

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  03/25/2025
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 - 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> 32172</p> <p>Based on interview and record review the facility failed to protect the resident's right to be free from physical abuse and verbal abuse for three (R26, R24, R61) of four residents reviewed for abuse in a sample list of 35.</p> <p>Findings Include:</p> <p>The facility's Abuse Prevention and Reporting Policy dated September 2024 documents the facility affirms the right of the residents to be free from abuse. Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means. Examples of physical abuse include hitting, slapping, and kicking. Verbal abuse may be considered a type of mental abuse and includes the use of oral communication to residents within hearing distance. Examples include harassing a resident, mocking, insulting, yelling at, and threatening residents. A resident to resident altercation should be reviewed as a potential situation of abuse. This policy also documents employees are required to report any incident, allegation or suspicion of potential abuse to the administrator immediately.</p> <p>1. R26's Medical Diagnoses List dated March 2025 documents R26 is diagnosed with Bipolar Disorder, borderline Personality Disorder, and Dementia Moderate with Agitation.</p> <p>R26' Minimum Data Set, dated dated dated [DATE] documents R26 has a moderate cognitive impairment.</p> <p>R26's Aggressive Behavior assessment dated [DATE] documents R26 has a general awareness and capability of understanding his behavior, has been verbally and physically aggressive with other residents and has a trigger of loud noises.</p> <p>R26's Care Plan dated 2/19/25 documents R26 has a behavior problem of verbal and physical aggressions towards staff and peers. R26 also has the potential to be physically aggressive related to poor impulse control.</p> <p>2. R61's Medical Diagnoses List dated March 2025 documents R61 is diagnosed with Major Depression Disorder and Chronic Ulcers of the Lower Extremities.</p> <p>R61's Minimum Data Set, dated dated dated [DATE] documents R61 is cognitively intact.</p> <p>R61's Care Plan dated 12/27/24 documents R61 is at a high risk for abuse/neglect.</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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>R61's Progress Note dated 12/20/24 documents R61 stated that she was yelled at and slapped in the face by R26 when he was trying to get by her coming from the dining room. V11 Certified Nurses Assistant (CNA) witnessed this altercation.</p> <p>The Final Abuse Investigation Report dated 12/30/24 documents on 12/20/24 R26 got in R61's face and started yelling and then hit her in her face.</p> <p>On 3/24/25 at 2:00 PM R61 stated R26 is often very moody and yells and curses at others. R61 stated in December 2024 R26 was sitting in the middle of the dining room path and there was a traffic jam when she asked R26 to move forward and out of the way. As she passed around his wheelchair she accidentally hit the wheel of his chair with her chair and he yelled and reached out tried to kick her and hit her. He ended up slapping her across her face. R61 stated she was stunned and it stung a bit. R61 stated staff stepped in-between them and took her to her room. R26 stated she avoids R26 at all costs. R26 stated she doesn't want to pass by R26 and he would knock her teeth down her throat. R61 stated, R26 is very aggressive towards others and just the other day R61 told R26 to chill out when he was going back and forth with another resident and he told R61 to shut the f*** up b**** (expletives).</p> <p>On 3/24/25 at 2:32 PM V11 (CNA) stated she observed the altercation between R26 and R61. There was a wheelchair jam trying to get out of the dining room. R26 was yelling at R61 to move and she said she was doing the best she could. As they passed each other R26 kept trying to kick R61 and R26 slapped R61 across the face. V11 stated she then got in between the residents and blocked his feet and hands from hitting her again. V11 stated she was concerned that R26 would kick R61's legs and she has fragile wounds on her legs. V11 stated she got R61 out of the dining room. V11 stated there have been many occasions that R26 gets into arguments or altercations with other residents- both verbally and physically. R26 also curses at residents and tries to hit others if he is agitated.