STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145886	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Aledo	304 S.W. 12th Street Aledo, IL 61231

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to ensure opened refrigerated and frozen food items were labeled with expiration dates, a kitchen food storage freezer was free from spills and the required meal food temperatures were obtained and recorded. This failure has the potential to affect all 43 residents residing in the facility. The facility policy, Food and Supplies: Storage, dated 01/2026 directs staff that food services will maintain clean food storage area. This same policy documents that all foods will be covered, labeled and dated. The facility policy, Monitoring Food Temperatures For Meal Service, dated 05/2026 directs staff that prior to serving a meal, food temperatures will be taken and documented for all hot and cold foods to ensure proper serving temperatures. On 5/11/2026 at 9:13 A.M ., during an initial tour of the facility kitchen with V4/Dietary Manager (DM), an unlabeled, undated package of frozen precooked pork ribs was present in the facility freezer. This same freezer had a large green/yellow liquid food spill present on the bottom of the freezer. At that time, V4/DM confirmed the unlabeled, undated meat and the large spill. During the kitchen tour, the facility kitchen Food Temperature Logs for 5/8/26 and 5/9/26 documented no required food temperatures were obtained for the supper meal, on both dates. V4/DM also verified the missing food temperatures. The facility's CMS (Centers for Medicare and Medicaid Services) Form 671 dated 5/11/26 and signed by V3 (Corporate Regional Director of Operations) documents 43 residents reside within the facility.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Observation, Interview and Record Review, the facility failed to ensure resident and employee infections were monitored and tracked, residents were placed in isolation precautions when required, personal protective equipment (PPE) was available in isolation rooms, employees wore PPE during direct contact resident care and ensure glove removal and hand hygiene was completed during a resident's incontinence care. This failure has the potential to affect all 43 residents residing in the facility.Findings include:The facility's Infection Precaution Guidelines Policy dated 01/26 documents, Guidelines: It is the policy of this facility to, when necessary, prevent the transmission of infections within the facility through the use of Isolation Precautions. Transmission-Based Precautions will be employed for known or suspected infections for which the route of transmission/prevention is known. The transmission-based categories are the following: Airborne, Droplet, and Contact. Gather all equipment and supplies needed before going into the room. Only take needed supplies into the room. All personal protective equipment (disposable isolation gowns, masks, and gloves) should be used once and discarded in either the trash or linen receptacle before you leave the room. Precautions signs will be utilized to alert staff and visitors to see the nurse for instructions prior to entering the room. The facility's Enhanced Barrier Precautions policy, dated 12/2026, documents Enhanced Barrier Precautions (EBP): recommendations now include the use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. Standard precautions must be followed with all cares. Additionally, gown and gloves must be worn when providing the following cares: dressing, bathing/showering, providing hygiene, changing linens, incontinence care, medical device care, wound care. The facility's Infection Prevention and Control Program policy, dated 7/2026, documents To comply with a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under contractual arrangement. This policy also documents The program provides for the recording of each suspected infection and surveillance activities as they relate to individual resident infections. A log is maintained of suspected and actual infections on a day-to-day basis. The facility shall assure that necessary training, equipment and supplies are maintained to carry out an effective Infection Control Program. The facility policy, Hand Hygiene/Handwashing, dated 01/2026 directs staff of when to perform hand hygiene: after glove removal. 1. R4's Care Plan, dated 1/30/26, documents R4 has an indwelling urinary catheter and is in enhanced barrier precautions. On 5/11/26 at 9:55 AM, R4's room contained a sign documenting R4 was in Enhanced Barrier Precautions (EBP). R4's room did not contain any gowns for staff to wear while providing cares. On 5/11/26 at 11:30 AM, V25 (Licensed Practical Nurse, LPN) confirmed she is the nurse working in the facility's locked dementia unit (where R4 resides). V25 stated she is not sure where the PPE (Personal Protective Equipment) is kept for someone in isolation and assumed it would be in his room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5/11/26 at 11:35 AM, V19 (LPN/ Infection Control Preventionist) stated R4 should have gowns and gloves for PPE in his room. At this time V19 entered R4's room and confirmed there was not any PPE available. V19 then toured the facility and confirmed that R47 is a new admission to the facility and has an intravenous line in his arm. V19 stated R47 should be in EBP isolation and verified there was not a sign or any PPE in R47's room. At this same time V19 confirmed that R18 has ongoing active wounds and pressure ulcers, is seen by wound physicians and is not in any isolation precautions. On 5/13/26 at 9:34 AM, V19 confirmed the facility is not tracking resident or employee infections to identify patterns or locations of the facility where resident infections occur or where ill employees may have worked. V19 stated We have a system in the computer that we can run reports of resident's illness before we have monthly meetings, but I am not keeping a record of them or plotting any tracking to show where infections are located in proximity to other resident rooms. I do not have employee illness tracking either. I know that if someone calls in they write down the reason and if it's something contagious or needs recorded it is supposed to be relayed to me. I don't have anything to show for employee illness though because I have not been tracking it. V19 again confirmed that R18 has wounds and is not in EBP isolation and stated (R18) was in contact isolation for MRSA (methicillin resistant staph-aureus) but that was treated and so he is not in isolation now. I have not been putting wounds in enhanced barrier precautions. I didn't realize it was required for wounds. 