STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145389	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Watseka	715 East Raymond Road Watseka, 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)
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. 38780 Based on interview and record review, the facility failed to provide sufficient Registered Nursing (RN) hours on six of fifteen days reviewed for RN staffing. This failure has the potential to affect all 66 residents in the facility. Findings include: The facility Nursing Daily Schedule (February 20, 2025 through March 6, 2025) documents on 2/22/25, 2/23/25, 2/27/25, 3/3/25, 3/4/25, and 3/5/25, the facility scheduled zero (0) hours of RN coverage for a 24 hour period. On 3/6/25 at 12:25pm, V3 Regional Director confirmed the hours listed on the facility nursing daily schedule were correct and the facility failed to have RN coverage on 2/22/25, 2/23/25, 2/27/25, 3/3/25, 3/4/25, and 3/5/25. The facility Resident Midnight Census dated 3/6/25 documents 66 residents reside in the facility.

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