

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  08/11/2025
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>Based on record review and interview the facility failed to provide financial statements quarterly to residents and residents' representatives. This failure has the potential to affect all 44 residents residing within the facility. Findings include: The Resident Funds policy dated 3/2024 documents Guidelines: 5. The resident and/or resident representative is provided with a quarterly accounting report of his or her funds on deposit with the facility, and upon request. The Business Office Manager policy dated 7/2023 documents, Job duties: Prepare and mail statements. On 8/6/25 at 8:45 AM V7 (R1's Power of Attorney) stated, I have never received a copy of (R1's) financial statement from the facility. On 8/6/25 at 11:02 AM V6 (Prior Business Office Manager) stated, I worked for the facility from the day the company took over on 11/1/24 until I was terminated on 6/12/25. While I was there, I never provided the residents or residents' representatives with quarterly financial statements. I used to mail those for the prior company, but since I started with this company I did not have time to as I was doing three different jobs there. On 8/6/25 at 11:30 AM V3 (Business Office Manager) stated, I just started a little over a month ago. I have not had a chance to send out quarterly financial statements to the residents or residents' representatives. On 8/6/25 at 1:55 PM R2 stated, I don't think I have every received a financial statement. On 8/6/25 at 2:30 PM V1 (Administrator) stated, One of the reasons (V6) was terminated was due to (V6) not doing her job. (V6) knew she should have been sending out quarterly financial statements to the residents and families and was not. The facility's Daily Census Report dated 8/6/25 documents 44 residents currently reside within the facility.</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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>Based on record review and interview the facility failed to refund unused resident funds to a resident's representative within 30 days of the resident's death for one of three residents (R1) reviewed for resident funds in the sample of three. Findings include: The Illinois Department on Aging Centers for Medicare and Medicaid Understating Your Financial Rights Guidelines dated 7/12/21 document, Your financial rights: The nursing home must return funds with a final statement to the person or court handling your estate within 30 days after your death. R1's Hospital Record documents: R1 was transferred to the hospital from the facility on 6/21/25 and passed away while in the hospital on 6/23/25. R1's Resident Statement Landscape dated 11/5/24 through 6/12/25 documents R1 had 60.00 dollars each month deposited by SSA (Social Security Administration) into the facility's trust fund account for R1's personal use. R1's Resident Statement Landscape dated 8/1/25 documents R1 had 420.00 personal dollars left in the facility's trust fund account that R1 had not spent or used since 11/5/24. On 8/6/25 at 8:45 AM V7 (R1's Power of Attorney) stated, I have been asking since 7/8/25 for the facility to refund (R1's) remaining funds. The facility has yet to refund the funds, and I feel like I am getting the run around. On 8/8/25 at 11:30 AM V15 (Regional Director of Operations) stated, The facility does not have a policy on when remaining trust funds are distributed to the residents' representatives, however we (the facility) follow CMS (Centers for Medicare and Medicaid Services) guidelines. (V7/R1's Power of Attorney) should have received (R1's) remaining 420.00 dollars left in the facility's trust fund within 30 days after (R1's) death (6/23/25). The facility has not sent out the 420.00 dollars yet.</p>		

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<p>F 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>Based on record review and interview the facility failed to promptly provide a copy of the updated admission agreement/contract to all residents and/or residents' representatives upon change of facility ownership. These failures have the potential to affect all 34 residents residing within the facility upon change of ownership on 11/1/24. Findings include: The facility's Daily Census Report dated 11/1/24 documents 34 residents residing within the facility on 11/1/24. The Business Office Manager policy dated 7/2023 documents Business Office Manager Job Description Summary: The primary purpose of the Business Office Manager is to assist in the day-to-day accounting functions of the facility in accordance with current acceptable accounting and cost reimbursement principles relating to nursing facility operations, and as may be directed by the Administrator, Director of Finance, or Accountant. Ensure that resident admission contracts are signed and appropriately filed. V5's (Prior Business Office Manager's) Performance Improvement Plan dated 4/28/25 documents V5 was responsible for doing admission contracts with the residents and residents' representatives and was not doing the admission contracts within 24-48 hours of the residents' admission. On 8/9/25 at 8:30 AM V1 (Administrator) provided a list of all residents residing within the facility upon change of ownership on 11/1/24 with the date of when the admission contract was provided to the residents or residents' representatives. According to this list, none of the 34 residents residing within the facility on 11/1/24 received the facility's admissions agreement within 30 days. On 8/6/25 at 1:38 PM V8 (R3's Guardian) stated, I did not sign (R3's) admission contract until months after (the facility) took ownership. On 8/7/25 at 11:30 AM V1 (Administrator) verified none of the residents' admission contracts were signed or given to the residents or residents' representatives immediately, or within 30 days, upon the facility taking over ownership on 11/1/24.</p>		