2. R40's admission Record documents R40 is a [AGE] year-old admitted to the facility on [DATE] with the diagnoses of Intraspinal Abscess and Granuloma, Paraplegia, Acute Osteomyelitis to Right Ankle and Foot, Respiratory Failure with Hypoxia, and Spinal Stenosis. R40's MDS (Minimum Data Set) assessment dated [DATE] documents R40 is cognitively intact. R40's current Physician's Orders document R40 has an indwelling urinary catheter and wounds to the right heel, right lateral foot, right outer calf, right ischium, scrotum, and the middle of the back. R40's current Care Plan documents R40 requires contact isolation due to Candida Auris (Multi-Drug Resistant fungus causing bloodstream, wound, and ear infections). On 5/11/26 at 9:40 AM R40 was lying in bed. R40's doorway had a sign posted indicating R40 was in contact isolation precautions. The Contact Precautions Sign posted on R40's doorway states, Contact Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. V7 (CNA/Certified Nursing Assistant) and V8 (CNA) entered R40's room, washed their hands, and applied gloves. V7 and V8 did not apply a gown and continued to provide cares to R40. V7 and V8 gave R40 a bed bath and provided indwelling urinary catheter cares without wearing gowns. On 5/11/26 at 11:00 AM V8 (CNA/Certified Nursing Assistant) stated, I am not sure if we (V7 and V8) were supposed to wear gowns when providing cares to (R4). On 5/11/26 at 1:15 PM V7 (CNA) stated, I did not wear a gown while caring for (R40) as I did not see any gowns in his room. On 5/11/26 at 1:40 PM V2 (Director of Nursing) stated, (R40) is placed in contact isolation and staff (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	should be wearing masks and gowns at all times when providing (R40) with personal cares. 3. R3's facility admission Record documents that R3 was admitted to the facility on [DATE] with the following diagnoses: Functional Quadriplegia, and Multiple Sclerosis. R3's most recent Minimum Data Set Assessment, date 04/15/2026 documents that R3 is dependent on staff for toileting (Section GG0130) and is always incontinent of urine (Section H0300 and 0400). On 5/11/26 at 12:38 P.M., V7 and V12/Certified Nursing Assistants (CNAs) prepared to provide incontinence care for R3. V7 and V12 donned gown and gloves, transferred R3 to bed via a mechanical transfer device and removed R3's urine saturated disposable brief. V12 wet a washcloth with soap and water and wiped the front of R3's peri region. V12 then assisted V7 in rolling R3 onto her right side, by pushing on R3's shoulder and hip with her soiled glove. V12 then wiped smeared stool from R3's buttocks, placed the soiled washcloth in a plastic bag, and assisted V12 in applying a clean disposable brief on R3. Without removing her soiled gloves, or performing hand hygiene, V12 applied a black wrist splint to R3's right wrist, positioned R3's call light in R3's reach, straightened R3's lines, repositioned R3's fan, handed R3 her bed controller, picked up R3's pink cup and placed the straw in R3's mouth, then repositioned R3's bedside table. At that time, V12 removed her soiled gloves and performed hand hygiene. V12 then confirmed she failed to remove her soiled gloves prior to touching R3 and R3's possessions. The facility's CMS (Centers for Medicare and Medicaid Services) Form 671 dated 5/11/26 and signed by V3 (Regional Director of Operations), documents 43 residents reside within the facility.

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on Observation, Interview and Record review, the facility failed to ensure infection preventionist duties were implemented to provide infection surveillance and ensure that infection preventionist hours were adequate to oversee infection control and infection prevention policy and procedures. This failure has the potential to affect all 43 residents residing in the facility.Findings include:The facility's Infection Preventionist job description, dated 12/2026, documents The role of the Infection Preventionist is to oversee the infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. Duties and responsibilities may include but not limited to: Infection prevention and control- tracking and trending of infections, infection control rounding and observations, regulatory compliance.The facility's Facility Assessment, dated 4/6/26, documents This facility maintains an infection prevention and control program administered by our Infection Preventionist in collaboration with the IDT (Interdisciplinary Team). Infections, antibiotic usage, and antibiotic monitoring are tracked by IP (Infection Preventionist) and IDT in IDT meetings.The facility's Infection Prevention and Control Program policy, dated 7/2026, documents To comply with a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under contractual arrangement. This policy also documents The program provides for the recording of each suspected infection and surveillance activities as they relate to individual resident infections. A log is maintained of suspected and actual infections on a day-to-day basis. The facility shall assure that necessary training, equipment and supplies are maintained to carry out an effective Infection Control Program.The facility's Infection Precaution Guidelines Policy dated 01/26 documents, Guidelines: It is the policy of this facility to, when necessary, prevent the transmission of infections within the facility through the use of Isolation Precautions. Transmission-Based Precautions will be employed for known or suspected infections for which the route of transmission/prevention is known. The transmission-based categories are the following: Airborne, Droplet, and Contact. Gather all equipment and supplies needed before going into the room. Only take needed supplies into the room. All personal protective equipment (disposable isolation gowns, masks, and gloves) should be used once and discarded in either the trash or linen receptacle before you leave the room. Precautions signs will be utilized to alert staff and visitors to see the nurse for instructions prior to entering the room.The facility's Enhanced Barrier Precautions policy, dated 12/2026, documents Enhanced Barrier Precautions (EBP): recommendations now include the use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. Standard precautions must be followed with all cares. Additionally, gown and gloves must be worn when providing the following cares: dressing, bathing/showering, providing hygiene, changing linens, incontinence care, medical device care, wound care. The facility policy, Hand Hygiene/Handwashing, dated 01/2026 directs staff of when to perform hand hygiene: after glove removal.On 5/11/26 at 9:40 AM, R40's room contained a sign that documented R40 was in Contact isolation. At this time V7 and V8 (Certified Nursing Assistants) entered R40's room and without applying a gown, provided R40 with a bed bath and indwelling urinary catheter care.On 5/11/26 at 9:55 AM, R4's room was observed to contain an enhanced barrier precautions sign. R4's room did not have any gowns for staff to wear when caring for R4.On 5/11/26 at 12:38 PM, V7 and V12 (Certified Nursing Assistants) competed urinary incontinence care on R3. After cleaning R3's genitals and without removing gloves or performing hand hygiene, V12 continued touching R3's wrist and multiple items in R3's room with soiled gloves.On 5/11/26 at 11:30 AM, V25 (Licensed Practical Nurse, LPN) stated she is unsure where PPE is kept for residents in isolation. V25 also confirmed R18 has pressure wounds that receive treatments.On 5/11/26 at 11:33 AM, R18's (continued on next page)

