STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145968	A. Building B. Wing	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Kewanee	144 Junior Avenue Kewanee, IL 61443

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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 0558 Level of Harm - Actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident was provided with an appropriately sized wheelchair and appropriate equipment to receive showers for one of three residents (R57) reviewed for accommodation of needs in the sample of 35. This failure resulted in R57 being confined to her room, unable to access the shower room, receiving bed bathing in lieu of scheduled showers, and being required to sit on the side of the bed to eat, negatively impacting R57's safety, dignity, comfort, and quality of life.Findings include: The Ombudsman's undated Resident Rights policy documented, As an individual living in a long-term care facility, you retain the same rights as every citizen of Illinois and of the United States. The following regulations provide clarity on specific rights granted to residents living in long-term care facilities: You have the right to make your own choices. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide services to keep your physical and mental health at their highest practical levels.R57's Census Line documents R57 was admitted to the facility on [DATE].R57's Medical Diagnosis List documents R57 has Morbid (severe) Obesity and Depression.R57's Minimum Data Set (MDS), dated [DATE], documents R57 is cognitively intact, requires two staff with transfers, and one to two assists for showers. This same MDS documents R57 requires a wheelchair for mobility.R57's current Care Plan documents R57 has Depression and the target goal for R57 is that R57 will not refuse to come out of her room, get out of bed and socialize with others. This same Care Plan documents R57 requires one to two assistances from staff for showers.R57's Shower and Bathing Task, dated 12/12/25 through 1/4/26, documents R57 has only received one shower on 12/19/25.R57's Occupational Therapy Treatment Encounter Note, dated 12/25/25, does not contain documentation that a wheelchair assessment was completed for R57.R57's Medical Record does not include a wheelchair assessment for R57. There is no further documentation of a wheelchair assessment documented for R57.On 1/3/26 at 9:45 AM, R57 stated, The facility does not have a wheelchair that will fit me so I'm stuck in my room and can't get around. R57 further stated the facility did not have appropriate equipment to provide showers and reported, I (R57) had to bring my own shower chair from home because the facility had no way to give me a shower, but they still can't use the one I brought in because they said it wasn't safe. R57 stated she had only been showered one time since admission and reported, I (R57) was supposed to receive a shower last night and the aide told me they were too busy so it would have to be done another time. R57 stated she feels very secluded in her room and has no other option but to lay in bed most of the time because she has no way to leave her room. R57 further stated she was able to get up in a recliner at home and take a shower and would like to be able to get up out of bed and go to the shower room to take a shower.On 1/4/26 at 10:00 AM, V1 (Administrator) stated two different wheelchairs were purchased when R57 was admitted to the facility but neither of them fit R57 comfortably. V1 confirmed the facilities Vendor Rental History Report for R57 documents two bariatric wheelchairs were delivered to the facility for R57 on 12/9/25 and 12/12/25 and that there have been no further wheelchair deliveries for R57. V1 verified R57 was unable to utilize the two bariatric wheelchairs ordered and still does not have an appropriate fitting wheelchair for R57.On 1/4/26 at (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0558 Level of Harm - Actual harm Residents Affected - Few	approximately 11:00 AM, V3 (Assistant Director of Nursing/ADON) stated