

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2026
NAME OF PROVIDER OR SUPPLIER Arcadia Care Toulon		STREET ADDRESS, CITY, STATE, ZIP CODE 700 E Main St Toulon, IL 61483	

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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on observation, interview and record review the Facility failed to provide proper nourishment of normal meal hours for five of nine Residents (R13, R14, R15, R16 and R17) reviewed for mealtime in a sample of 17. Findings include: The Facility Week at a Glance Dietary Menu Week Three, dated 3/12/26, documents breakfast meal at 8:00 am, lunch meal at 12:00 pm and dinner meal at 5:00 pm. The Dietary Manager Job Description, dated 7/2023, documents: responsible for partnering with the Dietitian to plan, organize, develop and direct the overall operation of the Dietary Department in accordance with current, federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, to assure that quality nutritional services are provided on a daily basis and that the Dietary Department is maintained in a clean, safe and sanitary manner; and assist in planning, developing, organizing, implementing, evaluating, and directing the Dietary Department. The Facility Concern/Compliment Form, dated 4/1/26, documents trays not getting picked up in rooms at night and that staff do not always pick up the meal room tray in R14's room. The Facility Inservice Sign-In Sheet, dated 4/1/26, documents an in-service with Certified Nursing Assistant's for Breakfast, Lunch and Dinner trays that need to be collected and sent back to the kitchen and that trays do not get left in Residents rooms. On 4/17/26 at 11:01 am, V9 (Certified Nursing Assistant/CNA) was picking up Hall A breakfast room trays and placing onto a dietary tray cart. V9 stated, These are the breakfast room trays. On 4/17/26 at 11:09 am, R15 was eating a breakfast room tray in R15's room. R15 stated, I am just finishing up my breakfast. I did not get to go to Activities at 10:00 am this morning, because I got my breakfast tray late. On 4/17/26 at 2:11 pm, R16 was sitting on the edge of R16's bed, beginning to eat a lunch room tray. R16 stated, I just received my lunch. On 4/17/26 at 1:35 pm, V9 (Activity Director) and V10 (Activity Aide) were pushing a dietary meal tray cart and were delivering room trays on Hall B. The dietary meal tray cart had 13 room trays that had not been served. V9 stated, We are delivering room trays, the kitchen is really far behind today. On 4/17/26 at 2:07 pm, R13 was eating a lunch room tray in R13's room. R13 stated, I just got my lunch tray. On 4/17/26 at 2:08 pm, R17 was eating a lunch room tray in R17's room. R17 stated, They just dropped this tray off. On 4/18/26 at 9:05 am, V1 (Administrator in Training/AIT) stated, We have way too many room trays, we need to re-look at those. They should not be receiving the trays so late and should be picking them up shortly after they are done.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview and record review the Facility failed to provide a functional, safe and comfortable environment for Residents and the public. This failure has the potential to affect all 71 Residents residing in the Facility. Findings include: The Facility Maintenance Director Job Description, dated 3/2024, documents: primary purpose is to plan, organize, develop and direct overall operation of the Maintenance Department in accordance with current federal, state and local standards, guidelines and regulations governing the Facility and to assure that the Facility is maintained in a safe and comfortable manner; repair facility/resident property as necessary and in the event unable to repair coordinate with outside vendors to make repair or replace as cost effectively as possible; assist in identifying, ensure that supplies and equipment are maintained to provide safe and comfortable environment and promptly report equipment or facility damage to the Administrator; and make weekly inspections of all maintenance functions to assure that quality control measures are maintained. The Facility Daily Census Report, dated 4/17/26, documents 71 Residents residing in the Facility. V5's (former Maintenance Director) Corrective Action Form, dated 4/10/26, documents V5 was terminated from the Facility for incompetence, substandard productivity or unsatisfactory job performance and that on 3/25/26, V5 did not complete tasks assigned to the overall Facility environment issues as a result of a health survey. On 4/17/26 at 10:00 am, V1 (Administrator in Training/AIT) was unable to provide Maintenance Work orders (3/1/26 through 4/17/26). On 4/17/26 at 9:02 am, the entry into Hall A had a change of plane with an approximately eight feet by four feet area of missing floor tiles. Room A13 had a loose/peeling baseboard strip between the dresser and the bathroom. Room A10 had chipped paint on the corner wall between the bathroom and dresser and an approximately two feet by eight feet area of missing paint and exposed drywall. Room A6 had two exposed metal screws, an approximate six-inch area of exposed drywall area and two separate chipped drywall areas on the wall between the bathroom and dresser. Multiple Resident rooms had scratched, missing paint and wood chipped out of the doors. On 4/17/26 at 9:10 am, Room B1 had an approximate four-inch area of drywall chipped on the corner between the bathroom and dresser. Room B12 (R1's) room, had exposed black, white and green electrical cable cord wires attached out of a wall vent (approximately two feet from the floor) to the ceiling in the dresser cove and two metal screws approximately one-half inch out of the wall and the wall mount heating/cooling unit outside cover was laying on the ground covered with leaves/debris. Room B11 had an exposed black, white and green electrical cable cord wires attached out of a wall vent (approximately two feet from the floor) to the ceiling in the dresser cove. A wall mounted computer screen between Room B8 and the storage room, an approximately 6 feet electrical black cord was hanging from an electrical outlet onto the B Hall floor walk pathway. Multiple Resident rooms had scratched, missing paint and wood chipped out of the doors. On 4/17/26 at 9:20 am, Hall D had an approximately 6 feet electrical black cord hanging from an electrical outlet onto the B Hall floor walk pathway. Room D4 had an approximate six feet by six feet, brown exposed circular drywall area patch missing. Multiple Resident rooms had scratched, missing paint and wood chipped out of the doors. On 4/17/26 at 9:38 am, Room E1 had two approximate eight inch by ten-inch horizontal areas of drywall holes and two six-inch by eight-inch circular drywall holes with multiple scratches. The door to the bathroom had scratched and chipped wood. Room E2 had multiple paint colors on the wall, and the upper area of the heating/cooling unit had exposed crumbling yellow/brownish/gray exposed drywall and a missing wood frame board to the area between the heating/cooling unit and the window. The Main Dining Room had exposed drywall with no base boards on the entire wall between the exit door and windows and on the interior meal serving window wall. On 4/17/26 (8:00 am through 3:00 pm) and 4/18/26 (8:00 am through 1:00 pm) the men's and women's visitor bathrooms had out of order signs on the door. On 4/18/26 at 9:30 am, V1 (Administrator in Training/AIT) stated, This is an old building, and we realize that a lot of things need repaired, and we (continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>are working on getting a lot of things fixed. The visitor bathrooms are currently out of order. We have just terminated our Maintenance Director (V5) for failure to complete the job duties. We are looking to hire a new person, and, in the meantime, we have our corporate maintenance helping out.</p>		