STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Danville	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 34201 Based on interview and record review, the facility failed to ensure a resident was free from physical abuse for two of three residents (R1, R2) reviewed for abuse on the sample list of nine. This failure resulted in R2 experiencing discomfort and swelling to the face as well as being fearful of R1 after R1 hit R2. Findings Include: The facility's undated Preliminary 24 Hour Abuse Investigation Report documents on 6/3/24 at approximately 11:45 pm, V1 Administrator received an allegation that R1 struck R2 on the side of the face. R1 and R2's Physical Abuse Investigation Folder contained the following staff witness statements: V9 CNA's (Certified Nursing Assistant) statement documents R1 became very aggressive on Monday night (6/3/24). It started when R1 came back to the facility and just progressed. A little after 11:00 pm, another CNA came and got V9 stating that R1 had hit R2, R1's roommate, in the face and they needed separated. V4 Agency LPN (Licensed Practical Nurse) reported that the police were called to diffuse the situation and for V9 and the other staff to wait on the police. Before the police officer arrived, R1 came out of the room and started cursing the staff out. When the police officer arrived, R1 was still yelling at everyone while we were trying to calm him down. R1 said that since staff didn't see R1 hit R2, it didn't happen. After the police officer left the facility, staff asked R1 to switch rooms and R1 cursed staff out again and accused staff of being racist against R1 so R2 agreed to switch rooms instead. V10 CNA's statement documents, at the beginning of V10's shift (3rd shift) on 6/3/24, R1 was yelling out profanity. As V10 started walking to R1's room, R1 came out into the hallway and started yelling at the nursing staff. Upon arrival to R1's room, R2 was telling the nurse that R1 hit R2 in the side of the head with R1's fist. R1 returned to the room still yelling at the staff and R2. The police were called, and the officer suggested we separate the residents for the night. R2 was moved into a different room. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Danville	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	V11 CNA's statement documents on 6/3/24 during 3rd shift, R1 and R2's call light was on and upon entry to the room, R2 yelled out that R1 needed to get out of the room because R1 came over to R2's side of the room and hit R2 in the face. V11 asked them both to stay quiet until I (V11) got back with a nurse. Once the nurse arrived, the situation further escalated. R1 was saying racial and rude remarks to the staff. R2 was moved to a different room. R2's Other Skin Condition Report dated 6/4/24 at 12:06 am by V4 Agency LPN (Licensed Practical Nurse) documents R2 has slight swelling to the left side of the face, near the eye. On 6/10/24 at 11:00 am, R2 stated R2 had loaned R1, former roommate, some money. R2 stated R1 never paid R2 back so R2 asked R1 for the money and R1 hauled off and hit me (R2) in the face. R2 stated the police were called and R2 was moved into a different room. R2 explained R2 was happy to move because R2 was fearful of what R1 would do to R2 since R2 reported R1 to the police. R2 also stated that after being hit in the face, R2's face was initially sore and swollen. On 6/11/24 at 8:15 am, V5 SSD (Social Service Director) confirmed R1 hit R2. The facility's Abuse Prevention and Reporting Police dated October 2022 documents this facility prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. Abuse is defined as any physical or mental injury inflicted upon a resident other than by accidental means.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Danville	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34201 Based on record review and interview, the facility failed to develop a comprehensive care plan for one of three residents (R1) reviewed for abuse on the sample list of nine. Findings Include: The facility's Identified Offender - Admission Guidelines Policy dated May 2024 documents upon admission of an identified offender to a facility or a decision to retain an identified offender in the facility, the facility, in consultation with the medical doctor and law enforcement, must specifically address the resident's needs in an individualized plan of care that reflects the risk assessment of the individual. The care planning of identified offenders shall include a description of the security measures necessary to protect facility residents from the identified offender, including whether the identified offender should be segregated from other residents if the facility's risk assessment determines that an identified offender must have his or her own room, then all of the criteria below must be met: the room must be in direct view of the nursing station, the room must be separated from rooms of residents who are at risk, and the resident must not share his or her bathroom with any other resident. R1's ongoing Census documents R1 was admitted to the facility on [DATE]. R1's Criminal History Report dated 5/22/24 documents several arrests and convictions including one for aggravated battery. R1's admission referral packet dated 5/10/24 contained a plan of care dated 2/6/24 from the referring facility that documents R1 has been identified as an Offender of a felony offense as listed in Section 25 of Healthcare Worker Background Check Act and has been assessed as a Moderate Risk towards other residents, staff or visitors. The nature of resident's offense was criminal trespass, burglary, false alarm complaints, DUI, retail theft, criminal damage to state property, resisting a peace officer, aggravated battery. He has a criminal history of being incarcerated most of his life from 1983-2021. R1's Comprehensive Care Plan dated 5/31/24 does not document that R1 is an Identified Offender, what R1's risk level is or any interventions that are in place. On 6/11/24 at 8:15 am, V5 SSD (Social Service Director) confirmed R1's Identified Offender Status and Risk Level is not care planned and should be.