the wheelchair available was too tall for R57 and caused discomfort. V3 stated the facility was limited to wheelchair sizes, while R57 required a larger size, stating, So far we have been unable to find one. V3 stated R57's family provided a shower chair that was not safe to use, and the facility was unable to locate a shower chair to safely accommodate R57.On 1/6/26 at 10:50 AM, V9 (Certified Nursing Assistant/CNA) stated R57 does not have a wheelchair at the facility that fits her.On 1/6/26 at 11:00 AM, V10 (CNA) stated R57 is unable to go to the shower room because R57 does not have a wheelchair or shower chair, stating, So we wash (R57) in her bed in the morning.On 1/6/26 at approximately 11:10 AM, V11 (CNA) stated R57 has no wheelchair at the facility so R57 sits on the side of the bed when she eats.On 1/6/26 at 12:45 PM, R57 pivot transferred from her bed with a walker and assistance of V3 (ADON) and V11 (CNA) to a bariatric wheelchair. R57 was unable to scoot to the back of the chair and stated that she could not get comfortable and breathe in the chair. V3 verified at this time R57 would not be safe to sit in the wheelchair by herself.On 1/6/26 at 2:10 PM, V3 (ADON) verified there was only one shower documented as being given to R57 since R57's admission. V3 stated, If the staff didn't document any other showers, then it didn't happen.On 1/6/26 at 3:00 PM, V2 (Interim Director of Nursing) verified R57's medical record and therapy notes does not contain evidence of wheelchair assessment being completed to recommend a proper wheelchair and proper wheelchair positioning for R57.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on observation, record review, and interview the facility failed to provide Registered Nurse/RN services eight consecutive hours daily for 7 days a week and failed to employ a full-time DON (Director of Nursing) to oversee the operation of the Nursing Department and ensure quality of care. This failure has the potential to affect all 53 residents residing within the facility. Findings include:The facility's Director of Nursing Job Description, dated 7/2023, documents Director of Nursing Job Description Summary: The primary purpose of the Director of Nursing position is to plan, organize, develop, and direct the overall operation of our Nursing Department in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be directed by the Administrator and the Medical director, to ensure that the highest degree of quality care is always maintained.The Facility Assessment, dated 1/4/2026, documents a Director of Nursing is required to care for the resident's needs.On 1/5/26 at 12:10 PM a facility Days without RN (Registered Nurse) coverage as of 1/5/26 list was provided by V1 (Administrator). This list documents there was no RN coverage for 12/10/25, 12/14/25, 12/25/25, 12/27/25, 12/28/25, and 1/2/26. V1 verified at this time there was no RN coverage at the facility for 12/10/25, 12/14/25, 12/25/25, 12/27/25, 12/28/25, and 1/2/26 and that the facility should have a minimum of eight consecutive hours of RN coverage 7 days a week. V1 stated, We (the facility) have trouble now with getting RN coverage and the company does not allow me to utilize agency RN's.On 1/5/26 at 12:14 PM V1 (Administrator) stated V2 is a Regional Nurse and is the current Interim DON. V1 stated, (V2) is in our building around twice a week. This started around a month to a month and a half ago. We (the facility) are currently searching for a DON.On 1/6/25 at 11:45 AM V2 (Interim Director of Nursing) provided a list for December 2025 of the days V2 worked in the facility as the Director of Nursing. This list documents V2 worked 12/5/25, 12/12/25, 12/15/25, 12/19/25, 12/22/25, and 12/29/25. V2 stated, I only am at the facility one to two times per week, but I do read over the 24-hour nursing report every day. We are still searching for a full time Director of Nursing.The facility's CMS (Centers for Medicare and Medicaid Services) Form 671 dated 1/4/26 and signed by V1 (Administrator) documents 53 residents reside within the facility.