</p> <p>3. R24's Medical Diagnoses List dated March 2025 documents R24 is diagnosed with Generalized anxiety and Major Depressive Disorder.</p> <p>R24's Minimum Data Set, dated dated dated [DATE] documents R24 is cognitively intact.</p> <p>On 3/22/25 at 11:02 AM R24 stated a male resident (R26) punched her in the arm about a month ago as she passed him in the dining area. R24 stated R26 was stopped in his wheelchair and was in the way of others passing. R24 passed around R26 in her wheelchair and R26 reached out and punched her in the arm. R24 stated R26 punched her pretty hard and he then started yelling/cursing at her. R24 stated R26 is often verbally and physically abusive to other residents. R26 wheels around the facility and will tell other residents to shut the f*** (expletive) up and calls people b**** (expletive).</p> <p>The Final Abuse Investigation Report dated 2/13/25 documents on 2/6/25 R24 reported R26 hit her in her arm when she asked him to move out of the way.</p> <p>On 3/24/25 at 2:10 PM V21 Licensed Practical Nurse (LPN) stated she did not witness R24 getting slapped by R26 but she did come over when she heard the commotion and saw R24 was visibly upset and crying. R24 stated she was passing by R26 and he punched her in the arm.</p> <p>(continued on next page)</p>		

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F 0600  Level of Harm - Actual harm  Residents Affected - Few	On 3/24/25 at 4:00 PM V1 Administrator confirmed R26 has behavior issues and gets agitated easily. V1 confirmed residents need to feel safe in their home and some interventions need to be put in place in order to keep residents safe from R26's verbal and physical outbursts. V1 confirmed these incidents of slapping, punching, and verbally attacking residents with foul aggressive language could be considered abusive.		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>35380</p> <p>Based on interview and record review, the facility failed to report an allegation of verbal abuse for one (R36) of four resident reviewed for abuse in the sample list of 35.</p> <p>Findings Include:</p> <p>On 3/23/25 at 11:39 AM V2 Director of Nursing (DON) stated R36 told V2 last week that the agency nurse V13 Licensed Practical Nurse (LPN) was very rough in her approach with him, her tone was harsh to him and that the nurse was talking about other residents to R36. V2 stated V2 did not tell V1 Administrator about it but stated she thought R36 told V1 himself. V2 stated she did not recognize R36's allegation as potential abuse at the time. V2 (DON) stated all potential abuse is supposed to be reported immediately to V1 Administrator.</p> <p>On 3/2/25 at 9:10 AM V1 Administrator stated R36 had not reported any abuse to V1 and no staff member reported any abuse regarding R36. V1 was not aware of R36's potential abuse allegation.</p> <p>The facility's Abuse Prevention and Reporting-Illinois Policy dated October 2022 documents employees are required to report any incident, allegation or suspicion of potential abuse to the administrator immediately.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32172</p> <p>Based on interview and record review the facility failed to coordinate a Pre-Admission Screening and Resident Review (PASARR) level II evaluation for two (R21, R62) of three residents reviewed for PASARR II completion in the sample list of 35.</p> <p>Findings Include:</p> <p>1. R21's Medical Diagnoses List dated March 2025 documents R21 was admitted to the facility on [DATE] and had a diagnoses of Schizoaffective Disorder: Bipolar Type and Anxiety Disorder.</p> <p>R21's Preadmission Screening and Resident Review (PASARR) Level I screening dated 10/9/23 documents a Level II screening is not indicated because there is no evidence of a serious behavioral health condition (Serious Mental Illness) however, if changes occur or new information refutes those findings a new screen must be submitted.