

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/03/2025
NAME OF PROVIDER OR SUPPLIER  Arcadia Care Watseka		STREET ADDRESS, CITY, STATE, ZIP CODE  715 East Raymond Road Watseska, IL 60970	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41002</p> <p>Based on interview and record review, the facility failed to protect a residents right (R3) to be free from Abuse by another resident (R1), for two (R1, R3) out of three residents reviewed for abuse in the sample list of nine residents.</p> <p>Findings include:</p> <p>The facility policy titled 'Abuse Prevention and Reporting', reviewed 9/2024, documents this facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. The purpose of this policy is to assure that the facility is doing all that is within it's control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. Abuse: Abuse means any physical or mental abuse injury or sexual assault inflicted upon a resident other than by accidental means.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1's Brief Interview for Mental Status (BIMS) score 12, moderate cognitive impairment and is able to propel self in wheelchair without assistance.</p> <p>R1's Incident Note dated 12/11/24 at 8:39pm documents V1 Administrator was notified of a R1 to R3 altercation. Residents representatives, Medical Doctor, local police department, and ombudsman notified. Residents separated immediately. Investigation initiated.</p> <p>R1's Nursing Note dated 12/11/24 at 10:15pm documents R1 went down A hall, into R3 and R4's room and kicked R3 in his left shin unprovoked and then attempted to steal property from the R4.</p> <p>R3's Minimum Data Set (MDS) dated [DATE] documents R3's Brief Interview for Mental Status (BIMS) score 11, moderate cognitive impairment and is dependent of staff for transfers using a mechanical lift.</p> <p>R3's Incident Note dated 12/11/24 at 9:03pm documents V1 Administrator was notified of a resident-to-resident altercation. Residents representatives, Medical Doctor, local police department, and ombudsman notified. Residents separated immediately. Investigation initiated.</p> <p>(continued on next page)</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's Minimum Data Set (MDS) date 12/10/24 documents R4's Brief Interview for Mental Status (BIMS) score 13, cognitively intact.</p> <p>On 12/31/24 at 10:00am R3 stated that a couple of weeks ago R3 was sitting in R3's wheelchair watching TV in R3's room. R3 stated that R4, R3's roommate came into the room and was in R4's bed. R3 stated R1 came into R3's room and R1 was told to get out of R3 and R4's room. R3 stated R1 got upset and grabbed R4's cane off of R4's bed and hit R3 in the left shin 3 times and also kicked R3 in the left shin. R3 stated V11 Agency Licensed Practical Nurse came into the room and removed R1 from the room. V3 stated that V11 assessed V3 for pain, and R3 had some pain in R3's shin and was given pain medication.</p> <p>On 12/31/24 at 10:45am R4 (R3's roommate) stated several weeks ago R1 came into R4 and R3's room and R4 told R1 to get out of the room. R4 stated that R1 got all upset and picked up R4's cane off the bed and hit R3 who was sitting in R3's wheelchair watching TV. R4 stated staff came into the room and removed R1 from the room.</p> <p>On 12/31/24 at 1:35pm V1 Administrator stated on 12/11/24 at around 8:39pm, V1 was informed of an alleged altercation between R1 and R3. V1 stated all residents were separated, notifications to residents family, Local Police, Ombudsman and Medical Doctor were made. V1 stated that V1 started an investigation and was informed by R3 that R1 came into R3's room and R4 (R3's roommate) asked R1 to leave, and R1 grabbed R4's cane and hit R3 in the shin. V1 stated that R3 informed V1 that staff responded to R3's room and removed R1.</p> <p>On 1/2/25 at 8:51am V11 Agency Licensed Practical Nurse stated on 12/11/24 V11 was working the 6:00pm - 6:00am shift and at around 8:00pm V11 heard yelling coming from R3 and R4's room. V11 stated that upon entering the room, R1 was yelling at R3 and R4, and R3 and R4 were telling R1 to leave the room. V11 stated that R1 had R4's cane in R1's hand, and V11 took it and gave it to R4, and removed R1 from R3 and R4's room. V11 stated V11 came back to R3's room, and R3 stated that R1 kicked R3 in the shin, and also took R4's cane off R4's bed and hit him 3 times in the shin. V11 stated that R4 confirmed that R1 had kicked and hit R3 in the shin.