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Danville	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34201 Based on interview and record review, the facility failed to ensure the safety of residents by failing to accurately screen and assess a new resident upon admission and implement necessary safety interventions for two of three residents (R1, R2) reviewed for abuse on the sample of nine. This failure resulted in a newly admitted resident (R1) residing in a room with R2 and R1 being physically aggressive with R2, hitting R2 in the face with a closed fist. As a result of the physical abuse, R2 experienced facial discomfort and swelling along with psychosocial harm. Findings Include: The facility's Identified Offender-Admission Guidelines Policy dated May 2024 documents, Criminal History Record Information will be requested, the facility must review screenings and all supporting documentation to determine if the placement is appropriate, the facility must develop a plan of care appropriate to the needs of the offender. Upon admission of an identified offender, the facility, in consultation with the medical doctor and law enforcement, must specifically address the resident's needs in an individualized plan of care that reflects the risk assessment of the individual. In conducting a risk assessment of an identified offender and developing a plan of care, the facility shall consider the following: the care and supervision needs, if any, specific to the individual's criminal offense, the results of the screening conducted pursuant to the act, the amount of supervision required by the individual to ensure the safety of all residents, staff, and visitors in the facility. The physical and mental abilities of the individual, the current medical assessments of the individual, approaches to resident care that are proactive and are appropriate and effective in dealing with any behaviors specific to the identified offense, and the number and qualifications of staff needed to meet the needs of the individual and the required level of supervision at all times. The care planning of identified offenders shall include a description of the security measures necessary to protect facility residents from the identified offender, including whether the identified offender should be segregated from other residents, if the facility's risk assessment determines that an identified offender must have his or her own room. R1's Admission Referral Pack dated 5/10/24 contained a plan of care dated 2/6/24 that documents R1 has been identified as an Offender of a felony offense as listed in Section 25 of Healthcare Worker Background Check Act and has been assessed as a Moderate Risk towards other residents, staff or visitors. The nature of resident's offense was criminal trespass, burglary, false alarm complaints, DUI, retail theft, criminal damage to state property, resisting a peace officer, aggravated battery. He has a criminal history of being incarcerated most of his life from 1983-2021. R1's ongoing Census documents R1 was admitted to the facility on [DATE]. R1's Medical Record contained two different Illinois State Police Background Checks for R1, each with a different date of birth. The first one dated 5/10/24 documents, no record on file. The second one dated 5/22/24 documents, multiple hits and documents the following arrests and convictions: criminal trespass to land, false alarm/complaint to 911, burglary, DUI (Driving Under the Influence)/Alcohol, retail theft, criminal damage to state property, resisting a peace officer, possession of cannabis, attempted theft, and aggravated battery. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Danville	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	R1's MDS (Minimum Data Set) dated 5/17/24 documents R1 is alert and oriented, has verbal behaviors, and requires supervision with ambulation and transfers. R1's Care Plan dated 5/31/24 does not document any Identified Offender Information. R1's Progress Notes dated 6/4/24 at 12:00 am by V4 Agency LPN (Licensed Practical Nurse) documents R1 was placed on 15 minute checks and R2 (R1's roommate) was removed from the room due to R2's allegations of R1 striking R2 in the face. R2's Progress Note dated 6/4/24 does not document the allegation of R1 hitting R2 however it does document a new skin concern of slight swelling on left cheek near the eye with no bruising at this time. On 6/10/24 at 11:00 am, R2 confirmed that R2 was struck in the face by R1. R2 stated R2 chose not to pressure charges on R1 but did report R1 to the