

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145774  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>03/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Arcadia Care Havana  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>609 North Harpham Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review, the facility failed to provide showers/bathing as scheduled for four (R1, R2, R3, and R16) of eight residents reviewed for showers/bathing in a sample of 16. Findings include: The facility's, Bathing - Shower and Tub Bath Policy, dated January 2026, documents: purpose to ensure resident's cleanliness to maintain proper hygiene and dignity; a shower, tub bath or bed/sponge bath will be offered according to resident's preference, two times per week or according to the resident's preferred frequency and as needed or requested. The facility's document titled, Shower Schedule, updated 3/4/2026, documents residents are scheduled to receive two showers each week and lists residents' room numbers under specific days of the week (R1 scheduled on Mondays/Thursdays, R2 is scheduled on Tuesdays/Fridays, R3 scheduled on Wednesday/Saturday and R16 scheduled on Wednesdays/Saturdays). 1. R1's current Care Plan documents: diagnoses including Hemiplegia, Chronic Pain and Impaired Cognitive Function/Dementia; and is dependent on staff with bathing/grooming. R1's Section GG Activities of Daily Living Report, dated 1/29/26 through 3/24/26, does not document a shower on 2/2/26 (Monday), 2/6/26 (Thursday), 2/13/26 (Thursday), 2/16/26 (Monday), 3/9/26 (Monday), 3/12/26 (Thursday), 3/16/26 (Monday) and 3/19/26 (Thursday). R1's Shower Sheets, dated 2/1/26 through 3/24/26, document a shower on 2/9/26 (incomplete with no Nurse/Director of Nursing signature documented), 2/10/26 (incomplete with no Nurse/Director of Nursing signature documented), 2/12/26 (incomplete with no Nurse/Director of Nursing signature) and 2/23/26 (incomplete with no Nurse/Director of Nursing signature). The 2/23/26 Shower Sheet documents refused three times and in too much pain. 2. R2's admission Record, dated 3/25/26, documents R2 has medical diagnoses including but not limited to: Type II Diabetes Mellitus, Chronic Kidney Disease, Stage 4 (Severe), Asthma, Sarcoidosis, Unsteadiness on Feet, Other Abnormalities of Gait and Mobility, Weakness, Other Lack of Coordination, Other Symptoms and Signs Involving the Musculoskeletal System, Abnormal Posture, and Excoriation (Skin-Picking) Disorder. R2's Care Plan, dated 1/14/2026, documents R2 has an ADL self-care performance deficit and requires supervision/cueing/touching assistance with bathing and showering related to weakness, Type II Diabetes, and Chronic Kidney Disease. R2's electronic health record report titled, GG ADL Lookback, does not document R2 received a shower on the following dates: 2/3/26, 2/20/26, 2/24/26, 2/26/26, or 3/13/26. R2's shower sheets were reviewed for the time period between February and March with one shower sheet given for 2/20/26 that is incomplete with no Certified Nursing Assistant's signature or Nurse Manager's signature. On 3/24/26 at 9:30 AM, R2 was observed in R2's room lying in bed awake and alert. R2's shirt and protective sleeves were observed with multiple stains. R2 stated, The stains on my shirt are from my scabs bleeding on my arms. R2 stated R2 received a shower over a week ago and no other showers were given since then. I need help taking a shower and I don't always get one when on the days I am supposed to. I don't like feeling dirty when I don't get a shower like I should. 3. R3's current Care Plan documents: diagnoses including Hemiplegia, Chronic Back Pain, Limitation of Activities due to Disability and Muscle Disorder; and requires one/two staff assistance with bathing/grooming. R3's Section GG Activities of Daily Living Report, dated 1/29/26 through 3/24/26, does not document a shower on 2/21/26 (Saturday) or 2/25/26 (Wednesday). On 3/25/26, V2 (Director of Nursing) stated, I do not have (R3's) (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.