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</b></p> <p>Based on observation, interview, and record review the facility failed to provide showers for four (R6, R7, R8 and R9) of four dependent residents reviewed for showers and failed to provide dental care for one (R9) of four residents reviewed for dental care from a total sample list of nine residents reviewed for dependent care.</p> <p>Findings include:</p> <p>The facility bathing policy dated October 2024 documents that a shower or bath will be offered according to resident preference at a minimum of once per week. The facility morning and bedtime care policies dated October 2024 document that dental care will be provided both morning and night to promote comfort, cleanliness, and dignity.</p> <p>1.) On 12/31/24 at 1:30PM, R6 was laying in bed with yellowed fingernails measuring over an inch past the nail, with particulates of unknown substances under them. R6 appeared disheveled and stale smelling.</p> <p>On 12/31/24 at 1:30PM, R6 stated, I haven't had a shower in a long time, I don't know how long, but its been more than a week. They trim my nails when they give me a shower and I need it done. I would like to have one.</p> <p>On 1/2/25 at 09:40AM, R6 was wearing the same shirt that he had on 12/31/24 and stated that he had not had a shower in a long time.</p> <p>R6's Minimum Data Set, dated dated dated [DATE] documents R6 as moderately cognitively intact.</p> <p>R6's Minimum Data Set, dated dated dated [DATE] documents R6 as a maximum assist for bathing.</p> <p>The facility provided shower sheets for the past two months documents R6 was given showers on 11/21/24, 11/27/24, and 12/26/24.</p> <p>2.) On 12/31/24 at 1:40PM, R7 was laying in bed using an electronic device wearing a hospital gown with stains.</p> <p>On 12/31/24 at 1:40PM, R7 stated, I don't get showers very often, they just don't have the staff to do it. I'm a (mechanical lift) and I like showers in the evening, so they really don't have the staff then. I would like a shower sometime this week, for sure.</p> <p>On 1/2/25 at 9:45AM, R7 stated that she had not yet had a shower.</p> <p>R7's Minimum Data Set, dated dated dated [DATE] documents R7 as cognitively intact and dependent for all cares including showering.</p> <p>The facility provided shower sheets for R7 document one shower in the past 2 months dated 11/21/24.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3.) On 12/31/24 at 1:45PM, R8 was laying in bed wearing only a brief with a catheter bag in place. R8's beard and nails were moderately long (1/2) inch from the end of the finger.</p> <p>On 12/31/24 at 1:45PM, R8 stated that he could not remember the last time that he had a shower.</p> <p>On 1/2/25 at 9:46AM, R8's shirt had food debris on it and R8 stated that he had not had a shower in some time.</p> <p>R8's Minimum Data Set, dated dated dated [DATE] documents R8 as cognitively intact and dependent for all care including showers.</p> <p>The facility provided one shower sheet for R8 over the past two months dated 11/21/24.</p> <p>4.) On 12/31/24 at 2:15PM, R9 was sitting in her wheelchair speaking to V1 Administrator in her room. R9 smelled stale.</p> <p>On 1/2/25 at 9:50AM. R9 stated, I can't tell you the last time that I had a bath. They just wash my (periarrea) and call it good. I'm supposed to have a whirlpool bath twice a week but they just don't do it. I would love to get my hair washed and my teeth brushed. It has been four days since they brushed my teeth and that's just gross.</p> <p>R9's Minimum Data Set, dated dated dated [DATE] documents R9 as cognitively intact.</p> <p>R9's Minimum Data Set, dated dated dated [DATE] documents R9 as dependent for all care including showers.</p> <p>R9's facility provided shower sheets for the last 2 months include no shower sheets for R9.</p> <p>On 12/31/24 at 1:25PM, V12 Certified Nursing Assistant stated, We haven't done any showers yet today because we didn't have the staff.</p> <p>On 12/31/24 at 2:20PM, V13 Regional Nurse stated that at a minimum, residents should get a shower once a week.</p>		