</p> <p>On 3/23/25 at 9:25 AM V5 Business Office Manager confirmed the Preadmission Screening and Resident Review (PASARR) Level I was completed for R21 on 10/9/23 before he was transferred to the facility. V5 confirmed R21's PASARR Level I screening documents no Level II is required due to no Serious Mental Illness diagnoses. However, V5 confirmed R21 is diagnosed with Schizoaffective Disorder: Bipolar Type and Anxiety Disorder. V5 confirmed staff need to routinely review the PASARR screenings for accuracy.</p> <p>2. R62's Medical Diagnoses List dated March 2025 documents R62 was admitted to the facility on [DATE] and had a diagnoses of Major Depressive Disorder, Brief Psychotic Disorder, and Generalized Anxiety.</p> <p>R62's Preadmission Screening and Resident Review (PASARR) Level I screening dated 12/11/24 documents a Level II screening is not indicated because there is no evidence of a serious behavioral health condition (Serious Mental Illness) however, if changes occur or new information refutes those findings a new screen must be submitted.</p> <p>On 3/23/25 at 9:25 AM V5 Business Office Manager confirmed the Preadmission Screening and Resident Review (PASARR) Level I was completed for R62 on 12/11/24 before she was transferred to the facility. V5 confirmed R62's PASARR Level I screening documents no Level II is required due to no Serious Mental Illness diagnoses. However, V5 confirmed R62 is diagnosed with Major Depressive Disorder, Brief Psychotic Disorder, and Generalized Anxiety. V5 confirmed staff need to routinely review the PASARR screenings for accuracy.</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** 41002</b></p> <p>Based on observation, interview, and record review, the facility repeatedly failed to provide showers to residents according to their plans of care, physician orders, and preferences. This failure affects three residents (R17, R45, R61) out of five reviewed for activities of daily living on the sample list of 35.</p> <p>Findings Include:</p> <p>Facilities Bathing - Shower and Tub Bath Policy dated October 2024 documents: Purpose: To ensure resident's cleanliness to maintain proper hygiene and dignity. Guidelines: A shower, tub bath or bed/sponge bath will be offered according to resident's preference, no less than once per week or according to the resident's preferred frequency and as needed or requested.</p> <p>1. On 3/22/25 at 10:20 AM, R45 was seated in a tilt back wheelchair in R45's room. R45 was unshaven and had long nails.</p> <p>R45 Medical diagnoses; Encounter for Palliative Care, Dementia, Anxiety Disorder, Chronic Atrial Fibrillation and Schizoaffective Disorder.</p> <p>R45's Minimum Data Set (MDS) dated [DATE] documents R45's Shower/Bathe is Dependent on staff assistance.</p> <p>R45's Care Plan dated 1/30/25 documents R45 has an Activities of Daily Living (ADL) self-care performance deficit related to Activity Intolerance, Confusion, Dementia. Intervention: Bathing/Showering: R45 requires assist of (2) staff member with bathing/showering.</p> <p>Facilities Shower Schedule documents R45 is scheduled to receive showers on Monday and Thursdays.</p> <p>R45's Shower Sheets for February and March documents R45 received a shower on 2/6/25, 2/10/25, 3/7/25, 3/11/25 and 3/12/25, there are no other documented showers, bed bath or refusals in R45's medical records.</p> <p>On 3/23/25 at 11:00 AM V13 Licensed Practical Nurse (LPN) stated residents are assigned 2 showers a week. V13 stated that after the resident receives their shower by a Certified Nursing Assistant, they document it on a shower sheet, whether they get the shower, bed bath or refuse it. V13 stated all the shower sheets are in a book by halls, and whatever is in there is what was given.</p> <p>On 3/23/25 at 11:30 AM V8 Certified Nursing Assistant (CNA) stated that all residents are scheduled to receive two showers per week. V8 stated that after the shower is given, the CNA who provides the shower should complete a shower sheet. V8 stated if a resident continues to refuse a shower a bed bath is offered, and the bed bath or refusal will be documented on the resident's shower sheet. V8 confirmed that according to R45's shower sheets, R45 only received showers on 2/6/25, 2/10/25, 3/7/25, 3/11/25 and 3/12/25.</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>2. On 3/22/25 at 10:10 AM R61 stated that R61 does not get two showers a week. R61 stated R61 does need staff assistance to get a shower, and the staff always have an excuse why they are not able to give R61 a shower.