

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  03/15/2026
NAME OF PROVIDER OR SUPPLIER  Arcadia Care Watseka		STREET ADDRESS, CITY, STATE, ZIP CODE  715 East Raymond Road Watsseka, 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> Based on interview, and record review, the facility failed to ensure residents were free from abuse when (R1) struck (R2). This failure resulted in (R2) experiencing physical abuse and exposing other residents to potential harm. (R1) and (R2) are two residents reviewed for abuse in a sample of three residents. Findings include: The facility's reported incident report titled Preliminary 24-Hour Abuse Investigation Report dated 3/4/26 documents an allegation of resident-to-resident physical abuse involving R1 and R2. The facility's final investigation report dated 3/5/26 completed by V1 Administrator documents R2 was sitting at a table and sipping a drink when R1 approached R2. R1 tried to take R2's personal walker and R2 would not let R1 have walker so R1 slapped R2 on the back with an open hand. V3 LPN (Licensed Practical Nurse) nurse on duty immediately tried to separate the two residents. R2 was trying to hit R1 but accidentally hit V3 LPN in the mouth. While V3 was trying to keep R1 away from R2, R1 became unsteady and lost R1's balance causing R1 to fall and hit her head on the table leg. R1's MAR (Medication Administration Record) dated March 2026 documents the following diagnoses for R1, Alzheimer's, Anxiety Disorder, Restlessness and Agitation. Assessment MDS (Minimum Data Set) dated 3/2/26 documents R1 has a BIMS (Brief Interview Mental Status) of three which is cognitively severely impaired. The same MDS documents R1 is independent in walking and has physical and verbal behaviors. R1's care plan re-admission date of 3/13/26 addresses physical and verbal behaviors toward staff and peers. R2's MAR dated March 2026 documents the following diagnoses for R2, Dementia and Psychotic disorder. The MDS dated [DATE] documents R2 has a BIMS of three which is cognitively severely impaired. The same MDS documents R2 requires a walker to assist R2 while walking. R2's care plan dated 2/6/26 also addresses his physical and verbal behavior towards staff and peers. V3 LPN (Licensed Practical Nurse), V5 Activity Aide, and V6 CNA (Certified Nurse Assistant) were witnesses to the incident on 3/4/26 at 2:45 PM. All three staff members stated in interviews on 3/15/26 at 11:35 AM, 12:01 PM and 12:08 PM (R1) tried to take (R2's) walker, R2 was holding onto R2's walker and (R1) smacked (R2) with an open hand on (R2's) back. (R2) tried to retaliate and wanted to hit (R1) but the nurse V3 was hit in the mouth by (R2). All three interviews stated (R1) lost R1's balance and fell hitting R1's head on the table leg. V1 Administrator stated on 3/15/26 at 2:10 PM The staff stated everything that took place happened so fast and V3 LPN unfortunately was hit by (R2). (R1) was sent to the hospital per R1's doctor's orders to be evaluated and R1 returned to the facility on 3/13/26. We have a one to one going on with (R1) to try to keep her from another incident. The facility's policy with the revision date of 3/26 titled Abuse Prevention and Reporting - Illinois document the following: 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 occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents.</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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