(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			,
		IL6007181	B. WING		02/09/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCADIA	A CARE AUBURN	304 MAPL AUBURN,	E AVENUE IL 62615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2441043/IL169564	ation:				
S9999	Final Observations		S9999			
	300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)5)6) Section 300.610 R a) The facility procedures governifacility. The written be formulated by a Committee consisti administrator, the amedical advisory conformed and othe policies shall composities shall composities shall composities the facility and shall by this committee, and dated minutes Section 300.1010 I	esident Care Policies shall have written policies and ing all services provided by the policies and procedures shall Resident Care Policy ng of at least the advisory physician or the advisory physician or the ammittee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating I be reviewed at least annually documented by written, signed of the meeting. Medical Care Policies				
	h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such					

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

02/29/24 **Electronically Signed**

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6007181	B. WING			C 09/2024
NAME OF PROVIDER O	R SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ARCADIA CARE AL	JBURN	304 MAPL AUBURN,	E AVENUE IL 62615			
PREFIX (EACH	H DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
accident of notifical Section 3 Nursing a b) To care and practical well-being each resident care need d) For nursing of following seven-date administration of the section	ation. 300.1210 (and Person Personal of the reident's conceptate and personal of the reident personal changes ing care reident personal changes ing care reident personal of the reident personal of	change in condition at the time General Requirements for hal Care shall provide the necessary of attain or maintain the highest I, mental, and psychological sident, in accordance with a prepensive resident care I properly supervised nursing care shall be provided to each the total nursing and personal esident. subsection (a), general and and the practiced on a 24-hour, basis: and procedures shall be dered by the physician. beservations of changes in a procedured and the need for luation and treatment shall be aff and recorded in the	S9999			

Illinois Department of Public Health

STATE FORM 6899 VZVL11 If continuation sheet 2 of 20

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6007181	B. WING			C 09/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ARCAD	A CARE AUBURN	304 MAPL AUBURN,	E AVENUE IL 62615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	pressure sores sha services to promote and prevent new present of a services to promote and prevent new present of assure that the reas free of accident nursing personnel set that each resident reand assistance to present of the services of the segulations. Based on interviews failed to notify familiar a fall and fully discus condition with POA resident's medical to three residents (R2) the sample of 8. The discussion of possil address R2's overation of the sample of services on the services of the services of the sample of the sample of the sample of the sample of services or the sample of the s	Il receive treatment and e healing, prevent infection, essure sores from developing. Ty precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents. The are not met as evidenced by: The sand record review the facility that the sand record review to sand rec	S9999			

Illinois Department of Public Health STATE FORM

TE FORM VZVL11 If continuation sheet 3 of 20

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					С	
		IL6007181	B. WING		02/0	9/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ARCADI	A CARE AUBURN	304 MAPL AUBURN,	E AVENUE IL 62615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	R2's family, as POAR2's Progress Note PM, written by V16 documents R2 sus 6:00 AM. The Note occurred in the R2's documented, R2 is baseline. The Note range of motion fro documented V10, N Physician, notified of On 2/8/2024 at 10:00 present on 1/16/2020 not notify the family R2's Progress Note PM, written by V2, documents Interdist discuss fall. The Note interventions review documents probable attempted transfer found sitting next to MD and POA notified On 2/8/2024 at 1:30 at the time of the fadaughter, but the distance of the fadaughter, but the distance of the fadaughter of the fa	A of health care. A character of Nurse/RN, A character of Nursing, Ciplinary Team (IDT) met to Dived Cause found to be R2 from bed unassisted and Do AM, The Note of Nursing of Nursing, Ciplinary Team (IDT) met to Control of Nursing	S9999			