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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 label/date opened and prepared food items, ensure food items were not expired, maintain clean storage cabinets, repair damaged cabinet doors, and ensure cooking equipment was free of old food splatter. These failures have the potential to affect all 53 residents residing in the facility.Findings Include: The facility's Labeling and Dating Foods policy dated/revised 09/2023 documents, 2. Date marking for refrigerated storage food items. Once a case is opened, the individual, refrigerated food items are dated with the date the item was received into the facility and placed in/on the proper storage location utilizing the first in- first out method of rotation. Once opened, all ready to eat, potentially hazardous foods will be re-dated with a use by date according to current safe food storage guidelines or by the manufacturer's expiration date. 3. Date marking for freezer storage food items. Frozen food packages removed from the case will be dated with the date the item was received into the facility and will be stored using the first in- first out method of rotation. Once package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines or by the manufacturer's expiration date. Prepared food or opened food items should be discarded when: the food item does not have a specific manufacturer expiration date and has been refrigerated for seven days. The food item is leftover for more than 72 hours. The food item is older than the expiration date.The facility's Dietary Policies and Procedures Drawers and Cabinets policy (un-dated) documents, The drawers and cabinets in the department should be cleaned weekly or more often if needed. Clean the inside and the outside of the drawers and cabinets.On 1/4/2026 at 9:40 AM, during initial kitchen visit with V16 (Dietary Aide) there was a cabinet lacking a door, with accumulated debris and loose wood pieces found at its base; clean dishes were observed being stored in this compromised area. Additionally, other kitchen cabinets were in a state of disrepair, also containing food and debris on the outside of the cabinets. V16 confirmed the kitchen cabinets had dirt and debris with clean dishes stored on them and stated, my manager knows the cabinets is an issue.On 1/4/2026 at 9:50 AM, the facility refrigerator had an open bottle 3/4 full of (food and liquid thickener mix) with no opened date, 1/4 of a package of sliced cheese opened and not dated, one package of sliced ham opened and not dated, one package of sliced turkey opened and not dated, an open plastic condiment container 3/4 full of French dressing labeled expires on 1/2/26, one opened full bag and another 1/4 full bag of carrots labeled expires on 12/29/25, five condiment containers of unlabeled/dated unknown sauces, one large sheet cake pan with three-five pieces of cake left were labeled expires on 1/2/26, and an opened 3/4 full of scrambled egg mix with no opened date. V5 (Dietary Manager) verified the food and liquid thickener mix was opened and undated, the package of sliced cheese was opened and not dated, the package of sliced ham was opened and not dated, the package of sliced turkey was opened and not dated, the 3/4 full container of French dressing was expired and should have been discarded, the opened bags of carrots were expired and should have been discarded, the condiment containers were unlabeled and did not have an open or expired date, the pieces of cake were expired and should have been discarded, and the carton of scrambled egg mix was opened and not dated.On 1/4/2026 at 10:00 AM, the facility freezer had one opened bag (1/2 full) of frozen bread sticks not labeled or dated, one opened small bag (1/4 full) of cinnamon rolls not labeled or dated, and one opened small bag (1/4 full) of mixed vegetables not labeled or dated. V5 (Dietary Manager) verified at this time the bread sticks, the cinnamon rolls, and the mixed vegetables bags were all opened, not labeled or dated.On 1/4/2026 at 10:10 AM, the facility's dry food storage room had 1/2 of a bag and 1/4 of a bag of opened bread with no opened date, one opened bag of stuffing bag mix (3/4 full) with no opened date, and three large containers of various types of cereal stored not labeled or dated. V5 (Dietary Manager) verified at this time the bread and stuffing bag mix were opened and not dated, and the three large containers of cereal were not labeled or dated with an (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	expired or opened date.On 1/4/2026 at 10:15 AM, V5 (Dietary Manager) stated all foods should be labeled and dated, all expired foods should be discarded, and all cabinets should be cleaned daily and in good repair.The facility's CMS (Centers for Medicare and Medicaid Services) Form 671 dated 1/5/26 and signed by V1 (Administrator) documents 53 residents reside within the facility.