

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 04/30/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to implement a fall intervention for one of three residents (R3) reviewed for falls in the sample of nine. Findings include: The facility's Fall Prevention Policy dated 01/26 documents, Purpose: To assure the safety of all resident in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Safety interventions will be implemented for each resident identified at risk. Accident/Incident reports involving falls will be reviewed by the Interdisciplinary Team to ensure appropriate care and services were provided and determine possible safety interventions. The Director of Nursing or designee is responsible for monitoring the Fall Prevention Program. R3's admission Record documents R3 is an [AGE] year-old admitted to the facility on [DATE] with diagnoses of Dementia and Abnormalities of the Gait. R3's Unwitnessed Fall Incident Follow-Up Progress Note dated 2/24/26 documents, IDT (Inter-Disciplinary Team) met and reviewed. Root Cause: (R3) slipped out of vinyl or leather recliner when attempting to get up. Intervention: (Non-Skid Material) to be applied to recliner seat. R3's current Care Plan documents, (R3) is at risk for falls related to Dementia and Disc Degeneration. Interventions: 2/21/26 (Non-Skid Material) to recliner to reduce risk of sliding out of recliner. On 4/30/26 at 9:45 AM R3's recliner was located in her room to the right side of R3's bed. R3's recliner did not have a non-skid material on the seat as noted by R3's current fall care plan. On 4/30/26 at 9:55 AM V14 (CNA/Certified Nursing Assistant) verified R3's recliner did not have a non-skid material on the seat. V14 stated, I have never seen a non-skid material on (R3's) recliner seat. On 4/30/26 at 11:20 AM V2 (Director of Nursing) stated R3's recliner seat should have non-skid material.</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 record review and interview the facility failed to ensure ceiling tiles and a cold water pipe were kept clean, in good repair, and free of leaks. These failures have the potential to affect all 72 residents residing within the facility. Findings include: The Facility Maintenance Director Job Description dated 3/2024 documents, The 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. Make weekly inspections of all maintenance functions to assure that quality control measures are maintained. The Facility Daily Census Report, dated 4/29/26, documents 72 residents are currently residing in the facility. V12's (former Maintenance Director) Corrective Action Form, dated 4/10/26, documents V12 was terminated from the facility for incompetence, substandard productivity or unsatisfactory job performance. This same form documents V12 did not complete tasks assigned such as fixing/replacing stained ceiling tiles by 4/10/26 as instructed to do so by V8 (Regional Maintenance Director). On 4/29/26 at 9:45 AM, a trash can was observed in the center of the ice machine/vending machine area collecting water from an actively leaking water pipe in the ceiling. The trash can contained approximately one inch of standing water and a two foot by two foot ceiling tile was missing, exposing insulation, wiring, and water pipes in the ceiling. There were two blankets and multiple towels soaked in water on the floor underneath the trashcan. Twelve ceiling tiles above the nurses' desk showed brown staining and visible bulging, indicating potential water damage. On 4/30/26 at 10:00 AM the ice machine/vending machine area still had two missing two foot by two foot ceiling tiles, exposing insulation, wiring, and water pipes in the ceiling. On 4/29/26 at 9:50 AM V4 (RN/Registered Nurse) stated she has worked at the facility since December 2025 and the ceiling tiles above the nurses' station have been stained since she has worked at the facility. V4 also stated a pipe in the ceiling in the vending/ice machine area burst yesterday and has been leaking since. On 4/29/26 at 10:00 AM V5 (LPN/Licensed Practical Nurse) stated, I have worked here for years and the ceiling tiles above the nurses' station have been stained for as long as I can remember. The ceiling has been leaking in the ice machine area for several days and the ice machine in that area is used for all the residents. On 4/20/26 at 11:10 AM V8 (Regional Maintenance Director) confirmed the ceiling tiles above the nurses' station are stained and stated, The tiles take a little time to cut, and no one has had time to change the tiles yet. V8 also confirmed a water pipe in the ice machine/vending area was leaking and the ceiling tile had been removed.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on interview and record review the facility failed to ensure all Certified Nurse Aides (CNAs) received the 12 hours of required annual competency in-service training. This failure has the potential to affect all 72 residents who currently reside in the facility. Findings include: The Facility Daily Census Report, dated 4/29/26, documents 72 residents are currently residing in the facility. The facility's Facility Assessment Tool dated 3/26/26 documents, Required in-service training for nurse aides must: Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year and address areas of weakness as determined in nurse aides' performance reviews and facility assessment and may address the special needs of residents as determined by the facility staff. V9 (Agency CNA/Certified Nursing Assistant) and V10's (Agency CNA) Employee Records and Training Records dated 4/30/25 through 4/30/26 do not include the 12 hours of annual competency CNA training. On 4/29/26 at 10:10 AM V9 (Agency CNA) stated, I have not received 12 hours of annual competency training from the facility or from the agency that hired me. I had no idea that I needed to have 12 hours of annual training. On 4/29/26 at 10:15 AM V10 (Agency CNA) stated she has not received any training within the last year. V10 also verified that she takes care of all of the residents within the facility. On 4/30/26 at 11:15 AM V1 (Administrator-In-Training) and V2 (Director of Nursing) both confirmed that V9 and V10 have not had 12 hours of annual CNA training from the facility or the agency that hired them.</p>		

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>Based on interview and record review the facility failed to ensure all Certified Nurse Aides received behavioral health training. This failure has the potential to affect all 72 residents who currently reside in the facility. Findings include: The Facility Daily Census Report, dated 4/29/26, documents 72 residents are currently residing in the facility. The facility's Facility Assessment Tool dated 3/26/26 documents, Required in-service training for nurse aides must: Include Dementia management training and resident abuse prevention training. For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired with behaviors. V9 (Agency CNA/Certified Nursing Assistant) and V10's (Agency CNA) Employee Records and Training Records dated 4/30/25 through 4/30/26 do not include behavioral health training. On 4/29/26 at 10:10 AM V9 (Agency CNA/Certified Nursing Assistant) stated, I have not received behavioral health training from the facility or from the agency that hired me. On 4/29/26 at 10:15 AM V10 (Agency CNA) stated she has not received any training within the last year. V10 also verified that she takes care of all of the residents within the facility. On 4/30/26 at 11:15 AM V1 (Administrator-In-Training) and V2 (Director of Nursing) both confirmed that V9 and V10 have not had received behavioral health training from the facility or the agency that hired them.</p>		