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<p>F 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview the facility failed to protect R2 and R3 from financial exploitation from their guardians, after the facility was made aware, for two of three residents (R2 and R3) reviewed for misappropriation of funds in the sample of three. These failures resulted in V11 (R2's Guardian) continuing to have access to R2's accounts after the facility was made aware on 1/29/25 of potential exploitation of R2's funds of 3,755.00, subjecting R2 to 11,542.00 more dollars of representative social security monetary fraud/exploitation after 1/29/25, R2 expressing feelings of anger and fear of displacement to another facility with no alternate plan, and R2 being provided with a past due bill indicating R2 may be subjected to a notice of involuntary discharge, and V8 (R3's Guardian) continuing to access R3's accounts after the facility was made aware on 4/29/25 of potential exploitation of R3's funds of 1,993.00, subjecting R3 to 12,284.00 more dollars of representative monetary fraud/exploitation after 4/29/25. These failures resulted in an Immediate Jeopardy. While the immediacy was removed on 8/8/25, the facility remains out of compliance at a severity Level II as additional time is needed to evaluate the implementation and effectiveness of their removal plan and Quality Assurance monitoring. Findings include: The Abuse Prevention and Reporting policy dated 9/2024 documents Guidelines: 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 that the facility is doing all that 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. This will be done by: Identifying occurrences and patterns of potential mistreatment; Immediately protecting residents involved in identified reports of possible abuse, neglect, exploitation, mistreatment, and misappropriation of property; Implementing systems to promptly and aggressively investigate all reports and allegations of abuse, neglect, exploitation misappropriation of property and mistreatment, and making the necessary changes to prevent future occurrences; Filing accurate and timely investigative reports. Definitions: Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. This also includes the deprivation by an individual, including a caretaker, the goods of services that are necessary to attain and or maintain physical, mental, and psychosocial well-being. This assumes that all instances of abuse of residents, even those in a coma, cause physical harm or pain or mental anguish. Exploitation means taking advantage of a resident for a personal gain through the use of manipulation, intimidation, threats or coercion. Misappropriation of Resident property means the deliberate misplacement, exploitation, or wrongful temporary, or permanent use of a residence belongings or money without the residents sent. Misappropriation of a residence property means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a residence belongings or money without the resident's consent. The facility's admission Contract Between Resident and Facility documents A. Definitions 3. Reasonable Party is an individual who has control and/or access to Resident's funds and or assets. The Responsible Party who executes this Agreement agrees to act on Resident's behalf and agrees to cause payment of fees and charges incurred by or on Resident's behalf from Resident's funds, assets or estate. The Responsible Party agrees to provide an accounting of Resident's funds, assets and estate upon request including providing documentation to verify accounts. Failure to cause payment or fees and charges incurred by or on Resident's behalf from Resident's funds, assets or estate shall constitute a failure to exercise due care and will subject the Responsible Party to personal liability for the charges incurred by Resident. The Responsible Party may act in more than one capacity and agree to other applicable terms and conditions of this Agreement. The Responsible Party, if any, must also agree to and comply with Attachment B: Income and Personal Resource Statement. 4. Resident Representative is the individual who has the legal authority to make decisions on the Resident's behalf regarding healthcare. By signing this Contract as the Residents Representative, the individual represents that he/she has the legal authority to make health care decisions on behalf of the Resident. The Resident Representative agrees to provide the Facility a copy of all documentation relating to his/her status as the legal decision maker (e.g. (example) healthcare power of</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview the facility failed to report allegations of exploitation of funds from residents' guardians immediately to the state agencies, local police, and Administrator, once the facility was made aware, for two of three residents (R2 and R3) reviewed for misappropriation of funds in the sample of three. These failures resulted in R2 and R3's guardians exploiting their monetary funds, even after the facility was made aware, and the Administrator, local police, State agency, Office of Inspector General, and Social Security Office not being made aware. As a result, R2 and R3's money situation worsened, resulting in R2 expressing feelings of anger and fear of displacement without an alternate plan, R2 being unable to purchase personal care items, and R3 being provided with a past due bill indicating R3 may be subjected to a notice of involuntary discharge without an alternate plan. These failures resulted in an Immediate Jeopardy. While the immediacy was removed on 8/8/25, the facility remains out of compliance at a severity Level II as additional time is needed to evaluate the implementation and effectiveness of their removal plan and Quality Assurance monitoring. Findings include: The Abuse Prevention and Reporting policy dated 9/2024 documents, The purpose of this policy is to assure that the facility is doing all that 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. Exploitation means taking advantage of a resident for a personal gain through the use of manipulation, intimidation, threats or coercion. Misappropriation of Resident property means the deliberate misplacement, exploitation, or wrongful temporary, or permanent use of a residence belongings or money without the residents sent. Misappropriation of a residence property means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a residence belongings or money without the resident's consent. Reporting Requirements and Identification of Allegations: employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, or to an immediate supervisor who must then immediately report it to the administrator. In the absence of the administrator, reporting can be made to an individual who has been designated to act as administrator in the administrator's absence. Reports should be documented, and record kept of the documentation. Supervisors shall immediately inform the administrator or person designated to act as administrator and the administrator's absence of all reports of incidents, allegations or suspicion of potential abuse, neglect exploitation mistreatment or misappropriation of resident property. Any allegation of abuse or incident that results in serious bodily injury will be reported to the Department of Public Health immediately, but not more than two hours after the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours. The resident's physician and representative, if necessary, shall be notified of any incident or allegation of abuse, neglect, exploitation, mistreatment, or