacher would be obtained as V2 confirmed part of the reacher/grabber had sharp edges.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. Based on interview and record review the facility failed to develop a Dementia specific plan of care for one of three residents (R2) reviewed for Dementia Services on the sample list of 47. Findings Include: R2's Medical Diagnoses List dated June 2026 documents R2 is diagnosed with Unspecified Dementia Unspecified Severity with other Behavioral Disturbances. On 6/02/2026 at 11:50 AM V2 confirmed R2 did not have a plan of care related to R2's Dementia diagnosis and R2 should have one. V2 confirmed a Dementia care plan was added on 6/1/26 after surveyor notified the facility there was no Dementia plan of care in R2's medical record.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to provide staff and resident access to an appropriate handwashing facility for one resident (R14) on contact isolation precautions and failed to implement and practice Enhanced Barrier Precautions for one (R39) of six reviewed for infection control in the sample list of 47 residents. Findings: 1. R14's undated Care Plan documented an admission date of 5/15/2026 and diagnosis of Enterocolitis due to Clostridioides Difficile infection. On 6/1/2026 at 9:14 AM, R14's room had contact isolation signage posted at the entrance. Upon entering the room, a noticeable fecal odor was present. A bedside commode was in the room along with designated receptacles for soiled linen and personal protective equipment (PPE) disposal. Upon removal of PPE, the bathroom door was locked and inaccessible, preventing access to a sink to wash hands. On 6/1/2026 at 9:15 AM, R14 stated R14 was on isolation precautions for suspected Clostridioides Difficile infection (C-Diff). R14 stated the bathroom had been locked by the facility and R14 did not have access to the bathroom sink for handwashing. R14 further stated facility staff had provided R14 with a bedside commode and alcohol-based hand sanitizer for use while on isolation precautions. On 6/2/2026 at 10:03 AM, V21, Licensed Practical Nurse (LPN), prepared a dose of Vancomycin 125 milligrams to be administered to R14. V21 LPN stated R14 was taking Vancomycin for a Clostridioides Difficile infection. V21 LPN proceeded to don a gown, gloves, and a mask prior to entering R14's room. V21 LPN entered R14's room and handed R14 the cup containing the Vancomycin. R14 took the medication and followed with a drink of water provided by V21 LPN. V21 LPN then doffed the gown, gloves, and mask into the red disposal bin located within the room and exited the room. V21 LPN proceeded to the medication cart located outside R14's room and applied alcohol-based hand sanitizer. V21 LPN then utilized the keyboard and mouse located on top of the medication cart. At this time, V21 LPN stated there was no area in the immediate vicinity available to wash V21's hands and that V21 used alcohol-based hand sanitizer instead of washing V21's hands with soap and water. V21 LPN further stated it is best practice to wash hands with soap and water after providing care to a resident with Clostridioides Difficile infection. On 6/3/2026 at 10:33 AM, V2, Director of Nursing (DON), stated R14 was placed on isolation precautions on 5/30/2026 due to suspected Clostridioides Difficile infection, as it was the facility's practice to initiate isolation precautions for residents with suspected Clostridioides Difficile infection pending test results. V2 stated residents who shared a bathroom with R14 refused to relocate or utilize an alternate bathroom provided by the facility. As a result, the facility elected to keep R14 in R14's room and provide a bedside commode and a basin of water for handwashing upon request. V2 stated staff providing care to R14 did not have access to an appropriate handwashing facility (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	following resident care. V2 DON further stated the hand hygiene practices utilized during R14's isolation period would not have been effective measures to prevent the transmission of Clostridioides difficile. Review of the facility policy titled Infection Prevention and Control Program, dated 10/2025, documented the facility shall ensure necessary training, equipment, and supplies are maintained to implement an effective infection prevention and control program. The policy further documented all facility personnel are required to routinely wash their hands and utilize appropriate barrier precautions to prevent the transmission of infections. 2. The facility's Urinary Catheter Care policy dated 11/2012 documents urinary drainage bags and tubing shall be positioned to prevent either from touching the floor directly. On 5/31/26 at 09:23 AM and 09:57 AM, R39's indwelling urinary catheter drainage bag was lying on the floor underneath R39's wheelchair. On 5/31/26 at 09:25 AM, An Enhanced Barrier Precautions sign was not posted outside R39's room and Personal Protective Equipment was not readily available outside R39's room. R39's physician order dated 10/16/25 documents an order for Enhanced Barrier Precautions related to R39's indwelling urinary catheter. On 6/1/26 at 10:00 AM, V36 Licensed Practical Nurse confirmed R39's has an order dated 10/16/25 to have enhanced barrier precautions related to the indwelling urinary catheter. On 6/1/26 12:50 PM, V2 Director of Nursing stated enhanced barrier precautions are initiated on any resident with indwelling lines. R39 should have enhanced barrier precautions implemented and R39's indwelling urinary catheter bag should not be lying on the floor.		