

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE BLOOMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
-S 000	Initial Comments	S 000		
	<p>Investigation of Facility Reported Incident of 12-31-22/IL155496</p> <p>S9999 Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240f)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to prevent episodes of physical aggressive behaviors resulting in R1 kicking R2 and R2 subsequently hitting R1 in the face, R4 grabbing R1's arm, R9 shoving R11 and R6 pushing over a bedside table towards R5, hitting R5 in the face causing lacerations to R5's right side facial area, resulting in an Emergency</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>Room visit due to right sided periorbital edema resulting in a closed fracture of the nasal bone. These failures affect seven of 14 residents (R1, R2, R4, R5, R6, R9 and R11) reviewed for abuse on the total sample list of 14.</p> <p>Findings include:</p> <p>The facility's Abuse policy, with a revision date of April 2022, documents, "Guidelines: The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. Definitions: Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. It includes: verbal abuse, sexual abuse, physical abuse and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm."</p> <p>1. On 1/24/23 at 11:55 AM, V8 (Licensed Practical Nurse/LPN) stated, "On 1/9/23 I was down on another hallway with V23 (Certified Nursing Assistant/CNA). V23 thought she heard some yelling. We listened and saw R6 in the hallway, who was yelling 'you better get down here and get this (explicit language)' and R6 headed back to room. We headed down the hallway and heard shouting. I walked into the room and R5 and R6 were arguing over the TV (television) being on. R5 was lying in bed, R6 stood up and pushed the bedside table into R5's face. I took R5 to the nurses' station, applied compression to nose as it was bleeding and strips to lacerations. The nurse on the next shift sent R5 to be checked out, because eye was swelling."</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>R5's medical record documents on 1/9/2023 at 3:29 AM Incident Note by V8 (LPN) reports V8 "heard yelling and cursing coming from the Hall; upon further investigation as I was walking to room, I got to the doorway, and I noticed R6 was standing over R5, cursing at R5 telling R5 to shut the television off. R6 pushed bedside table into the R5 at which time I ran and got in between both residents to separate. R5 was noted to have blood coming from R5's face."</p> <p>R5's medical record documents on 1/9/2023, "Resident has a new skin concern. Type of skin concern: Laceration. Located to Face - right side of face - Laceration, Other (specify) - Right eye lid - Laceration. Treatments include Cleansed lacerations and steri strips applied. Resident complains of pain, aching."</p> <p>R5's medical record documents, 1/9/2023 at 4:22 PM, Resident sent out to Emergency Department for evaluation and possible treatment.</p> <p>The facility's abuse investigation files note "On 1/9/23 at 6:15 PM V22 (Licensed Practical Nurse) notified V1 (Administrator), (R5's) eye was almost completely swollen shut and needs to be assessed. V22 sent R5 to the Emergency Room for evaluation."</p> <p>R5's Emergency Room After Visit Summary dated 1/9/23 documents, "Reason for visit: Facial Pain, Facial Swelling. Diagnosis: Closed fracture of nasal bone. CT of facial bones without contrast: Clinical Impression: Blunt Facial Trauma. Findings: there is soft tissue swelling in the infraorbital, perinasal and peri-maxillary regions. There is an acute appearing fracture at the base of the right nasal bone with slight</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE BLOOMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>depression. Nasal septum is deviated to the right inferiorly. Impression: 1- Acute Right Base Nasal Bone Fracture."</p> <p>On 1/24/23 at 2:00 PM, R5 had a maroon/dark purple discoloration to R5's right cheek bone area. There was mild edema to the bridge of R5's nose on the right side. R5 stated, "I was watching TV that night in my bed. R6 woke up and told me I needed to turn the TV off. I didn't even have the volume on, it was on mute. We started having words about it and R6 shoved the table into my face."</p> <p>On 1/25/23 at 1:30 PM R6 stated, "It was around 2 AM; I woke up to the sound of the television on. I told R5 to shut it off. I got up and turned off the television, laid back down in bed, and R5 turned it back on again. I told R5 again to turn it off. R5 said something smart to me, and I said something smart back. I turned on the light and went down the hallway yelling for someone to come down to the room. I laid back down and R5 turned it on again, but this time had it muted. I stood up out of the bed again to go towards the television and at the same time R5 must have been starting to sit up in bed. I pushed the over the bed table that was towards the end of the bed over towards R5's side of the room and it hit R5 in the face."