Illinois Department of Public Health

STATE FORM 6899 VZVL11 If continuation sheet 4 of 20

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUILDING.	A. BUILDING:		C	
		IL6007181	B. WING		02/09/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ARCADI	A CARE AUBURN	304 MAPL AUBURN,	LE AVENUE IL 62615				
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ige 4	S9999				
	documents ambula emergency room (E treatment related to pleural effusion res in agreeance to go.	e, dated 1/18/2024 at 8:5PM nce here to transport R2 to ER) for evaluation and chest Xray results back with ults. The Note documented R2. The Note documented call to ove and message left to call					
	dated 1/17/2024, do seen due to a very documents R2 is to performed on her low wound care nurses also painful are bot R2 was seen for inileft dorsalis pedis monpalpable, right oright posterior tibial documented R2's ledistal digits to the abilaterally, cyanotic left foot was showing gangrenous change "Discussed with nustages of dry gangrenous than the Note document consultation and stalleady in. The Note stated that the wouyesterday and look mention anything we documented "The A ordered will confirm disease."	e, written by, V11, Podiatrist, ocuments staff requests R2 be painful left foot. The Note have vascular studies ower extremities and has taking care of the left foot, h feet. The Note documented tial assessment at today's visit conpalpable, left posterior tibial dorsalis pedis nonpalpable, nonpalpable. The Note eft foot was ice cold from the inkle, hair growth absent, bilaterally. The entire hallux ng lines of demarcation for es. The note documented rsing staff that patient is in the rene of the lower extremities." Ited V11 requested a vascular aff replied that the order is e documented that staff also at her feet and didn't grong with R2's feet. The Note ABI's (ankle brachial index) or my diagnosis of vascular orgress Note, dated 1/20/2024 visician/Medical Director,					

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ATE FORM 6899 VZVL11 If continuation sheet 5 of 20

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		71. BOILBING.		С	
<u> </u>	6007181	B. WING			9/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCADIA CARE AUBURN		LE AVENUE IL 62615			
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTICAL STATEMENT OF	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
documents R2 has bilateral swelling some discoloration right lower extremity. PVD (disease) progressive worse significant pain in her lower related to her PVD as well a pain not controlled with her increase to 10/325mg every R2 has seen vascular surgery vascular surgery for further with her multiple comorbidit for any procedure. R2 and chospice yet. R2's ABI results, dated 1/23 documents pain to feet and present, right great toenail in and toes are darkened. Find ABI's of 0.58 which lie within range. R2's Progress Note, dated documents R2 has had condecline since admission both physically. The Note document feet reveal left great toes appears necrotic wound to draining edema. The Note of 2-4 toes dark, dry hard appedocumented pitting edema claudication. The Note documentity from referral to vasc referral to hospice to better R2's Progress Note, dated AM, from V16, Registered Meft great toe is mottled, blacold, cannot find a cap refill mottled, black-necrotic, haredema in BLE (bilateral low	of her toes in the aperipheral vascular ening, R2 has extremity likely as due to her swelling, Norco 5/325mg dose of 4 hours as needed. Every before refer R2 to evaluation however ties R2 will be high risk daughter not ready for all toes, no pedal pulses removed, heels mushy dings are bilateral in the claudication. 1/25/2024 from V9 entinued progressive the cognitively and mented evaluation of entered evaluation of entered and toes with ulcer documented right foot ear necrotic. The Note recent ABI's show unented R2 would cular surgery or control her pain. 1/25/2024 at 10:50 Nurse/RN, documents ck-necrotic, hard, I. Right 2-4th toes are d, and cold. +3 pitting	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6007181	B. WING		C 02/09/2024	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 02/0	372024
ARCADI	A CARE AUBURN		E AVENUE			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	notified and aware. R2's Progress Note documents R2 is copain, unable to obtatherapy at 4L/Liters Resident uncooper wanting to open more R2's Progress Note documents R2 has help me." PRN/as r Attempted to reposcalm, this didn't hel swallowing her med R2's Progress Note documents "Receivhave resident's vas regarding bilateral transport aware and R2's Progress Note documents "Patient Pain meds were given NP (Nurse Practition aware." R2's Wound Evaluate Summary, dated 1/Physician, document household staff pat see vascular or material management - nursitying to talk regard documented "Recoto claudication range hospice with aggress."	e dated 1/26/2024 at 9:15 AM constantly screaming out in ain SPO2 level with Oxygen a per NC/nasal cannula. ative with taking meds, not outh to swallow meds. e dated 1/27/2024 at 8:30 AM been screaming out, "Lord needed pain medication given. ition pt/patient to get her to p. R2 having difficulty ds. e, dated 1/30/2024 at 3:07 PM red new orders from (V10) to coular Dr/doctor, see resident toes." The Note documented	S9999			

