

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Care Danville		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 North Bowman Danville, IL 61832	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on interview and record review the facility failed to ensure a resident's right to be free from verbal abuse by staff. This failure affects one (R9) of three residents reviewed for verbal abuse on the sample list of nine residents.</p> <p>Findings include:</p> <p>The facility abuse policy dated 8/2023 documents the 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 the facility is doing all 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 has attempted to establish a resident sensitive and resident secure environment.</p> <p>R9's Minimum Data Set, dated dated [DATE] documents R9 as cognitively intact.</p> <p>R9's care plan dated 5/8/23 documents R9 has occasional incontinence requires assistance with grooming and toileting/cleaning.</p> <p>On 5/23/24 at 2:56PM, R9 said he woke up with loose stools this morning and couldn't make it to the bathroom in time. R9 said he pushed the call light and V11 Certified Nursing Assistant (CNA) answered the call light. V11 CNA handed R9 wipes so he could reach himself to wipe and when R9 demonstrated to V11 CNA he could not reach himself to wipe, V11 CNA said, If you weren't so fat, you'd be able to reach. R9 said this made him feel ashamed and embarrassed, especially when he relayed this information to V12 Activity Director. R9 stated after sharing his experience with V12 Activity Director, V1 Administrator, V2 Director of Nursing and a local police officer interviewed him.</p> <p>On 5/23/24 at 3:20PM, V1 Administrator said V11 CNA was suspended pending the abuse investigation and based on the information she had gathered, she would consider this verbal abuse.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>42702</p> <p>Based on interview and record review the facility failed to facilitate interdisciplinary care plan meetings including residents for one (R2) of three residents reviewed for care plan meetings from a total sample list of nine residents.</p> <p>Findings include:</p> <p>The facility Care Plan Meeting Procedure dated 3/2024 documents invitations will be extended to the resident or their representative, to participate in the resident's quarterly care plan meeting. Social Services, Nursing, Dietary, Activities, Restorative or Rehabilitation services will also be included to discuss any issues at the care plan meeting.</p> <p>R2's quarterly care plan dated 5/16/24 documents V8 Care Plan Coordinator was the only person in attendance for R2's care plan meeting. No documentation was recorded regarding falls, injuries or fall interventions. No documentation regarding behaviors, cares or weight loss was recorded.</p> <p>On 5/23/24 at 11:00AM, V8 Care Plan Coordinator said she did not know if R2's guardian had received her invitation to the care plan meetings and she held it on her own, without any other members of the team or the resident.</p> <p>On 5/23/24 at 11:08AM, V2 Director of Nursing said the resident, the family, a nurse, social services and dietary at a minimum should be present and participating in care plan meetings. V2 said, I wasn't aware they weren't participating.</p> <p>On 5/23/24 at 2:30PM, V3 Regional Nurse Consultant stated, We have to change the way we are communicating with the guardian for (R2) when it comes to care conferences. It isn't happening right now, and we don't even know if they are getting our requests for meetings.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on observation, interview and record review the facility failed to provide bathing, shaving and nail care for one (R2) of three residents reviewed for dependent activities of daily living from a total sample list of nine residents.</p> <p>Findings include:</p> <p>The facility Bathing policy dated 3/2024 documents ensuring a resident's cleanliness is done to maintain proper hygiene and dignity. The facility Nail Care policy dated 3/2024 documents nails should be assessed during bathing and addressed for cleanliness, length and uneven edges. The facility Certified Nursing Assistant (CNA) policy dated 7/2023 documents essential duties of the CNA include bathing, dressing, grooming, shaving, and feeding residents.</p> <p>R2's Minimum Data Set, dated dated dated [DATE] documents R2 is dependent for all care.</p> <p>R2's Minimum Data Set, dated dated dated [DATE] documents R2 is severely cognitively impaired.</p> <p>No documentation could be provided by the facility indicating when R2's last shower, shave or nail trim was most recently done.</p> <p>On 5/22/24 at 2:30PM, R2 was sitting on his bed in the dark, rocking, the bed sheet was soiled and R2 was wearing hospital gown and sweatpants. R2's gown and sweatpants were visibly soiled, R2's toenails were 1/2 inch long past the end of the toe and R2 was unshaven with hair 1 and 1/2 inches long.</p> <p>On 5/23/24 at 9:00AM, V1 Administrator and V2 Director of Nursing said they saw R2 the day before and recognized R2 needed attention. V1 Administrator said R2 needed a shower, a bed change, needed to be shaved and to have his toenails clipped. V2 Director of Nursing said R2 had been in state for a while and he did not know why the CNAs nor the Podiatrist had not addressed his care needs and it wasn't dignified.</p>		