</p> <p>R61's Medical Diagnoses; Heart Failure, Peripheral Vascular Disease, Pulmonary Hypertension, Personal History of Pulmonary Embolism, Left Ventricular Failure and History of Falls.</p> <p>R61's Care Plan dated 3/19/25 documents R61 has an Activities of Daily Living (ADL) self-care performance deficit related to Activity Intolerance, Fatigue, Psychotropic medications, Shortness of Breath. Intervention: Bathing and Showering: R61 requires assist of 1 staff member with bathing/showers.</p> <p>R61's Minimum Data Set (MDS) dated [DATE] documents R61 Shower/Bathe self: needs partial/moderate assistance.</p> <p>Facilities Shower Schedule documents that R61 is scheduled to receive showers on Wednesdays and Saturdays.</p> <p>R61's Facility Shower Sheets dated February and March documents R61 did not receive any showers, and refused showers on 2/1/25, 2/5/25 and 2/26/25, there are no other documented showers, bed bath or refusals in R61's medical records.</p> <p>On 3/23/25 at 11:00 AM V13 (LPN) stated residents are assigned 2 showers a week. V13 stated that after the resident receives their shower by a CNA, they document it on a shower sheet, whether they get the shower, bed bath or refuse it. V13 stated all the shower sheets are in a book by halls, and whatever is in there is what was given.</p> <p>On 3/23/25 at 11:30 AM V8 (CNA) stated that all residents are scheduled to receive 2 showers a week. V8 stated that after the shower is given, the CNA who administered the shower will complete a shower sheet. V8 stated if a resident continues to refuse a shower a bed bath is offered, and the bed or refusal will be documented on the resident's shower sheet. V8 confirmed that according to R61's showers sheets, R61 did not receive any showers in February or March, and refused showers on 2/1/25, 2/5/25 and 2/26/25.</p> <p>38780</p> <p>3. R17's Face Sheet (3/24/24) documents R17 has the following diagnoses: Mild Neurocognitive Disorder, Morbid Obesity, Osteoarthritis, Spinal Stenosis, Urinary Incontinence, and Type 2 Diabetes.</p> <p>R17's Quarterly Assessment (12/24/24) documents R17 is cognitively intact, has bilateral lower limb impairments, and is dependent on staff for bathing.</p> <p>R17's Care Plan (current) documents R17 is dependent on staff with bathing/showering.</p> <p>R17's Shower schedule documents R17 is to receive showers on second shift on Wednesday and Saturday.</p> <p>R17's Shower Sheets documents R17 received showers and/or bed baths five times from 2/1/25 through 3/22/25. Further documents R17 only refused to be bathed twice during the same time period.</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>On 3/22/25 at 9:39 AM, R17 stated R17 does not always receive showers. R17 stated R17 requires the use of a mechanical lift for transfers and staff are overworked causing staff to not be timely in providing cares.</p> <p>On 3/24/25 at 8:55 AM, V19 (CNA) stated shower sheets are to be filled out every time a shower and/or bed bath is given or refused. V19 confirmed the shower sheets that are in the binder are the showers/bed baths that were given and/or refused.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>35380</p> <p>Based on observation, interview, and record review, the facility failed to provide and implement activities to meet the interest and needs of the residents. This failure affects four residents (R8, R55, R57, R63) of thirteen residents reviewed for activities in the sample list of 35.</p> <p>Findings Include:</p> <p>All four residents (R8, R55, R57, R63) reside on the facility's locked memory care unit/hallway.</p> <p>On 3/22/25 at 9:45 AM, 10:00 AM, 2:00 PM and 3/23/25 at 9:40 AM, and 11:00 AM. all four residents (R8, R55, R57, R63) were in their rooms asleep or sitting not engaged, with no structured activities.</p> <p>1. R8's undated diagnoses list includes: Unspecified Dementia, unspecified severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety.</p> <p>R8's Care Plan (current), documents R8's preferences for activities are horticulture based activities or crafts, allow resident to choose preferred craft activity; assist with arranging community activities; and ensure the activities the residents is attending is compatible with physical and mental capabilities, compatible with known interests and preferences, adapted as needed; and compatible with individual needs and abilities and age appropriate.