

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  09/20/2025
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)
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.  (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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to protect a residents (R1) right to be free from inappropriate touching and sexual comments by another resident (R2), for 1of 5 residents reviewed for abuse. Findings include:The Facility's Abuse Prevention and Reporting Policy dated 9/2024 documents: Guidelines: 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. In order to do so, the facility has attempted to establish a resident-sensitive and resident-secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent the occurrence of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff, and mistreatment of residents. Definitions: Sexual abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault, including non-consensual or non-competent-to-consent sexual activities. Sexual abuse includes, but is not limited to, unwanted intimate touching of any kind, especially of the breasts or perineal area.R1's Facility Census documents R1 was admitted to the facility on [DATE] and has the following medical diagnoses: Chronic Vascular Disorders of Intestine, Encounter for Palliative Care, Morbid Obesity, Major Depressive Disorder, Bipolar Disorder, Muscle Wasting and Atrophy, Insomnia, Iron Deficiency Anemias, Infrarenal Abdominal Aneurysm, Chronic Embolism and Thrombosis of Deep Veins of Left Lower Extremity, Ovarian Cyst Left Side, Stricture of Artery, Atherosclerosis of Aorta, Unsteadiness on Feet, Very Low Level of Personal Hygiene, Difficulty in Walking, Reduced Mobility, Symptoms and Signs Involving Cognitive Functions and Awareness, Need for Assistance with Personal Care, Cognitive Communication Deficit, History of Falling, Personal History of Urinary Tract Infections, Weakness, GERD, HTN, Hyperlipidemia, Age-Related Osteoporosis, and Dermatitis.R1's Minimum Data Set (MDS) dated [DATE] documents R1's Brief Interview for Mental Status (BIMS) score of 14, cognitively intact.R1's Abuse/Neglect Screening dated 4/9/25 documents R1 is at moderate risk for abuse/neglect.R1's Care Plan dated 4/9/25 documents R1 is at moderate risk for abuse/neglect as noted from the abuse screening related to past trauma and diagnosis, and needs staff's assistance with transfers.R2's Facility Census documents R2 was admitted to the facility on [DATE] and has the following medical diagnoses: Alzheimer's Disease, Type 2 Diabetes, Chronic Kidney Disease, Airway Disease, Benign Prostatic Hyperplasia, Dementia with Mood Disturbance, Chronic Systolic Heart Failure, Anemia, Difficulty in Walking, Abnormalities of Gait and Mobility, Unsteadiness on Feet, Muscle Wasting and Atrophy, Insomnia, Reduced Mobility, Major Depressive Disorder, Post-Traumatic Stress Disorder, Repeated Falls, Anxiety Disorder, and HTN.R2's Minimum Data Set (MDS) dated [DATE] documents R2's Brief Interview for Mental Status (BIMS) score of 3, severe cognitive impairment.On 9/19/25 at 9:53 AM, R1 stated that several months ago R2 came into R1's room several times that morning and R1 would yell at R2 and R2 would leave. R1 stated that R2 came back into R1's room in R2's wheelchair on the right side of R1's bed. R1 stated R2 was saying inappropriate things, like R2 wanted to touch R1's breast and nipples. R1 stated that R2 put R2's hand under the blanket and was touching R1's leg. R1 stated that R1 screamed, and V3, Certified Nursing Assistant, came into R1's room and took R2 out.On 9/19/25 at 11:09 AM, V3, Certified Nursing Assistant, stated that on 6/20/25 at 5:45 AM a resident stopped V3 and told V3 there was a problem in R1's room. V3 stated that V3 ran down to R1's room and heard R1 screaming and yelling at R2 to get out of R1's room. V3 stated that upon entering R1's room, V3 observed R2 with R2's hand under R1's blanket, with R2's hand on R1's leg area. V3 stated that V3 immediately removed R2 from R1's room, told V4, Licensed Practical Nurse, what happened, and called V6, Previous Administrator. V3 stated that V3 then went back to R1's room and asked R1 what happened, and R1 told V3 that R2 had come into R1's room a couple of times that morning and R1 told R2 to leave and R2 did. V3 stated that R1 further related that R2 came back in and sat next to R1's bed in R2's wheelchair and put R2's hand under R1's blanket and was rubbing R1's leg, telling R1 that R2 wanted to touch R1's breast. V3 stated that R1 was very upset because R1 feels helpless due to not being able to get up and protect R1's self.On 9/19/25 at 11:06 AM, V6, Social Service, stated that on 6/20/25 V6 interviewed R1 about the incident that happened at 5:45 AM. V6 stated that R1 told V6 that at 5:30 AM R2 came into R1's room and was saying inappropriate things to R1 but left. V6 stated that R1 told V6 that R2 came back at 5:45 AM and sat next to R1's bed on the right side in R2's wheelchair. R1 further stated R2 was touching R1's left</p>		