

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145968	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Care Kewanee		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Junior Avenue Kewanee, IL 61443	

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)
<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>33970</p> <p>Based on interview and record review the facility failed to have funds available for 18 of 18 residents (R1-R18) reviewed for personal funds in the sample of 18.</p> <p>Findings Include:</p> <p>The Facility's Resident Funds policy dated 04/2019 documents This facility manages the personal funds of residents when such a request is made by the resident. Resident requests for access to their funds should be honored by facility staff as soon as possible but no later than: The same day for amounts less than \$100 (\$50 for Medicaid residents); Three banking days for amounts of \$100 (\$50 for Medicaid residents) or more.</p> <p>On 12/11/24 V3 (Licensed Practical Nurse/MDS Coordinator) provided a list of residents whose money is managed by the facility. This list included R1-R18.</p> <p>On 12/11/24 at 9:00 AM R15 stated I have been asking for \$150 out of my trust because I would like to buy some Christmas cards and other things for Christmas, and I've been told they are waiting on a check from corporate. They said that they do not have the money to give to me.</p> <p>On 12/11/24 at 9:30 AM R18 stated They told me that all of our money is on hold until a check gets here from corporate. I would like to buy a Christmas gift. I hope they can get the cash before then.</p> <p>On 12/11/24 at 10:50 AM V1 (Administrator) stated The resident trust is not on hold and has never been. I am sure we would be able to give money to residents that ask. V1 denied knowledge of any residents requesting money and not receiving it.</p> <p>The Facility's Resident Council meeting minutes dated 10/3/24 document Need a new business office manager. (V3 LPN) is standing in. Trust is on hold.</p> <p>The Facility's Resident Council meeting minutes dated 11/11/24 documents (V3 LPN) helping while we look to hire a Business Office Manager. Trust is open but limited to what cash we have on hand.</p> <p>The Cash Disbursements Form dated 12/3/24 documents that the starting balance was \$204. On 12/3/24 R2, R15, and R18 withdrew cash leaving the balance \$0.</p> <p>(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
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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/11/24 at 11:00 AM V3 confirmed that there had not been any cash available to residents since 12/3/24. V3 stated I submitted a request to corporate and we are waiting on a check to be able to have funds to give residents that have asked. V3 confirmed knowledge of R15 requesting cash and not having access to it.</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33970</p> <p>Based on record review and interview the facility failed to notify the health care power of attorney of a change in condition for 2 residents (R5 and R19) of three reviewed for discharge in the sample of three.</p> <p>Findings Include:</p> <p>The Facility's Physician-Family Notification-Change in Condition policy dated 11/2018 documents the purpose of the policy to ensure that medical care problems are communicated to the attending physician or authorized designee and family/responsible party in a timely, efficient, and effective manner. The facility will inform the resident; consult with the resident's physician or authorized designee such as Nurse Practitioner, and if known, notify the resident's legal representative or an interested family member when there is B. A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications). D. A decision to transfer or discharge the resident from the facility.</p> <p>1. R5's Medical Records document that she was admitted on [DATE] with diagnosis of CHF (Congestive Heart Failure).</p> <p>R5's Nurse's notes indicate that on 12/02/24 at 9:01 AM R5 had shortness of breath, altered mental status and tachycardia with a history of uncontrolled atrial fibrillation. R5 was sent to the emergency room for evaluation and returned with orders for a hospice evaluation related to CHF.</p> <p>R5's Health Care Power of Attorney dated 11/15/23 and signed by R5 lists V12 as her Health Care Power of Attorney.</p> <p>R5's Medical Record did not contain any documentation of notification of change of condition/transfer to emergency room and hospice evaluation to V12.</p> <p>On 12/12/24 at 10:00 AM V7 (Social Service Director) stated that she has worked at the facility since 09/02/2024 and has never been able to get ahold of V12 (R5's Health Care Power of Attorney) for any reasons. V7 stated to her knowledge no one has been able to get ahold of him. V7 confirmed that there is no documentation of any attempts to reach V12 and states that the phone number listed for him is not in use. V7 stated that she did not know what the next step would be to attempt to reach a health care power of attorney or what she should do in the instance of a health care power of attorney being habitually unreachable.</p> <p>On 12/12/24 at 9:30 AM V2 (Director of Nursing) confirmed there was no documentation of notification of V12 (R5's Health Care Power of Attorney) of her change in condition.</p> <p>2. R19's medical record documents that she was admitted on [DATE] after a fall at home with a hip fracture and surgery. R19 also had pneumonia and exacerbation of CHF (Congestive Heart Failure).</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R19's Health Care Power of Attorney dated 11/12/24 and signed by R19 lists V11 as her Health Care Power of Attorney. R19's Health Care Power of Attorney form also listed V11's phone number.</p> <p>R19's Nurse's notes document that on 11/26/24 at 2:20 PM R19 was found unresponsive and sent to the emergency room . R19's note documents that R19 was readmitted to the hospital for pneumonia and exacerbation of CHF (Congestive Heart Failure).</p> <p>R19's Transfer/Discharge form dated 11/26/24 documented that V11 (R19's Health Care Power of Attorney) could not be called because the facility did not have a phone number for her.</p> <p>On 12/12/24 at 9:30 AM V2 (Director of Nursing) confirmed that V11 (R19's Health Care Power of Attorney) was not notified of R19's transfer to the hospital due to the facility not having her phone number. V2 reviewed and confirmed that V11's phone number was in R19's Medical Record on her Health Care Power of Attorney form dated 11/12/24. We didn't think we had (V11)'s phone number. I don't know why the number was not listed on the face sheet like it normally should have been.</p>		