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						;
		IL6007181	B. WING		02/0	9/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
			E AVENUE	,		
ARCADI	A CARE AUBURN	AUBURN,				
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(YE)
(X4) ID PREFIX	_	/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				BEI ISIENOT)		
S9999	Continued From pa	ge 7	S9999			
	On 2/8/2024 at 10:0	00 AM, V16, Registered				
		she took care of R2 and that				
		ally bad. V16 stated that R2's				
		d necrotic and that on				
		ied V9 of the toes being black				
		tated she felt as if R2 should				
		he hospital sooner. V16 stated				
		with V9 R2 being sent out but				
	that someone else had decided that R2 needed to be hospice and R2 didn't need to go out. V16					
	-	had made that decision. V16				
		notify the family of anything				
		old family was aware already.				
		2 AM, V5, Social Service				
		t she had spoken with V17 on				
	•	but her discussions with the oney and R2's discharge plans				
		t discuss any medical				
	conditions with the					
		00 AM V9 stated she did not				
		n with the family about R2's				
		and expected the facility to do				
	that.					
	On 2/8/2024 at 1:00) PM V10, R2's Primary Care				
		Director, stated he did not				
		ily about the condition of R2				
	that he expected th					
		PM, V2, Director of Nursing				
		sultant, stated they have no				
		the family was notified or any				
		family of R2's condition. V2 I code but should have been				
	on hospice.	1 COUR DUI SHOUIU HAVE DEEH				
	5.7 1100p100.					
	Facility provided ch	ange of condition policy dated				
		s that facility will consult with				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		E SURVEY PLETED	
		IL6007181	B. WING			C 09/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ARCADI	A CARE AUBURN		LE AVENUE , IL 62615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	doctor and family for Facility provided ad 8/2018 documents will be informed correfuse medical or s resident options to statement of Licens 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)5) Section 300.610 R a) The facility procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conforming and othe policies shall complicates shall complicates shall complicates the facility and shall by this committee, and dated minutes section 300.1010 In the minute of the policies of any acchange in a resider health, safety or we but not limited to, the safety or we be safety or we safety or we but not limited to, the safety or we s	or any changes in condition. vance directive policy dated that resident representatives neerning the right to accept or urgical treatment, and at the formulate advanced directives. (A) sure Violations 2 of 2: esident Care Policies shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed				

Illinois Department of Public Health

STATE FORM 6899 VZVL11 If continuation sheet 9 of 20

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6007181	B. WING		C 02/09/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ARCADI	A CARE AUBURN	304 MAPL AUBURN,	E AVENUE IL 62615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL OF THE PROPERTY OF T	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	The facility shall ob plan of care for the accident, injury or of notification. Section 300.1210 (Nursing and Person b) The facility care and services to practicable physical well-being of the reseach resident's complan. Adequate and care and personal coresident to meet the care needs of the resident to meet the care needs of the resident's condition emotional changes determining care refurther medical evaluate made by nursing stresident's medical resident's medical res	ore within a period of 30 days. tain and record the physician's care or treatment of such hange in condition at the time. General Requirements for nal Care shall provide the necessary of attain or maintain the highest ly mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing care shall be provided to each extend nursing and personal esident. subsection (a), general accordance include, at a minimum, the performance on a 24-hour, passis: and procedures shall be dered by the physician. Deservations of changes in a procedured and the need for luation and treatment shall be aff and recorded in the	\$9999			