|   |       |           |
|---|-------|-----------|
| 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:<br><br>145774   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>03/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Arcadia Care Havana  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>609 North Harpham Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Shower Sheets for 2/21/26 or 2/25/26.4. R16's admission Record, dated 3/25/26, documents R16 has medical diagnoses including but not limited to: Anemia, Schizoaffective Disorder, Bipolar Type, Disorder of Lung, Morbid (Severe) Obesity, Chronic Pulmonary Embolism, Osteoarthritis of Knee, Unspecified, Overactive Bladder, Bipolar Disorder, Major Depressive Disorder, Other Ill-Defined Heart Disease, Cervical Spondylosis, and Personal History of Urinary Tract Infections.R16's Care Plan, dated 1/13/26, documents R16 has an ADL self-care performance deficit related to diagnosis of dementia, morbid obesity, and requiring assistance for bathing and hygiene related to large skin folds. This same Care Plan documents R16 is dependent on one staff member for bathing and showering.R16's electronic health record report titled, GG ADL Lookback and Shower Sheets were reviewed. There is no documentation of bathing or showers between 2/5/26 and 2/14/26 for R16.On 3/24/26 at 9:55 AM, R16 was observed lying in bed in R16's room awake and alert. A strong, foul smelling urine odor was present in the hallway on B Wing and in R16's room at this same date and time. There was a constant malodorous urine smell present in R16's room and in the hallway on B Wing (where R16 resides) on 3/24/26 between the hours of 8:30 AM and 12:00 PM, on 3/25/26 between the hours of 8:45 AM and 11:30 AM, and 3/26/26 between the hours of 8:45 AM and 12:30 PM.R16 stated R16 is incontinent of urine and needs help getting changed and getting cleaned up after an incontinent episode. R16 stated, I don't always get two showers every week. The staff here are busy, and they don't always have time to give me a shower. R16 stated R16 does not get washed in bed when R16's showers are not given on scheduled shower days.On 3/26/26 at 12:25 PM, V2/Director of Nursing, stated, All residents in the facility are scheduled for showers two times a week per the facility's Shower Schedule. V2 confirmed there was no documentation for showers for R1, R2, R3, and R16 for the dates stated above. V2 stated showers should be documented in the electronic health record or on a shower sheet when completed.</p> |   |  |

|   |   |   |  |
|---|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145774  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>03/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Arcadia Care Havana   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>609 North Harpham Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control monitoring/surveillance and isolation precautions for <i>Sarcoptes scabiei</i> (scabies) were implemented for nine of 15 Residents (R4, R8, R9, R10, R11, R12, R13, R14 and R10) reviewed for Scabies in a sample of 16. This failure has the potential to affect all 59 Residents residing in the Facility. Findings include:</p> <p>The Facility Resident Census Roster, dated 3/23/26, documents 59 Residents residing in the Facility.</p> <p>The Facility Infection Prevention and Control Program Policy, dated 12/2025, documents: preventing, identifying, reporting, investigating and controlling infection and communicable diseases for all Residents and Staff; infection control program meets the guidelines of the United States Department of Health and Human Services' Centers for Disease Control and Prevention, Local, State and Federal rules; designated Infection Control employee and Quality Assurance Committee is responsible for effectiveness of the program and improving outcomes; provides recording of each suspected infection and surveillance activities as they relate to individual Resident infections and a log is maintained of suspected and actual infections on a day-to-day basis; McGreer's Criteria is used to determine if criteria for an infection is met; employees will receive orientation to infection control policies and procedures; all facility personnel are required to routinely wash hands and use appropriate barrier precaution to prevent transmission of infections; contact precautions in addition to standard precautions will be initiated as specified in the specific isolation policy (refer to Centers for Disease Control Precaution Guidelines by Organism); and communicable disease outbreaks and infections that meet criteria for reporting will be reported to the Local and State Health Department; and the investigation and/or outbreak line listing report will be completed as recommended.</p> <p>The Facility Infection Precautions Guidelines Policy, dated 1/2026, documents contact precautions should be implemented for residents known or suspected to be infected with microorganisms that can be easily transmitted by direct or indirect contact. The policy also documents scabies and rash of unknown origin as examples of transmissible infections requiring contact precautions.</p> <p>R4's Physician Order Sheet, dated 3/25/26, documents an external topical medicated cream (Permethrin) order dated 3/11/26, for <i>Sarcoptes Scabiei</i> (Scabies).</p> <p>R8's Physician Order Sheet, dated 3/25/26, documents an external topical medicated cream order dated 2/12/26, for <i>Sarcoptes Scabiei</i> (Scabies).</p> <p>R9's Physician Order Sheet, dated 3/25/26, documents an external topical medicated cream order dated 3/23/26, for <i>Sarcoptes Scabiei</i> (Scabies).</p> <p>R10's Physician Order Sheet, dated 3/25/26, documents an external topical medicated cream order dated 2/10/26, for <i>Sarcoptes Scabiei</i> (Scabies).</p> <p>R11's Physician Order Sheet, dated 3/25/26, documents an external topical medicated cream order dated 2/12/26, for <i>Sarcoptes Scabiei</i> (Scabies).</p> <p>R12's Physician Order Sheet, dated 3/25/26, documents an external topical medicated cream order dated 2/11/26, for <i>Sarcoptes Scabiei</i> (Scabies).<br/>(continued on next page)</p> |   |  |