police and was fearful of what R1 would do to R2 because of that, so R2 was happy that the facility moved R2 into a different room. R2 also stated that after being hit in the face, R2's face was initially sore and swollen. R1's Medical Record did not contain an Abuse Risk Assessment until 6/4/24 {25 days after admission to the facility and the day of the incident}. This assessment documents R1 is at high risk. On 6/11/24 at 8:15 am, V5 SSD (Social Service Director) stated the Corporate Office completes background checks, prior to admission, for all new admissions and if it comes back with a hit, then they give it to V5 to schedule finger prints. V5 stated V5 noticed the original background check had the wrong birthday input into the system so a new background was completed and that is when R1's hits showed up. V5 reviewed R1's ongoing census that documents upon admission (5/10/24), R1 was admitted into a four bed ward then was moved into a private room on 5/12/24, but V5 is unsure what happened to cause that room move. V5 explained that R1 remained in the private room until 5/22/24 when R1 was moved into a semi-private room with R2, due to another resident needing the private room R1 was in. V5 explained that after R1 hit R2 on 6/4/24, R2 was moved into a different room because R1 refused to move rooms. When asked about any safety precautions that were in place due to R1's background report, V5 stated V5 was aware of R1's background information however R1 was not displaying any behaviors until R1 was placed with a roommate, therefore no safety precautions were in place or care planned. V5 also stated, It has surprised us all because when (R1) was first admitted , (R1) was very pleasant but something happened and (R1) just turned left. V5 explained, R1 has not been physical with anyone since the incident with R2 however R1 continues to harass and torment, to the point where the staff are fearful of R1. V5 stated the next day when V5 checked on R2, R2 was still talking about the incident and wanted the police called again. The police came back out but R2 again did not press charges. On 6/11/24 at 10:12 am, V15 Freedom of Information Officer with the Danville Police Department confirmed that on 6/3/24 a couple minutes before midnight, the Danville Police Department received a call regarding R1 hitting R2, then was called back the following day regarding the same incident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Danville	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 6/11/24 at 10:42 am, V13 Regional Director of Operations, with V1 Administrator present, stated R1's background was run prior to R1's admission and as soon as the facility figured out it was run with the wrong date of birth, another background check was run. When asked about interventions to keep facility residents safe from R1 based off R1's background check, V13 did not provide any and stated V13 was not aware that R1 had an aggravated battery conviction on R1's record. On 6/11/24 at 10:50 am, R1 stated when R1 was admitted to the facility and placed into a room with other residents, a four bed ward, that R1 told both V1 Administrator and V5 SSD that the other two facilities R1 had been at in the past had R1 in a private room due to R1's background check and recommendations from the police but that this facility told R1 they could not do that. R1 explained after being in the four bed ward, another resident complained about R1, so the facility moved R1, then moved R1 in with just one other resident. R1 stated R1 thought R1 could handle it with just one other resident but I (R1) couldn't. (R2) accused me (R1) of hitting (R2) so now I (R1) have to defend myself. Had they {facility} had me (R1) in a room by myself to start like I (R1) told them {V1 and V5} I (R1) needed; this never would have happened. On 6/11/24 at 11:07 am, V1 stated R1 never told V1 that R1 needed to be in a private room based on R1's background check however R1 did ask V1 about being in a private room but the facility couldn't accommodate that.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Danville	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)
F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. 41002 Based on observation and interview the facility failed to honor R4's breakfast meal preferences. This failure affects one of (R4) three residents reviewed for meal preferences in the sample list of nine. On 6/11/24 at 7:28 AM R4 showed the surveyor a picture of R4's 6/9/24 breakfast tray, which showed one fried egg only on the plate. R4 stated that is what R4 was served on 6/9/24 and 6/10/24. R4 explained R4 prefers fried eggs and about one month ago, talked with V16 Dietary Manager and requested two fried eggs, two pieces of toast and two sausages every day for breakfast and that the facility did it a couple of days but since then, R4 is only getting one slice of toast and then the past two days, didn't even get that, R4 only got one fried egg. On 6/11/24 at 7:28AM R4's breakfast tray consisted of two fried eggs, one slice of toast, oatmeal and a four ounce drink. On 6/11/24 at 2:00 PM V16 confirmed R4 spoke with V16 awhile back and requested to receive two fried eggs and two pieces of toast for every breakfast so that is what R4 should be served. V16 stated V16 is not aware of R4 only getting one fried egg on 6/9/24 and 6/10/24.