</p> <p>2. R55's undated diagnoses list includes: Alcohol Dependence with Alcohol-Induced Persisting Dementia.</p> <p>R55's Care Plan (current) documents ensure that the activities the resident is attending are compatible with physical and mental capabilities, compatible with known interests and preferences, adapted as needed; and compatible with individual needs and abilities and age appropriate, invite the resident to scheduled activities, modify daily schedule/treatment plan to accommodate activity participation as resident requests, and provide activity calendar.</p> <p>3. R57's undated diagnosis list includes: Vascular Dementia, unspecified severity with other behavioral disturbances.</p> <p>R57's Care Plan (current) documents encourage participation in simple activities and provide structured activities such as toileting, walking inside and outside, reorientation strategies including signs, pictures, and memory boxes'</p> <p>4. R63's undated diagnoses list includes: unspecified Dementia, unspecified severity with other Behavioral Disturbances, unspecified Dementia, unspecified severity without Behavioral Disturbance Psychotic Disturbance, Mood Disturbance, and Anxiety.</p> <p>R63's Care Plan (current) documents encourage participation in activities that promote exercise, physical activity, and the resident needs activities that minimize the potential for falls while providing diversion and distraction.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/23/25 at 11:52 AM V14 Activity Director stated she is short staffed right now and has not had anyone to organize or lead activities on the locked memory care unit/hall. V14 stated she has just hired an assistant who will be assigned to that unit on weekends however until she is trained, facility corporate has instructed that the memory care Certified Nursing Assistants should be doing the activities on that unit on the weekends. So far, V14 stated V14 has not been able to have staff engage residents. V14 confirmed residents on the memory care unit should not be sitting around all day or sleeping due to boredom and should be engaged and active as much as possible.</p> <p>The facility's Dementia Unit Admission/Discharge Criteria and Program dated September 2024 documents the goal of this program is to provide a safe environment for the individual, while offering attributives that support the best quality of life possible.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>35380</p> <p>Based on observation, interview, and record review, the facility failed to provide an appropriate indwelling urinary catheter collection bag and failed to secure the bag in a safe and dignified manner for one of one resident (R63) reviewed for indwelling urinary catheters on the sample list of 35.</p> <p>Findings Include:</p> <p>R63's undated diagnoses list documents R63's diagnoses as: Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Chronic Kidney Disease Stage IV, Calculus of Ureter, and presence of Urogenital Implants.</p> <p>R63's Physician Order Sheet (POS) dated March 2025, documents an order for 16 (french)Fr/10 (cubic centimeters)cc related to other Obstructive and Reflux Uropathy.</p> <p>On 03/22/25 at 9:30 AM, R63's catheter bag was attached to R63's pants visible to all. R63's catheter tubing is looped down through his pant leg, exiting at the bottom then looped back up and secured on the outside of R63's pants.</p> <p>On 3/22/25 at 9:40 AM, V9 Licensed Practical Nurse (LPN) stated there are no leg bags available but confirmed R63 should have a leg bag on for safety and dignity.</p> <p>On 3/22/25 at 10:04 AM, V1 Administrator stated he was made aware they needed more leg bags and it is his responsibility to place the order.</p> <p>The facility's Urinary Catheter Care Policy dated last Revised September 2020, documents indwelling catheters may be secured to prevent trauma and tension and catheters shall be positioned to maintain a downhill flow of urine to prevent a back flow of urine into the bladder or tubing during transfer, ambulation, and body positioning.</p>

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  03/25/2025
