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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145928 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/09/2026 |
| NAME OF PROVIDER OR SUPPLIER Arcadia Care Jacksonville | | STREET ADDRESS, CITY, STATE, ZIP CODE 1021 North Church Street Jacksonville, IL 62650 | |

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) |
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| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the Facility failed to provide the services of a Registered Nurse (RN) for at least eight hours daily. This has the potential to affect all 63 residents living in the Facility. Findings include: The Facility's Daily Staffing Schedules were reviewed for 1/1/2026 through 2/28/2026. These schedules do not document a Registered Nurse (RN) worked for at least eight hours on 1/4/26, 1/10/26, 1/11/26, 1/17/26, 1/18/26, 1/24/26, 1/25/26, 1/31/26, 2/1/26, 2/7/26, 2/8/26, 2/14/26, 2/15/26, 2/21/26, 2/22/26 and 2/28/26. On 3/3/2026 at 9:40 AM V1, Administrator, stated that they didn't have a staffing policy. V1 stated that they follow state guidelines. V1 stated there are days without RN coverage in the building. V1 stated that they are currently advertising for RNs and actively hiring. The Facility's CMS (Centers for Medicare and Medicaid Services) Long-Term Care Facility Application for Medicare and Medicaid 671 form dated 3/1/26 documents there are 63 residents residing at the facility.</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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