misappropriation of resident property. External Reporting Initial Reporting of Allegations: When an allegation of abuse, exploitation, neglect, mistreatment, or misappropriation of resident property has occurred, the resident's representative and the Department of Public Health's regional office shall be informed by telephone or fax. Public health shall be informed that an occurrence of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property has been reported and is being investigated. Informing Local Law Enforcement. The facility shall also contact local law enforcement authorities (i.e. (example) telephoning 911 when available) in the following situations: When there is a reasonable suspicion that a crime has been committed in the facility by a person other than a resident. If there is a reasonable suspicion that a crime has been committed that results in serious bodily harm, a report shall be made to local law enforcement immediately and Department of Public Health notified within 2 (two) hours. If there is a reasonable suspicion that a crime has been committed that is not listed above and does not involve serious bodily injury, then a report to local law enforcement and Department of Public Health as soon as possible but within 24 hours of when the suspicion was formed. The resident or residence representative will also be informed of the report of an occurrence of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property and that an investigation is being conducted. The Business Office Manager policy dated 7/2023 documents, Essential Duties and Responsibilities: Monitor and collect accounts receivable. Report delinquent accounts to the Accountant/Director of Finance/Administrator. R2's admission Record documents R2 is an [AGE] year-old that was admitted to the facility on [DATE] with</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview the facility failed to protect residents from exploitation of funds from their guardians, once the facility suspected misappropriation of funds, and failed to immediately initiate an investigation of an allegation of misappropriation of funds for two of three residents (R2 and R3) reviewed for misappropriation of funds in the sample of three. These failures resulted in funds from R2's social security funds being transferred out of R2's checking account monthly into another account not associated with R2, even after the facility was made aware and no interviews, no bank record reviews, and no referrals sent to the state agencies. As a result, R2's money situation worsened, resulting in R2 expressing feelings of anger and fear of displacement to another facility, R2 being unable to purchase personal care items, and resulted in R3's monthly pension funds and social security funds being exploited by R3's guardian (V8) after the facility was made aware, and no bank record reviews, no interviews, and no referrals sent to the state agencies, As a result, R3's money situation worsening, and R3 being provided with a past due bill indicating R3 may be subjected to a notice of involuntary discharge. These failures resulted in an Immediate Jeopardy. While the immediacy was removed on 8/8/25, the facility remains out of compliance at a severity Level II as additional time is needed to evaluate the implementation and effectiveness of their removal plan and Quality Assurance monitoring. Findings include: The Abuse Prevention and Reporting policy dated 9/2024 documents, The purpose of this policy is to assure that the facility is doing all that 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. Exploitation means taking advantage of a resident for a personal gain through the use of manipulation, intimidation, threats or coercion. Misappropriation of Resident property means the deliberate misplacement, exploitation, or wrongful temporary, or permanent use of a residence belongings or money without the residents sent. Misappropriation of a residence property means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a residence belongings or money without the resident's consent. Protection of Residents The facility will take steps to prevent potential abuse while the investigation is underway. Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his for her safety, as well as the safety of other residents and employees of the facility. In addition, the facility shall take all steps necessary to ensure the safety of residents including, but not limited to, the separation of the residents. Accused individuals not employed by the facility will be denied unsupervised access to their residence during the course of the investigation. Internal Investigation: All incidents will be documented, whether or not abuse, neglect, exploitation, mistreatment or misappropriation of resident property occurred, was alleged or suspected. Any incident or allegation involving abuse, neglect, exploitation, mistreatment, or misappropriation of resident property will result in an investigation. Investigation Procedure: the appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interview table. Any written statements that have been submitted will be reviewed, along with any medical records or other documents. The administrator or person designated to act as administrator in the administrator's absence will review the report. The administrator or designee is then responsible for forwarding a final written report of the results of the investigation and of any corrective action taken to the Department of Public Health within five working days of the reported incident. R2's admission Record documents R2 is an [AGE] year-old that was admitted to the facility on [DATE] with the diagnoses of Obsessive Compulsive Disorder and Generalized Anxiety Disorder. R2's current Care Plan documents R2 and R2's responsible party are in favor of long-term placement and have expressed a desire to remain at (the facility) for permanent placement, No discharge/transfer potential at this time. This same Care Plan documents R2 displays signs and symptoms of depression and anxiety. R2's Past Due [NAME] Dated 1-29-25 and signed by V6 (Prior Business Office Manager) documents, This letter is to inform you (R2) that you have an outstanding balance at (the facility) in the amount of 3,755.00 dollars. Statement is enclosed. All payments are due by the fifth of the month. If you should have questions, please feel free to call me at [PHONE NUMBER]. Note: Please note if payment is not received in full within 30 days (the facility) may take further action, including but not limited to issuing a Notice of Involuntary Transfer or Discharge. R2's Past Due Statement Dated 8/1/25 and sent to R2 and V11 (R2's Guardian) documents. Amount Due: 15 297 00 dollars. The balance is due upon receipt. If the balance</p>		