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>50322</p> <p>Based upon interview and record review, the facility failed to have a Registered Nurse (RN) providing services at least eight consecutive hours a day, seven days a week. This failure has the potential to affect all 62 residents currently residing in facility.</p> <p>Findings Include:</p> <p>The Facility Assessment Tool for Arcadia Care of Watseka dated November 2024 through November 2025 documents staffing should include one registered nurse (RN), two licensed practical nurses (LPN), and six certified nursing assistants (CNA's) for the 6:00 AM thru 6:00 PM shift and one registered nurse (RN), one licensed practical nurse (LPN), and five certified nursing assistants (CNA's) for the 6:00 PM thru 6:00 AM shift.</p> <p>The facility's March 2025 Nursing Schedule documents no Registered Nurses coverage on the following dates 3/8, 3/9, 3/13, 3/14, 3/17, and 3/18/25. The facility's daily assignments document indicates no RN coverage over a 24 hour period for the dates of 3/8, 3/9, 3/13, 3/14, 3/17 and 3/18/25.</p> <p>On 3/24/25 at 1:20 PM, V7 Regional Registered Nurse and V2 Director of Nursing confirmed there are days that the building lacks appropriate RN coverage but that they are currently working on correcting that.</p> <p>Facility Census dated 3/23/25 documents 62 residents currently residing in facility.</p>

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  03/25/2025
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>41002</p> <p>Based on observation, interview, and record review, the facility failed to employ a clinically qualified Director of Food and Nutrition Services. This failure has the potential to affect all 62 residents in the facility.</p> <p>Findings Include:</p> <p>On 3/22/25, 3/23/25 and 3/24/25 V3 Dietary Manager was actively supervising dietary operations in the facility kitchen.</p> <p>On 3/11/25 at 11:04 AM V3 Dietary Manager stated that V3 was hired a couple of weeks ago as Dietary Manager. V3 stated that V3 is not currently a Certified Dietary Manger. V3 stated at this time V3 fails to meet the State of Illinois standards to be a food service manager/dietary manager.</p> <p>On 3/22/25 at 2:02 PM V1 Administrator confirmed that V3 Dietary Manager does not currently have a valid Food Safety/Dietary Manager Certificate as required.</p> <p>The Facility Assessment (not dated) documents a full-time dietician or other clinically qualified nutrition professional to serve as the director of food and nutrition services is needed to provide competent support and care for the facility's resident population every day and during emergencies.</p> <p>The facility Long-Term Care Facility Application for Medicare and Medicaid (3/23/25) documents 62 residents reside in the facility.</p>		

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  03/25/2025
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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>50322</p> <p>Based upon observation, interview and record review the facility failed to employ an Infection Prevention Nurse that physically works onsite in the facility at least part time. This failure has the potential to affect all 62 residents residing in the facility.</p> <p>Findings Include:</p> <p>Observations were made on 3/22/25, 3/23/25 and 3/24/25 between the hours of 8:30 AM and 4:00 PM. During these times, no certified Infection Preventionist nurse was in facility.</p> <p>On 3/24/25 at 2:00 PM, V7 Regional Registered Nurse stated the facility's Infection Preventionist is a Regional Infection Preventionist (V25) who works offsite. V7 stated V25 is responsible for all infection tracking and logs and that these are not kept/maintained in the facility.</p> <p>On 3/25/25 at 9:18 AM V2 Director Of Nursing (DON) stated she believes they are supposed to be tracking resident infections but that V25 Regional Infection Preventionist keeps track of resident infections. V2 stated she herself does not have access to the infection tracking log.</p> <p>On 3/25/25 at 9:32 AM V25 Regional Infection Preventionist stated she is at the facility every Tuesday. V25 stated she focuses on Infection Control in the building one day per week.</p> <p>The facility's clinical nurse schedule for month of March 2025 documents no Infection Prevention nurse on site.</p> <p>Resident Census dated 3/23/25 documents a total of 62 residents currently residing in facility.</p>		