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and record review, the facility failed to document and track employee COVID-19 education, vaccine administrations and vaccine refusals. This failure has the potential to affect all 53 residents residing in the facility.Findings Include: The facility's CMS (Centers for Medicare and Medicaid Services) Form 671 dated 1/5/26 and signed by V1 (Administrator) documents 53 residents reside within the facility.The facility's Interim COVID-19 Vaccination Guidelines-Residents and Employees dated 12/2025 documents, Purpose: To minimize the risk of residents acquiring, transmitting, or experiencing complications from (COVID-19). Guidelines: The facility shall provide pertinent information about the significant risks and benefits of the vaccine to residents (or resident's legal representative) and employees. Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine. The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine and change their decision. The facility maintains documentation related to staff COVID-19 vaccination and includes at a minimum, the following: A. That staff were provided education regarding the benefits and potential risks associated with the COVID-19 vaccine. B. Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine. C. The COVID-19 vaccine status of staff and related information as indicated by NHSN (National Healthcare Safety Network). If a staff member is not eligible for COVID-19 vaccination because of previous immunization at another location or outside of the facility, the facility may request vaccination documentation from the staff member to confirm vaccination status.On 1/6/2026 at 10:14 AM, V3 (Infection Preventionist) stated I do not have a log of employees who have the COVID-19 vaccine or keep a record of employees who refuse the COVID-19 vaccine.On 1/6/2026 at 10:19 AM, V1 (Administrator) confirmed the facility does not keep COVID-19 logs for employees who have taken the COVID-19 vaccination, and stated the facility does not have employees sign a refusal form. V1 also confirmed there is no tracking for the education given to new employees who refuse the COVID-19 vaccination.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure resident's electronic medical records, care plans, and physician order sheets matched their Physician's Order for Life-Sustaining Treatment (POLST) for scope of treatment for four of 24 residents (R2, R8, R34, R58) reviewed for Advanced Directives in the sample of 35.Findings include:The facility's Advance Directives policy, dated 10/2024, documents For purpose of this policy and procedure Advanced Directives means a written instrument, such as a living will or life prolonging procedure declaration, appointment of health care representative and power of attorney for health care purposes. These directives are established under state law and relate to the provision of medical care when the individual is incapacitated. This same policy documents If a resident or health care representative indicates an Advanced Directive regarding CPR (Cardio-Pulmonary Resuscitation) or Scope of Treatment (POLST, Physician's Order for Life-Sustaining Treatment, form), the appropriate forms will be completed. A written physician's order is required in response to the Advanced Directive(s). Physician's order shall be specific and address each Advanced Directive(s). Advanced Directive(s) shall be included in the resident's plan of care and will be reviewed during the care plan meeting with the resident and/or the resident's legal representative when present.1. R2's electronic medical record face sheet and physician order sheet, dated [DATE], documents Advanced Directives: DNR (Do Not Resuscitate).R2's current Care Plan, dated [DATE], documents I (R2) have signed a valid DNR. Do not resuscitate should I stop breathing, display no pulse as a result of failure of the heart to contract effectively or at all. Ensure DNR is noted on chart. This care plan does not address any further advanced directives.R2's Physician Order for Life-Sustaining Treatment, dated [DATE] and signed by R2, documents R2 wishes to be a Do Not Attempt Resuscitation (DNAR) if found with no pulse. This form also documents if R2 is not in cardiac arrest and has a pulse to follow Selective Treatment: Primary goal is treating medical conditions with limited medical measures. Do not intubate or use invasive mechanical ventilation. May use non-invasive forms of positive airway pressure, including CPAP (Continuous Positive Airway Pressure) and BiPAP (Bilevel Positive Airway Pressure). May use IV (Intravenous) fluids, antibiotics, vasopressors, and antiarrhythmics as indicated. Transfer to the hospital if indicated.2. R8's electronic medical record face sheet and physician order sheet, dated [DATE], documents Advanced Directives: DNR.R8's current Care Plan, dated [DATE], documents (R8) has chosen advanced directives: (R8) has signed a Do Not Resuscitate order. This care plan does not address any further advanced directives.R8's Physician Order for Life-Sustaining Treatment, dated [DATE] and signed by R8, documents R8 wishes to be a DNAR if found with no pulse and is not breathing. This form also documents if R8 is not in cardiac arrest and has a pulse and/or is breathing to follow Limited Additional Interventions: