Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		IL6008650	B. WING		08/2) 1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1021 NOR	TH CHURCH			
ARCADI	A CARE JACKSONVIL	_LE JACKSON	VILLE, IL 6	2650		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRON DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2446327/IL176579 2446341/IL176597	ations:				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.610a) 300.1210a) 300.1210b)					
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. Is shall be followed in operating I be reviewed at least annually documented by written, signed				
	Section 300.1210 Nursing and Persor	General Requirements for nal Care				
	facility, with the par the resident's guard applicable, must de comprehensive car includes measurab meet the resident's	sive Resident Care Plan. A ticipation of the resident and dian or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental				
ABORATOR	tment of Public Health Y DIRECTOR'S OR PROVIE ically Signed	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE 09/08/24
STATE FOR	M		6899 Г	7/11	If continue	tion sheet 1 of 7

If continuation sheet 1 of 7

STATEME	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	IL6008650		B. WING			C 21/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
		1021 NO	RTH CHURCH	STREET		
ARCADI	A CARE JACKSONVII	JACKSO	NVILLE, IL 62	2650		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 1	S9999			
	resident's compreh allow the resident to practicable level of provide for discharg restrictive setting ba needs. The assess the active participat resident's guardian applicable. (Section b) The facility care and services to practicable physica well-being of the re- each resident's com plan. Adequate and care and personal of resident to meet the care needs of the re-	eeds that are identified in the ensive assessment, which o attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as n 3-202.2a of the Act) shall provide the necessary o attain or maintain the highest I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident.				
	by: Based on interview review, the facility fa dignity by addressin of 5 residents (R2, dignity in the sampl R2 feeling humiliate water pitcher due to Findings include: 1. On 8/16/24 at 8:5 a large cow bell and stated the call lights been for a while. R2 that the part has be	, observation and record ailed to promote residents' ng residents' needs timely for 4 R3, R4, R5) reviewed for le of 5. This failure resulted in ed after having to urinate in her o staff not assisting her. 55 AM, R2 was in her bed with d air horn at bedside. R2 s are not working and haven't 2 stated they are telling her een ordered and when it comes d but they haven't given her a				

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	IL6008650		B. WING		C 08/21/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
ARCADI	A CARE JACKSONVII					
			NVILLE, IL 62			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	time frame for when that will occur. R2 stated they gave her a small bell to ring when she needed something, that didn't work, staff didn't come, so they gave her a pressure pad alarm to press to get staff's attention, that didn't work, staff still didn't come, so they gave her a larger cow bell and the staff still don't respond so she bought an air horn. R2 stated the staff don't come in her room unless they must, the only time she can get help is if she goes to her doorway and yells for staff. R2 stated there was one night, unsure of exact date, that she tried to get staff's attention at 2:30 AM and they didn't come until 4:00 AM, she had to urinate in her water pitcher, so she didn't have to urinate on herself. R2 stated about 2 or 3 days after that, she had a UTI (urinary tract infection) because she had to hold her urine for so long.					
	left in her urine and pitcher, this left her that night, she had isn't sure if staff hea respond to it. R2 sta closed because she for COVID. R2 state complained about if pad alarm and had gave her the bigger R2's room and mov was a resident goin and R2's large cow the wheelchair pass for only a few feet, have been heard at	AM, R2 stated when she was had to urinate in her water feeling humiliated. R2 stated the smaller cow bell, and she ard it or not or just didn't ated they must keep her door e was and is still on isolation ed the next day when she t, she was given a pressure the same problem, then they cow bell to use. Surveyor left yed about on the hallway, there ag by in an electric wheelchair bell could not be heard until sed and then it was audible bu it would have been unable to t the nurse's station. After the no one came into the room to ed anything.				