</p> <p>On 1/25/23 at 2:15 PM, V1 (Administrator) stated, "R5 and R6 had just got placed in same room on Friday (1-6-23). That night (1-9-23) R5 was watching tv on mute, woke R6 up, R6 asked R5 to turn off the tv, R5 had the remote and R6 kept turning it off at the television. They had a verbal exchange. R5 stayed in bed, continued going back and forth, then V8 (LPN) heard raised voices. V8 saw R6 in the hallway, then R6 went</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>back into room. V8 saw R6 push the tray table towards the other side of the room (R5's area); it hit R5 in right cheek area. R5 had lacerations and bruising to the face. Next day later in the day, R5 was sent out to ER. R5 had a Nasal Bone Fracture."</p> <p>The Facility's Abuse Investigation File documents, "Initial report: 1/9/23. Conclusion and Action taken: R5 and R6 shared a room, R5 and R6 had a disagreement regarding the television. R6 voices R6 was getting up to go to the nurse's station and pushed that tray table away from him, inadvertently pushed the tray table hitting R5 in the face. R5 was sent to the emergency department for evaluation and returned with a diagnosis of closed fracture of the nasal bone."</p> <p>2. R1's medical record documents, "12/31/2022 at 2:45 PM, "V22 (LPN) reported an alleged physical altercation between R1 and another resident."</p> <p>R2's medical record documents, "12/31/2022 at 2:46 PM, "V22 (LPN) reported an alleged physical altercation between R2 and another resident."</p> <p>The Facility's Abuse investigation file documents, "Initial report: 12/31/22, Conclusion and Action taken: Based on the results of the investigation, the facility has determined R1 and R2 were involved in a physical altercation."</p> <p>On 1/24/23 at 2:10 PM V5 (CNA) stated, "On 12/31/22 I was sitting on the hallway with another resident. R2 was walking towards the door to look out the window, because that is what R2 does. R1 was coming back down the hallway. R2 said something; I could not make it out to R1. R1 turned around and kicked R2 in the back of the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>leg, and R2 then smacked R1 in the face."</p> <p>On 1/25/23 at 2:15 PM V1 (Administrator) confirmed, "On 12/31/22 R1 kicked R2 in the leg and then R2 smacked R1."</p> <p>3. R4's medical record documents, "1/5/2023 Incident Note: V7 (Activities Director) reported an allegation of a physical altercation between R4 and another resident."</p> <p>R1's medical record documents, "1/5/2023 Incident Note: V7 (Activities Director) reported an allegation of a physical altercation between R1 and another resident."</p> <p>The Facility's Abuse Investigation file documents, "Initial report: 1/5/23. Conclusion and Action taken: Staff report R1 took (R4's) soda and R4 held (R1's) arms to get the soda back."</p> <p>On 1/25/23 at 9:10 AM, V6 (CNA) stated, "I was in the hallway, and I heard R4 say 'give that back you (explicit language).' R4 had a hold of R1's upper arm, trying to reach in and grab soda R1 had under R1's arm pit area. I got to them, and I told R4 I would get it. R4 stepped away."</p> <p>On 1/25/23 at 2:15 PM V1 (Administrator) stated, "R1 went into R4's room and took R4's soda. R4 came out to hallway and tried to get soda back from R1. Staff didn't get to R1 soon enough and saw R4 reaching and grabbing R1's arm to get the soda back from R1."</p> <p>4. R9's medical record documents, "1/17/23 Behavior, resident to resident altercation noted."</p> <p>R11's medical record documents, "1/17/23 V21 (LPN) reported an allegation of a physical</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>altercation between R11 and another resident."</p> <p>The Facility's Abuse Investigation file documents, "Initial Report: 1/17/23. Conclusion and Action taken: R9 and R14 share a room. R11 entered (R9 and R14's) room. R11 approached R14's bed and sat in R14's wheelchair. R9 called for assistance. R9 pushed R11 to the hall while R11 was sitting in R14's wheelchair."</p> <p>On 1/25/23 at 9:30 AM, V26 (CNA) stated, "On 1/17/23 I had just came on shift, and I saw a call light on to R9's room. Then I heard yelling 'get this (explicit language) out of here.' I got down to the room. R11 was in R9's doorway. R9 tried to push R11 in the wheelchair out of the room and it didn't go out all the way. Then R9 pushed on R11's shoulders to get R11 and the wheelchair out of R9's room."</p> <p>On 1/25/23 at 2:15 PM, V1 (Administrator) stated, "R11 had only been here a few days. R11 was a little more confused than when here for a prior stay. R9 and R14 were roommates. R14 said R11 had come in room. R11 had tried to sit on R14's bed. R14 told R11 that R11 wasn't supposed to be in there. R14 turned on the call light. R11 sat in R14's wheelchair beside the bed. R14 yelled for help. R9 then went around to R14's side of the room and pushed R11 in R14's wheelchair out of the room. The CNA said she saw R9 push on R11's shoulders to get R11 out of the room."</p> <p>(B)</p>	S9999		