In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation or mechanical ventilation. May consider less invasive airway support (CPAP, BiPAP). Transfer to the hospital if indicated. Generally, avoid the intensive care unit. Treatment Plan: Provide basic medical treatments. Artificially Administered Nutrition, six months defined trial period of artificial nutrition by tube.3. R34's electronic medical record face sheet and physician order sheet, dated [DATE], documents Advanced Directives: DNR.R34's current Care Plan, dated [DATE], documents DNR. I (R34) have signed a valid DNR. Do not resuscitate should I stop breathing, display no pulse as a result of failure of the heart to contract effectively or at all. Ensure DNR is noted on chart. This care plan does not address any further advanced directives.R34's Physician Order for Life-Sustaining Treatment, dated [DATE] and signed by R34, documents R34 wishes to be a DNAR if found with no pulse. This form also documents if R34 is not in cardiac arrest and has a pulse to follow Selective Treatment: Primary goal is treating medical conditions with limited medical measures. Do not intubate or use invasive mechanical (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	ventilation. May use non-invasive forms of positive airway pressure, including CPAP and BiPAP. May use IV fluids, antibiotics, vasopressors, and antiarrhythmics as indicated. Transfer to the hospital if indicated.4. R58's electronic medical record face sheet and physician order sheet, dated [DATE], documents Advanced Directives: DNR.R58's current Care Plan, dated [DATE], documents DNR. I (R58) have signed a valid DNR. Do not resuscitate should I stop breathing, display no pulse as a result of failure of the heart to contract effectively or at all. Ensure DNR is noted on chart. This care plan does not address any further advanced directives.R58's Physician Order for Life-Sustaining Treatment, dated [DATE] and signed by R58, documents R58 wishes to be a DNAR if found with no pulse. This form also documents if R58 is not in cardiac arrest and has a pulse to follow Selective Treatment: Primary goal is treating medical conditions with limited medical measures. Do not intubate or use invasive mechanical ventilation. May use non-invasive forms of positive airway pressure, including CPAP and BiPAP. May use IV fluids, antibiotics, vasopressors, and antiarrhythmics as indicated. Transfer to the hospital if indicated.On [DATE] at 10:30 AM, V8 (Licensed Practical Nurse) stated When a resident has an emergent code situation, we (nurses) go into the status board (electronic medical record face sheet) and look at the advanced directives on the face sheet. If they are a DNR with selective treatment, then I think it will say it on that face sheet/ main (electronic) screen as well, to alert staff.On [DATE] at 12:15 PM, V1 (Administrator) and V2 (Interim Director of Nursing) confirmed that a resident's POLST should be reflected in the electronic medical record and specific instructions should match. V1 stated If someone has elected to be a DNR but then marks selective treatment, those specific treatment directives should at least be noted on the resident's care plan. V1 confirmed that staff look at the electronic medical record face sheet and physician order sheet to see a resident's code status and those should all match the residents wishes.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on interview and record review, the facility failed to offer bedtime snacks to six of six residents (R17, R18, R27, R30, R38, and R52) reviewed for bedtime snacks in the sample of 35.Findings include: The facility's Bedtime Care (HS Care) policy, dated 10/2024, documents Purpose: To promote comfort and relaxation before sleep. Guidelines: Provide bedtime snack and/or fluids as appropriate.R17, R18, R27, R30, R38, and R52's electronic health records do not contain documentation of R17, R18, R27, R30, R38, and R52 being offered or receiving bedtime snacks.On 1/5/26 at 1:46 PM R17, R18, R27, R30, R38, and R52 were in the resident' council meeting. R17, R18, R27, R30, R38, and R52 all stated staff do not come around and offer bedtime snacks. R17, R30, R38, and R52 stated they have to request a bedtime snack if they want one and sometimes the staff forget to bring it down. R18 and R27 stated they weren't aware they could even request a bedtime snack but would like them to be offered to them.On 1/6/25 at 10:35 AM V5 (Dietary Manager) stated the dietary staff bring a sealed box of bedtime snacks for the residents and place them on the nurse's desk around 8:00 PM every night. V5 stated, Dietary staff do not go around and offer snacks. I am unsure if the nurses or the CNAs (Certified Nursing Assistants) do that.On 1/6/25 at 12:15 PM V2 (Interim Director of Nursing) stated the bedtime snacks are being brought onto the halls around 7:30 to 8:00 PM but they are placed at the desk. V2 stated The CNAs should be offering a bedtime snack to all residents appropriate to receive a bedtime snack. V2 verified there is no documentation of R17, R18, R27, R30, R38, and R52 receiving any bedtime snacks.

