STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145774	A. Building B. Wing	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Havana	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to prevent abuse for one (R3) of three residents reviewed for abuse, in a total sample of three. This failure resulted in R3 being verbally abused. This past noncompliance, which involved R3, occurred from 4/25/2026 to 6/03/2026.The facility Abuse Policy document: This 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; Verbal Abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents.The facility's Final Abuse Allegation Investigation, reported to the State Agency, dated 4/28/26, document: On 4/25/2026 at approximately 06:30PM, the facility abuse coordinator was notified of an alleged staff to resident altercation involving [V6/Laundry Aide] and [R3]. Upon interview, resident [R3] stated that staff member [V6] raised his voice, cursed, and called him names regarding clothing that he was wanting returned to him from the laundry; Facility obtained staff interviews-[V15/Certified Nursing Assistant-CNA] interviewed and stated that she heard [V6] call [R3] names and swear at him. [V14/CNA-former employee] interviewed and stated that she heard [V6] call [R3] names Fucking cry baby and swear at him. [V10/Licensed Practical Nurse] interviewed and stated that she heard [V6] call [R3] names and swear at him; Facility obtained interview of R3 documents [R3] said [V6] called him a grown ass man got a problem with me for no reason; and subsequent to the facility investigation, V6's employment was terminated for verbal abuse of R3.R3's EMR document R3's diagnosis to include: Psychoactive Substance Dependence with Psychoactive Substance Induced Psychotic Disorder with Hallucinations, Generalized Anxiety Disorder, Depression, other Seasonal Allergic Rhinitis, Opioid Dependence, Social Phobia, Attention-Deficit Hyperactivity Disorder, Altered Mental Status, Abnormal Results of Liver Function Studies, Major Depressive Disorder, Chronic Viral Hepatitis C.R3's Minimum Data Set/MDS document R3's Brief Interview for Mental Status/BIMS as 15/15, which indicates R3 is cognitively intact.On 6/16/26, at 1:45 p.m., R3 stated, I do not remember exactly what happened. All I remember is that [V6] called me a grown ass man, crying.Prior to the survey date of 6/24/2026, the facility had taken the following actions to correct the non-compliance:1. Immediate actions taken: immediate suspension and subsequent employment termination of V6, notification to law enforcement, ombudsman, and medical doctor, nursing evaluation, and review and update of care plans.2. All staff Inservice on facility abuse was completed 4-26-2026.3. All facility staff were re-in serviced on the facility abuse policy by V1 (Administrator in Training) and V16 (Regional Director of Operations) 6-3-2026. 4. IDT including Administrator educated on facility Abuse Policy by V16 (Regional Director of Operations/RDO) on 6-3-26. 5. Abuse/neglect added to facility morning meeting tracking log on 6-3-26 by V16 (RDO) 6. V10 (Vice President of Clinical Services) reviewed facility Abuse policy and updates completed on 6-3-26. 7. Audit findings, identified concerns, corrective actions, and compliance trends will be reviewed weekly through the facility QA process to ensure continued compliance and determine the need for ongoing monitoring by IDT. 8. Any identified concerns during the audit process will result in immediate re-education and corrective action by V1 (Administrator in Training).

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