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	room did not contain a sign or PPE to indicate any isolation or enhanced barrier precautions for R18.On 5/11/26 at 11:35 AM, V19 (LPN/ Infection Control Preventionist) entered R4's room and confirmed there was not any PPE available. V19 verified that R47 has an intravenous line, should be in EBP isolation and confirmed there is not a sign or any PPE in R47's room. The facility's infection control binders do not document any tracking logs, trending or monitoring with location tracing for resident and employee illness.On 5/13/26 at 9:34 AM, V19 confirmed the facility is not tracking resident or employee infections to identify patterns or locations of the facility where resident infections occur or where ill employees may have worked. V19 stated We have a system in the computer that we can run reports of resident's illness before we have monthly meetings, but I am not keeping a record of them or plotting any tracking to show where infections are located in proximity to other resident rooms. I do not have employee illness tracking either. I know that if someone calls in they write down the reason and if it's something contagious or needs recorded it is supposed to be relayed to me. I don't have anything to show for employee illness though because I have not been tracking it. V19 confirmed that R18 has wounds and is not in EBP isolation and stated (R18) was in contact isolation for MRSA (methicillin resistant staph-aureus) but that was treated and so he is not in isolation now. I have not been putting wounds in enhanced barrier precautions. I didn't realize it was required for wounds. I am ICP, wound nurse and I work on the floor. I am only able to devote about 12 hours a week to infection control and clearly, I need more training and time to do the work. V19 then stated Staff only have to wear PPE for enhanced barriers when they are messing with the invasive line or the catheter or changing them. Providing direct care to the site. They (staff) do not have to wear a gown with transferring or dressing a resident in EBP isolation, just gloves.The facility's CMS (Centers for Medicare and Medicaid Services) Form 671 dated 5/11/26 and signed by V3 (Regional Director of Operations), documents 43 residents reside within the facility.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 a bedside table, toilet, bedspread, walls, baseboard trim, and window seals were kept clean and in good repair for three of 12 residents (R6, R23, and R40) reviewed for safe, clean, and homelike environment in the sample of 25.Findings include: The facility's Housekeeper Job Description Summary dated 05/26 documents, The primary purpose of the housekeeper is to perform the day-to-day activities of the housekeeping department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, and/or Director of Environmental Services, to assure that our facility is maintained in a clean, safe, and comfortable manner. Essential Duties and Responsibilities: Ensure that work/cleaning schedules are followed as closely as practical. The Facility Maintenance Director Job Description dated 5/26 documents, The primary purpose is to plan, organize, develop and direct overall operation of the Maintenance Department in accordance with current federal, state and local standards, guidelines and regulations governing the facility and to assure that the facility is maintained in a safe and comfortable manner. Repair facility/resident property as necessary and in the event unable to repair coordinate with outside vendors to make repair or replace as cost effectively as possible. Assist in identifying, ensure that supplies and equipment are maintained to provide safe and comfortable environment and promptly report equipment or facility damage to the Administrator. Make weekly inspections of all maintenance functions to assure that quality control measures are maintained. The facility's Daily Housekeeping Cleaning Schedule, undated, documents all table trays and legs should be wiped down daily. 1.R40's MDS (Minimum Data Set) assessment dated [DATE] documents R40 is cognitively intact. On 5/11/26 at 9:40 AM R40 was lying in bed with one bedspread underneath R40 and one bedspread on top of R40. Both bedspreads were tattered, had multiple holes, and had frayed edges. The bottom half of R40's toilet bowl was covered in a thick brownish-blackish stain. The legs of R40's over the bed table were covered in thick dried food and dirt debris. R40 stated, Things are pretty dirty here. On 5/11/26 at 9:45 AM V7 (CNA/Certified Nursing Assistant) stated, (R40's) toilet bowl has been stained for years. Quite a few of the bedspreads here have holes and are old. On 5/11/26 at 9:50 AM V8 (CNA) stated, The legs of (R40's) bedside table is nasty. I think it is the housekeeper's job to clean the bedside tables. On 5/11/26 at 1:20 PM V13 (Housekeeper) stated, I have worked here for nine years and am aware of how bad (R40's) toilet is stained. I have asked multiple people over the years for a new toilet and have been told it is not in the budget to get a new toilet. On 5/11/26 at 1:25 PM V14 (Housekeeping Supervisor) stated, I am playing catch-up from the weekend. I do not believe (R40's) over the bed table was cleaned over the weekend. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/12/26 at 9:50 AM V15 (Maintenance Director) stated, I was told by staff that (R40's) toilet has been stained for years. The toilet will need replaced. 2. On 5/12/2026 at 1:00 PM, in R6's room there was three to four feet of rubber base board coming off the wall underneath the air unit. R6's window trim had several spots of paint chipping all around the window. On 5/12/2026 at 1:30 PM, V15 (Maintenance Director) stated he looked at the wall in R6's room and the window trim all around the window and confirmed the rubber trim was coming off the wall and that there was peeling around the window. 3. On 5/12/2026 at 1:10 PM, in R23's room there were two large holes in the wall behind R23's bed. R23's window also had paint peeling around the window. On 5/12/2026 at 1:30 PM, V15 (Maintenance Director) stated he saw the large holes underneath R23's bed on the wall and confirmed the paint peeling around the window trim as well.