Illinois Department of Public Health

STATE FORM 6899 VZVL11 If continuation sheet 10 of 20

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		11 0007404		B. WING		2
		IL6007181			02/0	9/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ARCADI	A CARE AUBURN	AUBURN,	E AVENUE IL 62615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	clinical condition de sores were unavoid pressure sores sha services to promote and prevent new promote and the sample of 8. experiencing a decolower extremities, in in R2's lower extremities, in in R2's face sheet, da admission date of 1 end stage renal distinct the kidney, peripherand chronic respirate R2's Minimum Data documents that R2 impaired and is dependent of the promote and is dependent not promote and promote an	ores unless the individual's emonstrates that the pressure lable. A resident having II receive treatment and e healing, prevent infection, ressure sores from developing. are not met as evidenced by: are not met as evidenced by: and record review the facility scular consult timely for one of reviewed for quality of care. This failure resulted in R2 rease in circulation to R2's increased pain, and discomfort mities and hospitalization for deto decreased circulation and to decreased circulation and rease, malignant neoplasm of ral vascular disease, acute tory failure. a Set (MDS), dated 12/27/2024 is moderately cognitively bendent for transfers. a Set (MDS) dated 12/27/2024 is moderately cognitively bendent for transfers. a Assessment dated ents left great toenail missing resent with no other skin to. 300 AM, V7, Wound Nurse, admitted on 12/20/2023 after	S9999			
	removal of right gre	admitted on 12/20/2023 after eat toenail and R2's legs were t no other skin issues to feet				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007181		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 02/09/2024		
		IL6007181	B. WING			
	PROVIDER OR SUPPLIER A CARE AUBURN		DRESS, CITY, ST LE AVENUE IL 62615	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
\$9999	upon admission. R2's Physician Initia Management Sumr Wound Physician, to extremities foot cood discoloration of toes foot cool, moderate toes, right great toe pulses left dorsalis doppler signal dete palpable pulse or depedal pulses right of pulse or doppler signal pulse or depedal pulses right of pulse or doppler signal pulse or depedal pulses right of pulse or depedal pulses right of pulse or doppler signal pulse or depedal pulses right of pulse or depedal pulses or deped	al Wound Evaluation & mary, dated 1/9/2024, from V8, hat documents left lower ol, moderate edema, dark is. R2's right lower extremities redema, dark discoloration of mail bed dry. R2's pedal pedis no palpable pulse or cted, posterior tibial no oppler signal detected. R2's lorsalis pedis no palpable gnal detected, posterior tibial or doppler signal detected, ar, end stage renal disease lains of 8/10 pain in both ouch. The Evaluation mend ABI (ankle brachial test used to determine al vascular disease) and considered appropriate by med	S9999			