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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. Based on observation, interview and record review, the facility failed to document a diagnosis, identify behaviors and monitor for identified targeted behaviors to warrant the use of Risperidone (antipsychotic medication), and document a care plan to address behaviors and antipsychotic use for one of five residents (R9) reviewed for psychotropic medications in the sample of 35.Findings include: The facility's Behavioral Health Services Program policy dated 1/2023 documents, Purpose: To establish a system for identifying behaviors and implementing appropriate interventions consistent with the individualized plan of care and to ensure that each resident receives appropriate treatment and services to attain the highest practicable mental and psychosocial well-being. Development and Review of Care Plan: For psychotropic medications include indication/rationale for use, specific target behaviors, monitoring for efficacy and/or adverse consequences.R9's Care Plan dated 1/6/2026 does not document a psychosis medical diagnosis.R9's Physicians Order sheet dated 1/6/2026 documents, risperidone oral tablet 1mg (milligram) related to vascular dementia, mild, with other behavioral disturbance.R9's Care Plan dated 1/6/2026 does not document the use of an antipsychotic medication or targeted behaviors.On 1/4/2026 at 10:10 AM, R9 was in his room, lying in bed resting and watching his cell phone. R9 voiced he had no concerns with the facility. R9 was pleasant and polite.On 1/6/2026 at 11:15 AM, R9 was in the dining room, in his wheelchair, eating lunch peacefully, with another resident at the table.On 1/6/2026 at 12:30 PM, V11 (Certified Nurse Assistant) stated R9 is not violent or aggressive with other residents. V11 stated the most R9 will do is yell help if you do not answer his call light immediately.On 1/6/2026 at 12:35 PM, V7 (Licensed Practical Nurse) stated R9 is known to want to get in and out of bed immediately when he wants to. V7 stated R9 is just impatient but he is never violent or aggressive, especially not with other residents.On 1/6/2026 at 12:51 PM, V14 (Certified Nurse Assistant) stated R9 wants to get up a lot and sometimes will yell help if he is not up after a minute or two after turning his call light on. V14 stated R9 is not violent or aggressive towards other residents.On 1/6/2026 at 1:00 PM, V9 (Certified Nurse Assistant) stated R9 will push his call light here and there several times a lot in a day and yells out if he is not assisted quickly. V9 stated R9 is not mean or aggressive towards other residents. V9 stated R9 is sweet and polite.On 1/6/2026 at 1:40 PM, V2 (Interim Director of Nursing) stated if there is no psychosis medical diagnosis, targeted behaviors, or care plan mentioning the use of antipsychotics in R9's record, then we don't have it. V2 was unable to provide any evidence of R9 having a mental diagnosis to warrant the use of an antipsychotic medication or any behavior tracking monitoring targeted behaviors.