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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 physical abuse from happening between residents (R5, and R7), who were reviewed for Abuse in a sample of 25.Findings Include:The facility's Abuse Prevention and Reporting-Illinois policy dated 09/2024 documents, 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. 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 ensure 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. Resident-to-Resident Abuse (any type): A resident-to-resident altercation should be reviewed as a potential situation of abuse. Resident-to-resident altercations that include any willful action that results in physical injury, mental anguish, or pain must be reported in accordance with regulations. Establishing a resident-sensitive environment; this facility desires to prevent abuse, neglect, exploitation, mistreatment, and misappropriation of resident property by establishing a resident-sensitive and resident-secure environment. This will be accomplished by a comprehensive quality management approach.R5's Initial Preliminary 24-hour Abuse Investigation Report dated 4/21/2026 documents, At approx. 6:51 a.m., this administrator was notified of an altercation between two residents. Investigation initiated, all parties notified.R5's Final Abuse Investigation Report dated 4/27/2026 documents, Resident R7 on the dementia unit grabbed resident R5 also on the unit on the neck, leaving a small red mark on the neck. Interview with R7: R5 grabbed my shirt when I walked by. Interview with R5: R5 could not recall the incident. Interview with V24 (Licensed Practical Nurse): R5 was in her wheelchair in common area where hallways meet talking to herself, when R7 was ambulating by R5. R7 became angry yelling at R5 and turned quickly grabbing her by the neck with his left hand. Residents were immediately separated, and R5 was assessed. No other witnesses.R5's Progress Note dated 4/21/2026 documents, R5 was in her wheelchair in common area where hallways meet talking to self, when another resident was ambulating by her. R7 became angry yelling at R5 and turned quickly grabbing R5 by the neck with R7's left hand. This writer immediately ran to residents and stepped in between them and resident was released. After separating residents and getting them to separate areas, R5 was assessed and found to have red marks and small fingernail indentation. No skin breakage. R5 denied pain/discomfort and able to turn neck. Administrator notified immediately thereafter. Daughter/POA (Power of Attorney) notified.On 5/11/2026 at 11:15 AM, R5 was in the dining room, eating lunch. R5 was not interviewable. R5 was pleasant and showed no signs of fear, no visible marks on her skin, clothes were clean, hair brushed, and nails clean.R5's Care Plan dated 5/13/2026 documents R5 has a medical diagnosis of Dementia and Alzheimer's disease with late onset.R5's Care Plan dated 5/13/2026 also documents R5's potential for aggressive (verbal/physical) behavior related to dementia. Target behavior: hitting, grabbing, pushing others, cursing at others, unprovoked anger towards others, undressing in common area, wandering into other rooms and staff areas, rummaging, throwing food, agitation, anxiety, responding to internal stimuli, sleep disturbances, refusing care. R5 is at a high risk for abuse/neglect as noted from Abuse screening related to assessment score of 5. Ensure resident is redirected away from identified aggressive resident and high-risk areas during wandering to prevent contact and maintain safety.R5's MDS (Minimal Data Set) section C-Cognitive Patterns dated 2/13/2026 documents R5 has a BIMS (Brief Interview of Mental Status) score of 99, meaning unable to complete.R5's MDS section E-Behavior dated 2/13/2026 documents a score of 1 on all physical behavioral symptoms directed towards others, verbal behavioral symptoms directed towards others, and other behavioral symptoms not directed towards (continued on next page)

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(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	others, happening one to three days a week.On 5/11/2026 at 11:20 AM, R7 was in the dining room eating lunch. R7 was dressed and in a pleasant mood. R7 stated he did not recall this incident.R7's Care Plan dated 5/13/2026 documents R5 has a medical diagnosis of Dementia, Paranoid Personality Disorder, Schizoaffective Disorder, and bipolar disorder.R7's Care Plan dated 5/13/2026 documents, This resident is/has potential to be physically aggressive related to Dementia, history of harm to others related to poor impulse control, and invasion of personal area or taking his personal property.R7's MDS (Minimal Data Set) section C-Cognitive Patterns dated 3/20/2026 documents R7 has a BIMS (Brief Interview of Mental Status) score and was 10 meaning moderate impairment.R7's MDS section E-Behavior dated 2/13/2026 documents a score of 1 on verbal behavioral symptoms directed towards others, happening one to three days a week.On 5/13/2026 at 11:00 AM, attempted to call V24 (Licensed Practical Nurse), but could not contact.On 5/13/2026 at 10:00 AM, V22 (Licensed Practical Nurse) stated she was not here the day R7 grabbed R5 but was told about it in the report on the first shift after the incident happened. V22 stated she was instructed to watch R5 for signs and symptoms of pain and bruising. V22 was instructed to keep R5 and R7 separated at all times.On 5/13/2026 at 10:05 AM, V18 (Certified Nurse Assistant) stated she was instructed by management to watch R5 and make sure she does not wander into R7's room, and to always keep R5 and R7 separated.On 5/13/2026 at 10:10 AM, V23 (Certified Nurse Assistant) stated she is instructed by management to take R7 into his room when he is agitated and if R5 tries to wander into R7's room, she is to remove R5 from the area and keep R5 and R7 separated at all times. On 5/13/2026 at 10:15 AM, V2 (Director of Nursing) confirmed resident to resident abuse did happen between R5 and R7.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Observation, Interview and Record review, the facility failed to document a diagnosis and behaviors to warrant the use of scheduled injectable Haldol (antipsychotic medication), complete a psychotropic medication assessment when initiating Haldol, provide rational past the 14 day usage of PRN (as needed) injectable Haldol, and ensure that duplicate psychotropic mediations were not being provided for the same symptom for one of four residents (R4) reviewed for psychotropic medications in the sample of 25.Findings include:The facility's Abuse Prevention and Reporting policy, dated 9/2025, documents 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. 