

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 11/26/2025
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents' toilets were clean and operable for four of ten residents (R4, R7, R8, R9) reviewed for safe, clean, comfortable, and homelike environment in the sample of 10. Findings include: The facility's Maintenance Director Job Description dated 3/2024 documents The primary purpose of the Maintenance Director is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current federal, state, and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator to assure that our facility is maintained in a safe and comfortable manner. Essential Duties and Responsibilities: Repair facility/resident property as necessary. The Illinois Long-Term Care Ombudsman Program Residents' Rights Booklet, dated 11/2018, documents Your rights to safety: Your facility must be safe, clean, comfortable, and homelike. R4's Census List dated 9/26/25 through 11/24/25 documents R4 previously resided in room [ROOM NUMBER]-A from 9/26/25 through 11/3/25 before R4 was moved to a different room on 11/3/25. R7's Census List dated 12/6/24 through 11/24/25 documents R7 resided in room [ROOM NUMBER]-A from 12/6/24 through 10/7/25 before R7 was moved to a different room on 10/7/25. R8's Census List dated 12/4/24 through 11/24/25 documents R8 resided in room [ROOM NUMBER]-B from 12/4/24 through 10/7/25 before R8 was moved to a different room on 10/7/25. On 11/24/25 at 9:05 AM a toilet located in a bathroom between room [ROOM NUMBER]-A and 79-A was full to the bottom of the lid with standing water that contained feces. There were no residents residing in these rooms at this time. On 11/24/25 at 10:33 AM V1 (Administrator) verified R7 and R8's toilet was not fixed until 10/27/25. On 11/24/25 at 9:10 AM V4 (CNA/Certified Nursing Assistant) stated, The toilet in room [ROOM NUMBER]-A has been full of feces since sometime in September (2025). That toilet will not flush. The entire time (R4) lived in that room the toilet did not work and would overflow nasty water with feces onto (R4's) floor. (R4) lived in that room for around two months. (V5/Maintenance Director) is aware and had never fixed the toilet. The same goes for room [ROOM NUMBER]. (R7) and (R8) lived in room [ROOM NUMBER] for over a month with a toilet that wouldn't flush and was full of feces before (R7) and (R8) were moved to another room. (R9's) toilet backs up and overflows onto the floor quite often. On 11/25/25 at 9:40 AM V5 (Maintenance Director) stated, I was not aware of the toilet in room [ROOM NUMBER]-A not working or the toilet in R9's room not working. room [ROOM NUMBER]'s toilet took a while to fix because the wrong toilet was ordered. V5 verified R7 and R8 were not moved out of room [ROOM NUMBER] while the toilet was inoperable. At this time V5 went down to room [ROOM NUMBER]-A and confirmed the toilet did not flush and was full of dirty water and feces. On 11/24/25 at 9:45 AM R4 stated, When I lived in room [ROOM NUMBER]-A my bathroom toilet would not flush and was full of stool every day. The toilet would back up into my room and overflow the dirty water all over my floor. My toilet would overflow at least two or three times a week the entire time I lived in that room (77-A). It was disgusting. On 11/24/25 at 9:50 AM R8 stated, My toilet would not flush in my old room and would overflow onto the floor. It seemed like my toilet would not work for a long time. On 11/24/25 at 11:10 AM V14 (Anonymous Participant) stated, Last week (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
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(R9's) bathroom had water all over the floor and (R9) was a fall risk. I know the sewer system here does not work that well.		