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	145968	A. Building B. Wing	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Kewanee	144 Junior Avenue Kewanee, IL 61443

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident with a diagnosis of Bipolar Disorder was provided a level two PASRR (Preadmission Screening and Resident Review) screen upon admission for one of three residents (R2) reviewed for PASARR screening in the sample of 35.Findings include:R2's level one PASRR (Preadmission Screening and Resident Review), dated 7/23/25, documents Diagnoses: No mental health diagnosis is known or suspected. This same form documents No level two required, no SMI/ID/RC (Serious Mental Illness, Intellectual Disability, Related Conditions). Rational: The level one screen indicates that a PASRR disability is not present because of the following reason: There is no evidence of a PASRR condition of an intellectual/ developmental disability or serious behavioral health condition. If changes occur or new information refutes these findings, a new screen must be submitted.R2's current Care Plan, dated 1/6/26, documents R2 was most recently admitted to the facility on [DATE] with diagnoses of Bipolar Disorder, Major Depressive Disorder (MDD) and Attention-Deficit Hyperactivity Disorder (ADHD).On 1/6/26 at 11:00 AM, V12 (Licensed Practical Nurse/Minimum Data Set coordinator) confirmed that R2 has not had a level two PASSR completed. V12 stated At the time (R2) was (originally) admitted in July of 2025, (V13, Former Social Services Director) would have been the one responsible for looking at the records and PASRR results. (R2's) Mental illness diagnoses were not listed on the level one screening and I am not sure why. The screening will have to be re-done, and a level two will need completed for (R2). V12 confirmed R2's diagnoses of Bipolar, MDD and ADHD were all present on admission.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident was provided thorough skin assessments to monitor for pressure injury with the use of a CPAP (Continuous Positive Airway Pressure) device, identify a new pressure wound, and provide a proper treatment and care plan interventions for a pressure injury for one (R57) of three residents reviewed for pressure injury out of a sample list of 35. Findings include:The facility's Pressure Injury and Skin Condition Assessment policy revised 1/2018 documents pressure ulcers and other ulcers will be assessed and measured at least every seven days by a licensed nurse and documented in the resident's clinical record. A wound assessment will be initiated and documented in the resident chart when a pressure ulcer is identified by a licensed nurse. Each resident will be observed for skin breakdown daily during care and on the assigned bath day by the CNA. Changes shall be promptly reported to the charge nurse who will perform the detailed assessment. At the earliest sign of a pressure injury or other skin problems, the resident, legal representative, and attending physician will be notified. The initial observation of the ulcer or skin breakdown will also be described in the nursing progress notes.The facility's Pressure Ulcer Prevention revised 1/2018 documents to prevent pressure sores/pressure injury inspect the skin several times a daily during bathing, hygiene, and repositioning measures.R57's census and clinical record documented admission to the facility on [DATE].R57's MDS (Minimum Data Set) assessment dated [DATE] documented that R57 was cognitively intact.R57's Braden Scale Assessments dated 12/15/25, 12/23/25, 12/27/25, and 01/05/26 documented that R57 is at a moderate risk for developing pressure ulcers. These same assessments did not document a pressure ulcer to the bridge of R57's nose.R57's admission Skin assessment dated [DATE] does not document a pressure ulcer or skin alteration on the bridge of R57's nose.On 1/04/26 at 9:30 AM, R57 was lying in bed asleep with a CPAP device in place.On 1/04/26 at 9:45 AM, R57 was sitting on the edge of her bed with a bright red area approximately the size of a dime noted on the bridge of her nose. R57 stated the area had been present for over one week, was painful, and R57 reported it to staff approximately one week earlier. R57 stated the only thing that was done was someone put a band aide over the area. R57 further stated the skin breakdown was caused by her CPAP mask due to the absence of a cushion, and reported the area hurt when touched or when R57's mask was touching the area.R57's electronic medical record does not contain documentation of the area on R57's nose or that a band aide was applied to the bridge of R57's nose.On 1/04/25 at 1:00 PM, V3 (Assistant Director of Nursing) stated that the previous Friday, R57 had a bandage over the bridge of her nose. V3 also stated she was not aware that R57 had developed an ulcer on the bridge of her nose and confirmed the area on R57's nose. V3 stated she would complete a skin report and notify the wound physician so a treatment could be put in place. At this same time, R57 reported to V3 that the area was painful.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview and record review the facility failed to ensure Oxygen tubing and a humidification bottle was changed weekly for one of two residents (R2) reviewed for oxygen therapy in the sample of 35. Findings Include: The facility's Oxygen and Respiratory Equipment- Changing/ Cleaning policy, dated 12/2025, documents Purpose: To ensure the safety of residents by providing maintenance of all disposable respiratory supplies. To minimize the risk of infection transmission. Nasal cannulas are to be changed once a week and PRN (as needed). Oxygen humidifiers should be changed weekly or as needed and will be dated when changed.R2's current Physician Order Sheet, dated 1/5/26, documents R2 has orders for Oxygen at two to four liters per nasal cannula as needed. Change Oxygen tubing weekly and PRN.On 1/5/26 at 11:05 AM, R2 was in his room lying in bed with Oxygen nasal cannula tubing lying on the bed. R2's Oxygen was on at two and a half liters with humidity. The tubing was dated 12/28 and the humidity bottle did not contain a date. At this time, R2 stated he took his Oxygen off and that's why it was on his bed. On 1/6/26 at 11:25 AM, R2 was in his room sleeping in bed with humidified Oxygen being administered per nasal cannula. R2's Oxygen tubing remained dated 12/28 and the in-use humidity bottle did not contain a date. On 1/6/26 at 12:15 PM, V2 (Interim Director of Nursing) confirmed that residents on Oxygen should have their tubing and humidity changed weekly. V2 stated They usually change them on Sunday nights. I am not why (R2's) would have been missed.