If continuation sheet 3 of 7

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
IL6008		IL6008650	B. WING	B. WING		C 21/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
ARCADI	A CARE JACKSONVII		RTH CHURCH NVILLE, IL 62			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 3	S9999			
	diagnosis of Fibrom	nyalgia.				
	R2's Minimum Data Set (MDS), dated 7/8/24, documents R2 has a Brief Interview for Mental Status (BIMS) score of 15, indicating R2 is cognitively intact, R2 requires substantial/maximal assist for toileting and is continent of bowel and bladder. R2's Care Plan, dated 7/10/24, documents R2 has an Activities of Daily Living (ADLs) self-care performance deficit and 8/8/24, R2 is on an antibiotic for UTI.					
	documents R2 has	e, dated 8/7/24 at 11:00 AM, a UTI and will start hilligrams (mg) twice daily for 7	,			
	in wheelchair in roo odors. Hospice aid his bed. Cow bell o call system is not w to use but the staff it. R3 stated he has	:05 AM, R3 was observed up m, clean, dry and without in room with resident making n bedside table. R3 stated the rorking, so they gave him a bel doesn't answer when he rings had to call hospice to have desk so he could get help.	I			
	diagnosis of CHF (ndated, documents R3 has a Congestive Heart Failure), structive Pulmonary Disease)				
	BIMS score of 15, i intact, requires sub	/5/24, documents R3 has a ndicating R3 is cognitively stantial/maximal assist with nally incontinent of urine and ent of bowel.				
	R3's Care Plan, dat	ted 5/24/24, documents R2				

STATEME	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6008650	B. WING	B. WING		C 21/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ARCADI	A CARE JACKSONVIL		RTH CHURCH NVILLE, IL 62			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	has an ADL self-ca	re performance deficit.				
	room in bed, cow be the call lights don't a and no one comes stated they must ye in the room unless medications, etc. R meal on her table th the CNAs (Certified been because they they dropped it off e her family would ha knew how she was psych ward than a n On 8/20/24 at 9:45 room. R4 stated it is	AM, R4 was observed in s still a problem getting her				
	stated the door mus still on isolation for ring the small cow b door. Small cow be	vered with the door closed. R4 st be closed because she is COVID. Surveyor asked R4 to bell once the surveyor shut the II was audible in the hallway few feet and was not audible on.				
		ndated, documents R4 has a , OA (Osteoarthritis) and				
	BIMS score of 15, in intact, requires sup	/23/24, documents R4 has a ndicating R4 is cognitively ervision or touch assist with nally incontinent of urine and				
	R4's Care Plan, dat an ADL self-care pe	ted 4/2/24, documents R4 has erformance deficit.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
				21/2024		
AME OF PRO\	IDER OR SUPPLIER		DDRESS, CITY, ST			
RCADIA CA	RE JACKSONVII		RTH CHURCH NVILLE, IL 62			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
4. from star work star work star work star work star did either bereichen star star work star did either bereichen star did either bereichen star did either star star star star star star star sta	om in bed with a ited the call light rking, so she mu- ited staff don't co- in't come before her. R5 stated sh t has had to sit in cause staff won't 's Face Sheet, u ignosis of Cerebro OPD. 's MDS, dated 5/ MS score of 14, i act, is dependent ontinent of bowe 's Care Plan, data s an ADL self-car a 8/20/24 at 10:15 ted the call light e call lights. a 8/20/24 at 10:20 rse), stated som ls at the nurse's rd they are rung bottly heard on the a 8/20/24 at 11:50 ing the cow bells wn, they have als	25 PM, R5 was observed in cow bell on bedside table. R5 had a short circuit and isn't ist use that bell to get help. R5 ome when you ring it, but they when they used the call light he is clean and dry at this time her urine for a long time come to help her. Indated, documents R5 has a rovascular Disease, OA, and (13/24, documents R5 has a rovascular Disease, OA, and (13/24, documents R5 has a ndicating R5 is cognitively t with toileting and is frequently t with toileting and is frequently and bladder. (11/5/23, documents R5 re performance deficit. (5 AM, V1 (Administrator) system has not been fixed, on the part. V1 stated the tilizing the cow bells in place o (1) AM, V10, (RN-Registered etimes you can hear the cow station, depending on how by the resident, but they are	f	DEFICIENC	27)	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6008650	B. WING		C 08/21/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	A CARE JACKSONVII		NTH CHURCH			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
\$9999	the cow bell and sh timely. V1 stated R it was because the were just not respo bigger cow bell, air to use when needir On 8/20/24 at 12:50 Director) stated the it has been down si regarding the part t that they don't have delivery, but as soc install it. V3 stated bells for the resider hall monitoring ther anything. The Resident Right documents the follo policy is to promote	at staff were not responding to was not receiving care 2 voiced that she wasn't sure if staff couldn't hear it or they nding, so she was given a horn and pressure pad alarm	\$9999			