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: assuring that physical restraints are used sparingly and properly, and that chemical restraints are not used.The facility's Psychotropic Medication- Gradual Dosage Reduction policy, dated 7/2026, documents To ensure that residents are not given psychotropic drugs unless psychotropic drug therapy is necessary to treat a specific or suspected condition as per current standards of practice, and are prescribed at the lowest therapeutic dose to treat such conditions. The plan to alternatives to psychotropic medication and/or use of psychotropic shall be incorporated into the care plan with suitable goals and approaches. This will be initiated by the resident's needs/problems, goals and approaches as it relates to the use of psychotropic drug use. This policy also documents PRN antipsychotic medications shall be limited to 14 days, the attending physician or prescribing practitioner will evaluate the resident and enter a new order for PRN administration as indicated, not to exceed 14 days.R4's Physician Order Summary, dated 5/12/26, documents R4 was admitted to the facility on [DATE] with diagnoses including Dementia, Parkinson's Disease, Agitation, and Anxiety. This same order summary documents R4 has orders for Depakote Sprinkles (mood stabilizing psychotropic medication) 125 milligrams (mg) four capsules (500 mg) by mouth two times a day for Dementia with Agitation start date 1/30/26, Haloperidol injection solution (antipsychotic medication) 5mg/ml (milliliter) inject 0.4 ml intramuscularly every four hours as needed for agitation/delirium related to Dementia with Agitation start date 2/9/26, Haloperidol injection solution 5mg/ml inject 2mg (0.4 ml) intramuscularly at bedtime for agitation start date 2/26/26, Trazadone (antidepressant psychotropic medication) 100 mg by mouth at bedtime for mood related to Dementia with Agitation start date 2/18/25, Xanax (antianxiety psychotropic medication) 0.25 mg by mouth six times a day related to Anxiety start date 8/15/25, and Xanax 0.5 mg by mouth at bedtime related to Anxiety and Restlessness and Agitation start date 8/15/25.R4's Depakote consent, dated 1/30/26, documents R4 is being prescribed Depakote for Agitation.R4's Haldol consent, dated 2/6/26, documents R4 is being prescribed injectable Haldol every 4 hours as needed for Screaming/ Not sleeping.R4's PASRR (Preadmission Screening and Resident Review) summary, dated 11/11/25, documents upon screening R4 was taking Xanax, Trazadone and Sertraline (antidepressant medication) and had diagnoses of Alzheimer's Disease, Anxiety disorder and Dementia with Agitation. This summary documents You do not have a severe mental health condition requiring evaluation through PASRR process.R4's Care Plan, dated 1/30/26, documents The resident uses psychotropic medications related to Dementia. Interventions: administer psychotropic medications as ordered by physician, monitor/record occurrence of target behaviors symptoms and document per facility protocol. This same care plan documents R4 has a self-care deficit related to Dementia and Impaired balance and is fully dependent (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on staff for all activities of daily living. R4's care plan does not address the use of the antipsychotic medication Haldol and does not document R4's specific target behaviors for the use of psychotropic medications.On 5/11/26 at 10:02 AM R4 was sitting in a high-back reclined wheelchair in the dining room of the facility's locked Dementia unit. Residents in the dining room were playing a game with activity staff. R4's feet were propped on recliner foot pedals with cushioned pressure relief boots. R4's hands were actively shaking with uncontrolled tremor-like movements. At this time R4 was mumbling incoherent and repetitive words in a low tone. R4 was not disruptive or displaying any behaviors.On 5/11/26 at 11:15 AM, R4 was sitting in a high-back reclined wheelchair at a table in the dining room awaiting lunch. R4 was not displaying any behaviors.On 5/11/26 at 1:12 PM, V26 (R4's family) stated she works at the facility part time as a CNA (Certified Nursing Assistant) and she is able to see R4 frequently. V26 stated (R4) doesn't have any behaviors anymore. He's wheelchair bound and that's been since maybe August or October 2025. He has Dementia. Prior to him declining he would cuss, had falls, would get loud and was an elopement risk because he was a wanderer. (R4) was never mean or anything and he could be re-directed and would joke around. I know they tried several medications for his behaviors.R4's current electronic medical record documents the last behavior note was documented on 4/7/2025 at 6:38 AM and documents (R4) continues to follow others very closely, he has spastic rapid speech with flight of ideas, often repeats self. No signs or symptoms of pain at this time.R4's Behavior Monitoring and Interventions reports dated 1/12/26-5/12/26, document R4's behavior monitoring is canned text and a large array of potential behaviors that can be marked including but not limited to hitting, kicking, punching, cursing at others, agitated, anxious, wandering, picking at self. This behavior monitoring does not indicate any specific behaviors that are targeted for R4.R4's Nursing Progress note, dated 2/24/26 at 11:52 AM, documents Order received per Hospice to schedule Haloperidol 0.4 ml intramuscularly every evening for agitation, and continue PRN order as well. This same nursing note documents Resident increasingly groggy and calm today.R4's nursing Progress notes prior to 2/24/26 do not document behaviors for R4, a reason for the newly scheduled Haldol, or any justifications for the continued PRN Haldol.R4's Social Service Note, dated 2/27/26 at 11:38 AM, documents R4's cognition is severely impaired, has no indicators of psychosis and has not exhibited any behaviors. This note documents Behaviors: Physical behavioral symptoms directed towards others were not exhibited. Verbal behavioral symptoms directed towards others were not exhibited. Behaviors not directed towards others, did not occur during the 7-day lookback noted. Examples of behaviors include: no aggressive behaviors noted.R4's electronic medical record documents the first Psychotropic Medication Observation completed after R4's Haldol was started (2/9/26), was not until 3/20/26 and documents R4 has confused mental status, memory impairment, abnormal thinking, has behaviors of agitation, mood swings and outbursts, and is prescribed six psychotropic medications for diagnoses of Dementia, Agitation, Restlessness with Agitation and Anxiety.R4's Nursing Progress Note, dated 4/14/26 at 1:53 PM, documents Resident has been very quiet and sleepy today. Drank only a few sips of water and juice at breakfast.On 5/12/26 at 12:12 PM V20 (CNA) was in the facility's Dementia unit feeding R4 in the dining room. R4 did not make eye contact when spoken to and was staring forward. V20 confirmed that R4 required full assistance with eating. R4 was not displaying any behaviors. At this time V20 stated (R4's) only behavior is that he will yell out. I started working here in December 2025 and his behavior has decreased since then. (R4) doesn't have any other behaviors aside from yelling.On 5/12/26 at 12:18 PM, V18 (CNA) stated (R4) yells out, sometimes random or if like his foot gets bumped. Mostly he will yell after laying down and occasionally during showers. (R4) has been in a high-back wheelchair for a while. Before he had more of a decline, he was up and walking, he'd joke around and act like he was charging you. It was towards staff and not residents, but he was just joking. I can't think of any other behaviors, and I have worked here since before (R4) was admitted in 2024.On 5/13/26 at 10:03 AM V2 (Director of Nursing) confirmed R4 has a behavior of yelling. V2 stated (R4's) family wanted him on medication to control him yelling. That is his main behavior. V2 confirmed that the diagnosis for R4's (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Haldol use is Dementia with Agitation, R4 does have target behaviors that are being monitored and R4's nursing progress notes do not document or describe behaviors for R4 in the past year. V2 confirmed that Dementia and yelling are not psychotic in nature and verified that R4 has other duplicative psychotropic medications that are also prescribed for Dementia with Agitation. V2 stated The nurses and CNA's are not using the tasks the proper way to chart behaviors. That was just brought to my attention yesterday. Hospice and family all want us to do more and want (R4) medicated. V2 also confirmed that (R4's) PRN Haldol order exceeded 14 days in length without any justification to continue or a new order.