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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 ensure a resident with a diagnosis of Diabetes Mellitus was administered physician ordered insulin and blood glucose monitoring for one (R57) of three residents reviewed for medication administration out of a sample of 35.Findings include:The facility's Medication Administration Policy dated 1/2015 documents medications must be administered in accordance with a physician's order, the right resident, right medication, right dosage, right route, and right time. Documentation of medication administration is recorded on the Medication Administration Record.R57's Census Line documents R57 was admitted to the facility on [DATE].R57's Medical Diagnoses dated 12/11/25 documents Type 2 Diabetes Mellitus and Long-Term Insulin use.R57's MDS (Minimum Data set) dated 12/25/25 documents R57 is cognitively intact.R57's Physician Orders dated 12/11/25 documents Insulin Aspart Injection Solution 100 UNIT/ML (Insulin Aspart) Inject 30 unit subcutaneously after meals for Type two Diabetes.R57's Hospital Discharge Medication List dated 12/11/25 documents R57 was prescribed 30 units of Insulin Aspart this evening because an evening dose was not given in hospital.On 1/04/25 at 9:45 AM, R57 stated that on 12/11/25, the facility did not have her medications or her scheduled insulin. R57 stated it took two days before she received her medications.R57's Electronic Administration Record (eMAR) dated 12/11/25 does not contain documentation that R57 received her scheduled 30 units of insulin Aspart or received her bedtime blood sugar check.On 1/06/25 at 2:10 PM, V3 (Assistant Director of Nursing) stated that if medications are not marked off the eMAR, they were not given and V3 confirmed that R57 did not receive her evening or bedtime medications on 12/11/25, including Insulin Aspart 30 units as ordered on her hospital discharge medication list. V3 confirmed R57 admitted to the facility on [DATE] at 6:49 PM.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observation, interview, and record review the facility failed to ensure greater than 80 square feet per resident in multiple resident rooms. This failure has the potential to effect 31 residents that could reside in these 31 rooms.Findings include:The facility's CMS (Centers for Medicare and Medicaid Services) Form 671 dated 1/4/26 and signed by V1 (Administrator) documents 53 residents reside within the facility.An Illinois Department of Public Health Letter, addressed to (the facility) and dated 4/1/2025, documents The waiver is granted for rooms 107-112, 115-119, 201-209, 301-306, 307-311 and is subject to annual review or review at any time the facility does not meet the conditions under the waiver which the waiver was granted.On 1/4/26 at 2:15 PM V1 (Administrator) stated the facility does have rooms that do not meet the 80 square foot per resident requirement and gave a floor plan with highlighted rooms that were less than 80 square feet. Those rooms were 107, 108, 109, 110, 111, 112, 115, 116, 117, 118, 119, 201, 202, 203, 204, 205, 206, 207, 208, 209, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, and 311.On 1/5/26 at 10:32 AM V1 (Administrator) stated the waiver gets sent every year to the State Agency. V1 stated the facility does put two residents in the rooms with the waivers and any resident could be moved to those rooms with a roommate.