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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145774 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/12/2024 |
| NAME OF PROVIDER OR SUPPLIER Arcadia Care Havana | | STREET ADDRESS, CITY, STATE, ZIP CODE 609 North Harpham Street Havana, IL 62644 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Provide activities to meet all resident's needs.</p> <p>33975</p> <p>Based on observation, interview and record review the Facility failed to ensure that ongoing resident centered activity programs were being offered. This failure has the potential to affect all 40 Residents residing in the Facility.</p> <p>Findings include:</p> <p>Facility Resident Census Roster, dated 12/9/24, documents 40 Residents residing in the Facility.</p> <p>Facility Resident Rights Policy, revised 11/2018, documents: the Facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life; must provide equal access to quality care; must provide services to keep your physical and mental health, at their highest practical levels; and you have the right to participate in social and community activities.</p> <p>The Facility Activity Director Essential Duties and Responsibilities/Job Description, revised 5/2023, documents: to provide ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental and psychosocial wellbeing of each Resident; and to develop and plan activities.</p> <p>On 12/10/24 at 9:30 am, 9:55 am, 10:02 am, 10:30 am, 11:40 am, 12:42 pm, 1:10 pm and 1:30 pm, the Facility did not have any scheduled Activities being conducted.</p> <p>On 12/10/24 at 10::00 am, R5 (Resident Council President) stated, We lost our Activity girl and we have not had anything going on in activities for over a week. I would definitely go, if they had them, because I like to stay busy. I have had other Residents complain about this too.</p> <p>On 12/10/224 at 10:40 am, R7 stated, I go to the activities when they have them, but they are not having any right now.</p> <p>On 12/10/24 at 10:45 am, R6 stated, There are no activities here. I like music and Bingo. I am legally blind, so I would need someone to help me play Bingo. I get a lot of anxiety from just sitting in my room.</p> <p>On 12/10/24 at 1:33 pm, R2 stated, There are no activities to go to, they are not having them right now. I would like to go to Bingo and I also like to color and stuff.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On 12/10/14 at 1:40 pm, R3 stated, I am here getting therapy and I have not been to any activities in over a week. I have not heard or seen anything going on.</p> <p>On 12/9/24 at 10:02 am, V3 (Social Service Director) stated, I just started working here on 11/18/24, and we have not had an Activity Director for at least over a week. The last I knew, was that she just up and quit. I have not seen hardly any activities going on in here for the Residents. I just found out that they are assigning me to the Activity Director position as well, so I guess I will be doing both jobs.</p> <p>On 12/12/24 at 11:10 am, V1 (Administrator in Training/AIT) verified that the Facility did not have an Activity Director or full time Activity Assistant, and stated, (V10/Former Activity Director) had just started recently, then just up and quit over a week ago, and we have not had anyone in that position.</p> | | |

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| <p>F 0689</p> <p>Level of Harm - 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** 33975</p> <p>Based on observation, interview and record review the Facility failed to initiate resident specific fall interventions for one of four Residents (R1) reviewed for falls in a sample of four. This failure resulted in R1 requiring laceration treatment and radiography testing, on two separate occasions, at the local hospital Emergency Department.</p> <p>Findings including:</p> <p>Facility Fall Prevention Program Policy, revised 5/2022, documents: to assure the safety of all Residents 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; methods to identify risk factors and identify Resident's at Risk; use and implementation of professional standards of practice; addresses each fall; interventions are changed with each fall, as appropriate; preventative measures; and 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.</p> <p>R1's Incident Report Form to the local State Agency, dated 9/23/24, documents R1 was found on the floor after a self-transfer, with a cut on the skull/bleeding and R1 was sent to the local hospital for treatment of the skull laceration (three staples to head). The Report Form documents a fall intervention of staff in-service and R1 was educated on fall prevention and assessed for a new wheelchair.</p> <p>R1's Physician Order Sheet, dated 12/10/24, documents R1's diagnoses including Pneumonia, Dysphagia, Traumatic Brain Injury, Seizures, Bipolar Disorder, Muscle Wasting and Atrophy, Lack of Coordination, Abnormal Gait and Mobility. R1's diet order of Regular texture thin consistency and pleasure feedings was discontinued on 12/3/24 and a new order, on 12/10/24, for Regular, pureed texture and nectar liquids.