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to accurately assess a resident's limitations in range of motion and develop and implement a restorative range of motion program for two of two residents (R4 and R21) reviewed for limitations in range of motion in the sample of 25. The facility's Restorative Nursing Program dated 12/25 documents, Policy: To promote each resident's ability to maintain or regain the highest degree of independence as safely as possible. Identify residents who currently have splints/braces or previous range of motion programs or those that have actual or potential limitations with ROM and/or pain. Develop an individualized program based on the resident's restorative needs and include the restorative program on the care plan. 1.R21's admission Record documents R21 is a [AGE] year-old that was admitted to the facility on [DATE] with the diagnoses of Hemiplegia and Hemiparesis following a Cerebral Infarction affecting the right dominant side, Aphasia following a Cerebral Infarction, Major Depressive Disorder, and Hypertension. R21's MDS (Minimum Data Set) assessment dated [DATE] documents R21 is severely cognitively impaired, has impairments in range of motion to one side of the upper extremity and one side of the lower extremity, is dependent on staff for ADLs (Activities of Daily Living), does not receive skilled therapy, and does not receive a range of motion restorative program. On 5/11/26 at 10:15 AM R21 was lying in bed. R21's right arm and right leg were flaccid. On 5/11/26 at 1:15 PM V7 (CNA/Certified Nursing Assistant) stated, I have worked here for years. I am not aware of (R21) getting any therapy or range of motion exercises. On 5/12/26 at 11:50 AM V16 (Care Plan Coordinator) stated, (R21) does not have a restorative range of motion program. We (the facility) currently do not have a restorative nurse that could develop that. 2. On 5/11/26 at 10:00 AM, R4 was sitting in the facility's dining room during an activity. R4 was positioned in a high back reclined wheelchair with both hands on his abdomen noticeably shaking with uncontrolled tremor-like movements. R4's feet had cushioned heel to calf boots in place and were resting on reclined chair leg rest. On 5/12/26 at 12:12 PM, R4 was sitting in the dining room being fed by V20 (Certified Nursing Assistant). R4 did not respond to words or being spoken to. V20 stated R4 requires total assistance from staff with all meals as he is unable to follow commands. R4's Care Plan, dated 1/30/26, documents R4 admitted to the facility on [DATE] with diagnoses of Dementia, Parkinson's Disease, Transient Cerebral Ischemic Attack and Restlessness with Agitation. This same care plan documents R4 has a self-care deficit related to Dementia and Impaired balance and is fully dependent on staff for all activities of daily living. R4's Minnimum Data Set (MDS) assessment, dated 3/2/26, documents R4 has a lower extremity impairment on one side, is dependent for sitting, rolling, hygiene, dressing and transferring and does not walk due to his condition. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R4's current electronic medical record does not document a program to address R4's limits in range of motion or a plan to prevent a decrease in range of motion and prevent contracture. On 5/12/26 at 1:15 PM, V2 (Director of Nursing) stated she does not have any range of motion programming (ROM) for R4. On 5/13/26 at 10:03 V2 confirmed that R4 used to be mobile and walked around the facility's dementia unit frequently. V2 stated (R4) has been non-ambulatory for a while now. I am not sure of exact date he became wheelchair bound. We don't have a specific range of motion program for him. At this same time, V16 (Licensed Practical Nurse/ Care Plan Coordinator) stated she has been doing the MDS assessments for about five months. V16 confirmed R4 has severely impaired cognition, does not move extremities regularly or understand commands to do so, does not ambulate and is dependent on staff for all activities of daily living. V16 stated When I assess someone like (R4) for impairments I usually just go by their diagnoses as to whether or not that have limits in range of motion.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure fall precaution interventions were in place for R29, a resident with a history of falls and failed to assess and implement interventions for a resident with exit seeking behaviors (R6), for two of five residents reviewed for safety, in a sample of 25. The facility policy, Fall Prevention Program, dated 01/2026 directs staff at the time of admission and in accordance with the plan of care, the resident will be oriented to the use of the call device, and the nurse call device will be placed within the resident's reach at all times. The facility's Code Pink-Missing Resident/Elopement policy dated 4/2023 documents, The facility strives to promote resident safety and protect the rights and dignity of the residents. The facility maintains a process to assess all residents for risk for elopement, implement risk reduction strategies for those identified as an elopement risk, and institute measure for resident identification at the time of admission. A. Assessment, 1. The preadmission evaluation process includes a wandering and elopement history and whether the resident can be safely care for at the facility. 2. An Elopement Risk Assessment is completed on all residents at the time of admission, quarterly, and with any increase in exit-seeking or wandering behaviors. 1. R29's facility admission Record documents that R29 was admitted to the facility on [DATE] with the following diagnosis: Cerebral Infarction. R29's most recent Fall Assessment, dated 4/5/26 documents that R29 is at risk for falls. R29's most recent Minimum Data Set Assessment, dated 4/17/26 documents that R29 requires substantial/maximal assistance of staff for all transfers, is always incontinent of bowel and bladder and has a history of falls. R29's current Care Plan, dated 8/12/24 documents that R29 has a Focus Area of At Risk for Falls. This same care plan includes the following Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The facility Fall Investigation Reports, dated 4/5/26, 9/28/25, 8/19/25, 6/4/25, 5/24/25 and 5/14/25 document that R29 fell in his room. On 5/11/2026 at 10:29 A.M., R29 was sleeping in his room, in bed. R29's call light was out of reach, laying on the floor, unavailable. On 5/11/2026 at 1:13 P.M., R29 was in his room, sleeping in bed. R29's call light remained unavailable to R29, laying on the floor. At that time, V7/Certified Nursing Assistant (CNA) verified that R29 had a history of falls and R29's call light on the floor. 