|   |   |   |  |
|---|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145774  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>03/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Arcadia Care Havana   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>609 North Harpham Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p> | <p>R13's Physician Order Sheet, dated 3/25/26, documents an external topical medicated cream order dated 2/12/26, for Sarcoptes Scabiei (Scabies).</p> <p>R14's Physician Order Sheet, dated 3/25/26, documents an external topical medicated cream order dated 2/11/26 and 2/12/26, for Sarcoptes Scabiei (Scabies).</p> <p>R15's Physician Order Sheet, dated 3/25/26, documents an external topical medicated cream order dated 2/11/26, for Sarcoptes Scabiei (Scabies).</p> <p>The facility Infection Surveillance Report dated January 1, 2026, through March 24, 2026, documents no parasitic infections or skin infections. This report documents three residents (R11, R13, R14,) were treated with antiparasitic medication, however the parasite option on the form to check for each resident was not marked. (R4, R8, R9, R10, R12, R13, R14, and R15) were also treated for parasitic infection from February 2026 to March 2026, however the facility Infection Surveillance Report does not include their names or their treatment for Sarcoptes Scabiei (Scabies) skin infestation.</p> <p>On 3/24/2026 at 9:30 AM, R4's entrance door did not have a Contact Precautions sign and did not have Personal Protective Equipment (PPE) available outside of R4's room. R4 was sitting up in R4's bed without a shirt on, covered in multiple (over hundred) red sores on the chest, back and arms, which R4 described as itchy. R4 was itching R4's back while speaking. R4 stated, staff do not use gowns or gloves when in my room but do use gloves only when touching my skin.</p> <p>R4's Nursing Note, dated 3/5/2026 at 3:12 PM, documents R4 has an itchy rash over most of R4's body and is requesting a referral to a dermatologist.</p> <p>R4's Weekly Skin Observation, dated 3/5/2026 at 3:14 PM, documents R4 had a new skin concern, rash over body and the medical doctor was notified.</p> <p>R4's Physician Medication Order, dated 3/12/2026, documents an anti-parasitic topically applied medication, used to treat Sarcoptes scabiei (scabies). Physician Orders for Contact Precautions were not noted in R4's electronic health record on March 24, 2026. On 3/24/2026 and 3/25/2026, R4's room did not have contact precautions signage on R4's entrance door or personal protective equipment available.</p> <p>R4's Treatment Administration Record, dated March 2026, documents an anti-parasitic topically applied medication was administered on 3/19/2026.</p> <p>On 3/24/26 at 10:25 am, V9 (Certified Nursing Assistant) stated, I put the scabies cream on (R4) last week and only wore gloves. I usually never wear PPE (Personal Protective Equipment) when I go into (R4's) room, or any other room that has been treated for scabies. I am not really sure who has it or who has not.</p> <p>On 3/24/26 at 11:01 am, V8 (Licensed Practical Nurse) stated, No one told us that (R4) actually had scabies, I just figured because we were treating (R4) with the scabies medication. I have not been wearing PPE (Personal Protective Equipment) when I go into (R4's) room. (R4) also has a roommate (R5) and they have not moved (R5). There have been many people treated for scabies here in the last few months. V8 confirmed that no Contact Isolation sign was on the entry door to R4's and R5's room and that no PPE was being used.<br/>(continued on next page)</p> |   |  |

|   |   |   |  |
|---|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145774  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>03/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Arcadia Care Havana   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>609 North Harpham Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p> | <p>On 3/24/2026 at 1:35 PM, V11 (V3's/Medical Director's Registered Nurse) stated, (V3/Medical Director) saw (R4) on 3/11/2026, diagnosed (R4) with scabies and ordered an antiparasitic cream to be applied topically.</p> <p>On 3/25/26 at 9:31 am, V2 (Director of Nursing) stated, No skin scrapings have been completed on any of our people with scabies and we have not been keeping surveillance records even though they are getting treated as scabies. V2 confirmed that no isolation precautions were implemented on Resident's doors for scabies precautions.</p> <p>On 3/26/26 at 1:30 pm, V1 (Administrator) stated, We just put contact isolation signs on the doors. I was not even aware that we had any Residents that were being treated for scabies until you guys came in. No one ever told me they were being treated.</p> |   |  |