</p> <p>R1's Minimum Data Set/MDS, dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of moderate/severe cognitive impairment (0/15). The MDS Functional Abilities documents upper and lower limited range of motion and requires substantial/maximal assistance with activities of daily living.</p> <p>R1's current Care Plan documents: that R1 is at risk for decreased mobility, impaired mobility related to a history of weakness; has a history of falls; impaired cognitive function related to Traumatic Brain Injury/TBI and unable to answer BIMS questionnaire; communication problem; mood fluctuations related to TBI and Bipolar diagnosis; and has risk factors that require monitoring and intervention to reduce potential for self-injury related to TBI, unsteady gait and fall history. The Care Plan does not document specific Resident fall interventions for the individual falls for R1.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>R1's AIM for Wellness Event Record, dated 9/16/24, documents R1's 9/16/24 at 8:15 pm, fall out of the wheelchair onto the floor, while trying to open bathroom door to empty urinal. R1 sustained a hematoma and abrasion to the Right Forehead (2.5 centimeter/cm in length and superficial depth). No intervention is documented.</p> <p>R1's AIM for Wellness Event Record, dated 9/23/24, documents R1's 9/23/24 at 1:00 pm, unwitnessed fall with head injury and (R1) states (R1) was putting (R1) to bed and fell , hitting (R1's) head on (R1's) end side table. R1 was transferred to the local Hospital Emergency Department for treatment of a scalp laceration (7.0 by 0.1 centimeter/cm) and the fall intervention was to not applicable (NA) to be determined (TBD).</p> <p>R1's AIM for Wellness Event Record, dated 10/5/24, documents R1's 10/5/24 at 3:00 am, fall in room from bed and the intervention was to re-educate (R1) on importance of using call light when assistance is needed.</p> <p>R1's AIM for Wellness Event Record, dated 10/10/24 at 3:15 pm, documents R1's 10/10/24 at 3:15 pm, fall when transferring from the wheelchair to the bed and R1 sustained a laceration to the forehead. R1 was transferred to the local Hospital Emergency Department for treatment of the forehead laceration (2.0 cm by 1.0 cm) and the intervention was to remind (R1) to ask for assistance with transfers.</p> <p>R1's local Hospital Discharge Disposition, dated 9/23/24, documents R1 sustained a minor closed head injury and superficial laceration, requiring staples to the scalp after a fall/tripping. The Disposition documents staple removal in ten days.</p> <p>R1's local Hospital Discharge Disposition, dated 10/10/24, documents R1 was treated for a superficial laceration to the Forehead after a fall from a chair on the same level by slipping.</p> <p>On 12/10/24 at 9:55 am, attempts to interview R1 were unsuccessful. R1 was unable to communicate. R1 was sitting in the middle of R1's room, in a wheelchair, leaning to the right side and drool/saliva on mouth. R1 did not have a call light within reach.</p> <p>On 12/11/24 at 10:44 am, R1 was in R1's room and R1 did not have a call light within reach.</p> <p>On 12/10/24 at 10:00 am, R5 (Resident Council President/R1's Roommate) stated, He (R1) has fallen many times and a lot lately. I am not sure what exactly they are doing to help him, because look at him, he definitely needs their help with everything. He just keeps getting up on his own.</p> <p>On 12/11/24 at 9:50 am, V3 (Assistant Director of Nursing/ADON) stated, (R1) is pretty much nonverbal and has had falls with injury that required (R1) to go to the hospital. I know that (R1) had some lacerations from the falls and also had to have a Comminuted Tomography (CT scan), but that was negative. I do not think that all the fall interventions have been appropriate for (R1). I completely understand that the interventions we have been using are not working.</p> <p>(continued on next page)</p> | | |

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| F 0689 Level of Harm - Actual harm Residents Affected - Few | On 12/11/24 at 9:50 am, V2 (Director of Nursing/DON) stated, (R1) does have a brain injury and is impulsive. (R1's) communication is also impaired. On 9/16/24 the intervention for (R1) was to encourage (R1) to use the call light. On the 9/23/24 fall, the intervention was to stay in common area and remind (R1) to use the call light. On the 10/10/24 fall, the intervention was to remind (R1) to ask for assistance to transfer and for (R1) to stay in sight. I can see that these interventions are not appropriate for (R1). (R1) does continue to be impulsive and continues to fall and injury himself. We will start looking at the interventions for our falls a little more now and make them more appropriate. | | |