2. On 5/11/2026 at 11:15 AM, R6 was in the dining room eating lunch in her wheelchair, dressed. R6 was not interviewable but was pleasant and voiced no concerns. R6's MDS (Minimum Data Set) Section C- Cognitive Patterns BIMS (Brief Interview of Mental Status) (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	score was 99, meaning unable to complete the interview. Cognitive skills for daily decision making were a score of two, moderately impaired; decisions were poor; cues/supervision were required. R6's MDS Section E- Behaviors showed a score of 1 for wandering, meaning this type of behavior occurred one to three days a week. R6's Care Plan dated 5/13/2026 documents R6 has a diagnosis of Dementia and Altered Mental Status. R6's Care Plan dated 5/13/2026 documents, I have a behavior problem: Wandering into other residents' rooms and personal spaces. R6 is an elopement risk/wanderer. R6 does not have any record of an Elopement/Wandering Risk Assessment in her chart. On 5/12/2026 at 9:51 AM, V2 (Director of Nursing) confirmed there are no Elopement/Wandering Risk Assessments done for R6.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to assess and identify entrapment risks associated with the use of side rails, attempt alternatives prior to installing side rails, develop a plan of care to address side rail use along with the risks associated with side rail use, and obtain consent prior to the use of side rails for two of three residents (R21 and R40) reviewed for side rail use in a sample of 25.Findings include:The facility's Side Rails/Bed Rails Policy dated 12/25 documents, Purpose: To ensure the appropriate, safe, and correct installation, use, and maintenance of bed rails. Definitions: Bed rails are adjustable metal or rigid plastic bars that attach to the bed. They are available in a variety of types, shapes, and sized ranging from full to one-half, one-quarter, or one-eight lengths. Guidelines: The facility shall ensure that prior to the installation of bed rails, the facility has attempted to use alternatives. After alternatives to bed rails have been attempted and determines that these alternatives do not meet the resident's needs, the facility shall assess the resident for the risks of entrapment and possible benefits of bed rails. In addition, the resident assessment should include an evaluation of the alternatives to the use of a bed rail that were attempted and how these alternatives failed to meet the resident's assessed needs. Informed Consent: The facility shall obtain informed consent from the resident or if applicable, the resident's representative for the use of bed rails. Plan of Care: The care plan shall be developed on an individual basis and may include but is not limited to the following related to use of bed rails: Identification of interventions to address any potential complications such as physical and/or psychosocial changes related to the use of the bed rails, such as increased incontinence, decline in ADLs (Activities of Daily Living) or ROM (Range of Motion) increased confusion, agitation, and depression.1. R21's admission Record documents R21 is a [AGE] year-old that was admitted to the facility on [DATE] with the diagnoses of Hemiplegia and Hemiparesis following a Cerebral Infarction affecting the right dominant side, Aphasia following a Cerebral Infarction, Major Depressive Disorder, and Hypertension.R21's MDS (Minimum Data Set) assessment dated [DATE] documents R21 is severely cognitively impaired.R21's Electronic Health Record dated 5/11/25 through 5/12/26 does not include a side rail assessment, alternatives tried prior to the installation of a side rail, a consent for the use of a side rail, or a care plan for the use of a side rail.On 5/11/26 at 10:15 AM R21 was lying in bed. R21's bed was positioned against the left side of the wall and R21 had a half side rail in the raised position to the left side of the bed. R21 was confused and R21's speech was mumbled.On 5/12/26 at 11:30 AM R21 was lying in bed. R21's bed was positioned against the left side of the wall and R21 had a half side rail in the raised position to the left side of the bed. On 5/12/26 at 11:50 AM V16 (Care Plan Coordinator) stated, (R21) has not had an entrapment risk assessment completed, alternatives tried prior to side rail use, a consent obtained, or a care plan developed for the use of a side rail.2. R40's admission Record documents R40 is a [AGE] year-old admitted to the facility on [DATE] with the diagnoses of Intraspinal Abscess and Granuloma, Paraplegia, Acute Osteomyelitis to Right Ankle and Foot, Respiratory Failure with Hypoxia, and Spinal Stenosis.R40's MDS assessment dated [DATE] documents R40 is cognitively intact and is dependent on staff for ADLs.R40's Siderail assessment dated [DATE] and signed by V16 (Care Plan Coordinator) documents, Risks identified for rail usage: Decline in function including activities of daily living, mobility, and bowel and bladder function. Final Recommendation: Side rails indicated to promote mobility and independence. R40's Electronic Health Record dated 3/5/26 (Admission) to 5/11/26 does not document alternatives tried prior to the installation of side rails.R40's current Care Plan documents, Date initiated 3/5/26: (R40) uses side rails to maximize independence with turning and repositioning in bed. This same Care Plan does not include a plan of care to address the risks associated with the use of R40's side rails.On 5/11/26 at (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	9:40 AM R40 was lying in bed. R40 had a half side rail in the raised position to the left side of the bed. There was a half side rail lying behind the head of R40's bed on the floor. R40 stated the side rail lying on the floor had broken off and no one has fixed it.On 5/12/26 at 9:50 AM V2 (Director of Nursing) stated R40 is supposed to have two half side rails for mobility and positioning. V2 stated R40 has had no alternatives tried prior to the implementation of R40's side rails and does not have a care plan with interventions to address the risks associated with the use of R40's side rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145886	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Aledo	304 S.W. 12th Street Aledo, IL 61231

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to administer medications as ordered by the physician for one of nine residents (R7), reviewed for medication administration, in a sample of 25.The facility policy, Medication Administration policy, dated 01/2026 directs staff medications must be administered in accordance with a physician's order, the right resident, right medication, right dosage, right route and right time. R7's facility admission Record documents that R7 was readmitted to the facility on [DATE] after a hospitalization for Metabolic Encephalopathy. R7's Nursing Progress Notes, dated 4/29/26 at 8:05 A.M. document that R7 was noted with left-sided weakness, altered mental status, unsteady gait and generalized weakness. R7 's physician was notified and R7 was sent to the local emergency room. R7's hospital discharge instructions, dated [DATE] includes the diagnosis for R7's hospitalization as Drug- induced Encephalopathy (Acute Metabolic Encephalopathy due to Valproic Acid Encephalopathy) and Hyperammonemia due to Valproic Acid. R7's discharge orders document, Please do not give (R7) Valproic Acid because it is the cause of his confusion. A review of R7's May 4- May 31, 2026 (Physician) Order Summary Report do not include a current physician order for R7 to receive Valproic Acid. On 5/12/2026 at 8:37 A.M., V17/Agency Nurse prepared to administer medications for R7. V17/Agency Nurse punched 2 tablets of Valproic Acid (anti convulsant) 500 MG (Milligrams) DR (Delayed release) into a plastic medication cup, along with nine other medications, walked to R7's room and handed R7 the medication cup and instructed R7 to take the medicines. R7 swallowed all the medications at one time with a 60 ML (Milliliter) cup of water. On 5/12/2026 at 9:40 A.M., V2/Director of Nurses (DON) confirmed that R7 did not have a current physician order for Valproic Acid and was not to receive Valproic Acid due to his recent metabolic encephalopathy brought on by Valproic Acid.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Arcadia Care Aledo	304 S.W. 12th Street Aledo, IL 61231

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review the facility failed to ensure multi-dose injectable insulin pens were labeled with the date when opened for three of 12 residents (R22, R29, and R35) reviewed for storage and labeling of medications in a sample of 25.Findings include:The facility's Medication Storage Policy dated 12/25 documents, Purpose: To ensure proper storage, labeling, and expiration dates of medication, biologicals, syringes, and needles. Facility staff should record the date opened on the medication container when the medication has shortened expiration dates once opened.On 5/11/26 at 9:30 AM V9 (LPN/Licensed Practical Nurse) was standing at the North and Short Hallway medication cart. V9 opened the top drawer of the medication cart where residents' multi-dose insulin injector pens were stored. This drawer contained R22's opened 1/3 full Lantus Insulin100 u/ml (units/milliliter) injector pen that was not labeled with the date when opened, R29's opened 1/4 full Lantus Insulin 100 u/ml injector pen that was not labeled with the date when opened, and R35's opened 1/3 full Lantus Insulin100 u/ml (units/milliliter) injector pen that was not labeled with the date when opened. V9 stated, I only work here as needed. I do not know why all of these insulin pens are not dated. All insulin pens should be labeled with the date of when they are opened.On 5/11/26 at 1:40 PM V2 (Director of Nursing) stated, All multi-dose insulin vials and pens should be labeled when opened and are only good for 28 to 30 days after opening.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. Based on observation, interview, and record review failed to conduct regular maintenance inspections as part of a regular maintenance program to identify areas of possible entrapment for three of three residents (R21,R35, and R40) reviewed for side rail use in a sample of 25.The facility's Side Rails/Bed Rails Policy dated 12/25 documents, Purpose: To ensure the appropriate, safe, and correct installation, use, and maintenance of bed rails. Definitions: Bed rails are adjustable metal or rigid plastic bars that attach to the bed. They are available in a variety of types, shapes, and sized ranging from full to one-half, one-quarter, or one-eight lengths. Guidelines: The facility should ensure the bed is appropriate for the resident and that bed rails are properly installed and maintained. Potential risks can be exacerbated by improper match of the bed rail to bed frame, improper installation and maintenance, and use with other devices or supports that remain when the bed rail is removed. Installation and Maintenance of Bed Rails: Assuring the correct installation and maintenance of bed rails is an essential component in reducing the risk of injury resulting from entrapment or falls. When installing and using bed rails, the facility should: Ensure the bed's dimensions are appropriate for the resident. Confirm that the bed rails to be installed are appropriate for the size and weight of the resident using the bed. Inspect and regularly check the mattress and bed rails for areas of possible entrapment. Check bed rails regularly to make sure they are still installed correctly as rails may shift or loosen over time.The Facility Maintenance Director Job Description dated 5/26 documents, The primary purpose is to plan, organize, develop and direct overall operation of the Maintenance Department in accordance with current federal, state and local standards, guidelines and regulations governing the facility and to assure that the facility is maintained in a safe and comfortable manner. Repair facility/resident property as necessary and in the event unable to repair coordinate with outside vendors to make repair or replace as cost effectively as possible. Assist in identifying, ensure that supplies and equipment are maintained to provide safe and comfortable environment and promptly report equipment or facility damage to the Administrator. Make weekly inspections of all maintenance functions to assure that quality control measures are maintained.1.On 5/11/26 at 10:15 AM R21 was lying in bed. R21's bed was positioned against the left side of the wall and R21 had a half side rail in the raised position to the left side of the bed. R21 was confused and R21's speech was mumbled.R21's Electronic Health Record dated 5/11/25 through 5/12/26 does not include a maintenance assessment or evaluation of R21's side rails.2. On 5/12/26 at 2:00 PM R35 was lying in bed. R35's bed was positioned against the left side of the wall and R35 had a half side rail in the raised position to the left side of the bed. R35's Electronic Health Record dated 4/25/25 (R35's Admission) through 5/12/26 does not include a maintenance assessment or evaluation of R35's side rails.3. R40's Electronic Health Record dated 3/5/26 (Admission) to 5/11/26 does not include a maintenance assessment or evaluation of R40's side rails.On 5/11/26 at 9:40 AM R40 was lying in bed. R40 had a half side rail in the raised position to the left side of the bed. There was a half side rail laying behind the head of R40's bed on the floor. R40 stated the side rail laying on the floor had broken off and no one has fixed it.On 5/12/26 at 9:50 AM V15 (Maintenance Director) stated, I have not performed maintenance inspections or assessments for any of the residents' side rails. I cannot find any maintenance inspections or assessments of side rails that have been done within the last year. I have not been told that (R40's) side rail was broken off of his bed.