Illinois Department of Public Health

STATE FORM 6899 VZVL11 If continuation sheet 12 of 20

CATE DEPTICENCIES COMPLETED DEPTICENCIES DEPTIFICATION NUMBER DEPTIFICATION NUM	Illinois Department of Public Health						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 304 MAPLE AVENUE AUBURN, IL 62615 CALL C	STATEMEN	()					
ARCADIA CARE AUBURN XIJIMARY STATEMENT OF DEFICIENCIES XIJIMARY STATEMENT OF DEFICIENCY XIJIMARY STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMEN		IL6007181		B. WING		_	
CARL AUBURN CARE AUBURN CARL AUBURN, IL 62615	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) S9999 Continued From page 12 Note documented R2 has wound care nurses taking care of the left foot, also painful are both feet. The Progress Note documented R2 also seen for initial assessment at today's visit left dorsalis pedis nonpalpable, left posterior tibial nonpalpable, right tosalis pedis nonpalpable, right tosalis pedis nonpalpable, right content to and to the distal digits to the ankle, hair growth absent, bilaterally, cyanotic bilaterally. The Progress Note documented the left foot is showing lines of demarcation for gangerinous changes. The Progress Note documented "Discussed with nursing staff that the patient is in the stages of dry gangrene of the lower extremities. I requested a vascular consultation, and they replied that the order is already in. They also stated that the wound care doctor was in yesterday and looked at her feet and didn't mention anything wrong with (R2's) feet. The ABI's ordered will confirm my diagnosis of vascular disease." R2's Physician's Progress Note, dated 1/20/2024 from V10, R2's Physician's Medical Director, documents R2 has bilateral lower extremity swelling some discoloration of her toes in the right lower extremity. PVD (peripheral vascular disease) progressive worsening, R2 has significant pain in her lower extremity likely related to her PVD as well as due to her swelling, pain not controlled with her Norco 5/325mg dose increase to 10/325mg every 4 hours as needed. R2 has seen vascular surgery before refer R2 to vascular surgery for further evaluation however with her multiple comorbidities R2 will be high risk for any procedure. R2 and daughter not ready for	ARCADIA	A CARE AUBURN		_			
Note documented R2 has wound care nurses taking care of the left foot, also painful are both feet. The Progress Note documented R2 also seen for initial assessment at today's visit left dorsalis pedis nonpalpable, left posterior tibial nonpalpable, right dorsalis pedis nonpalpable, right dorsalis pedis nonpalpable, right posterior tibial nonpalpable. The Progress Note documented the left foot is ice cold from the distal digits to the ankle, hair growth absent, bilaterally, cyanotic bilaterally. The Progress Note documented the entire hallux left foot is showing lines of demarcation for gangrenous changes. The Progress Note documented "Discussed with nursing staff that the patient is in the stages of dry gangrene of the lower extremities. I requested a vascular consultation, and they replied that the order is already in. They also stated that the wound care doctor was in yesterday and looked at her feet and didn't mention anything wrong with (R2's) feet. The ABI's ordered will confirm my diagnosis of vascular disease." R2's Physician's Progress Note, dated 1/20/2024 from V10, R2's Physician/Medical Director, documents R2 has bilateral lower extremity swelling some discoloration of her toes in the right lower extremity. PVD (peripheral vascular disease) progressive worsening, R2 has significant pain in her lower extremity likely related to her PVD as well as due to her swelling, pain not controlled with her Norco 5/325mg dose increase to 10/325mg every 4 hours as needed. R2 has seen vascular surgery before refer R2 to vascular surgery for further evaluation however with her multiple comorbidities R2 will be high risk for any procedure. R2 and daughter not ready for	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
R2's ABI results, dated 1/23/2024, documents	\$9999	Note documented F taking care of the lefeet. The Progress seen for initial asse dorsalis pedis nonp nonpalpable, right or right posterior tibial Note documented to distal digits to the a bilaterally, cyanotic documented the en lines of demarcation The Progress Note nursing staff that th gangrene of the low vascular consultation order is already in. wound care doctor at her feet and didn (R2's) feet. The ABI diagnosis of vascular R2's Physician's Profrom V10, R2's Phy documents R2 has swelling some discorright lower extremity disease) progressive significant pain in her related to her PVD pain not controlled vance as to 10/3250 R2 has seen vascular vascular surgery for with her multiple co- for any procedure. In	R2 has wound care nurses eft foot, also painful are both Note documented R2 also essment at today's visit left palpable, left posterior tibial dorsalis pedis nonpalpable, nonpalpable. The Progress he left foot is ice cold from the inkle, hair growth absent, bilaterally. The Progress Note tire hallux left foot is showing in for gangrenous changes. documented "Discussed with e patient is in the stages of dry wer extremities. I requested a con, and they replied that the They also stated that the was in yesterday and looked it mention anything wrong with I's ordered will confirm my ar disease." ogress Note, dated 1/20/2024 vician/Medical Director, bilateral lower extremity coloration of her toes in the y. PVD (peripheral vascular we worsening, R2 has er lower extremity likely as well as due to her swelling, with her Norco 5/325mg dose mg every 4 hours as needed. lar surgery before refer R2 to r further evaluation however morbidities R2 will be high risk R2 and daughter not ready for	S9999			

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pain to feet and toes, no pedal pulses present,

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6007181	B. WING			C 09/2024
ARCADIA CARE AUBURN 304 MAPL		DRESS, CITY, S LE AVENUE IL 62615	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	right great toenail re toes are darkened. 0.58 which lie within PVD) range. R2's Progress Note documents R2 has decline since admis physically. The Note her feet reveal left gappears necrotic wedraining edema. Th 2-4 toes dark, dry her documented pitting claudication. The Nobenefit from referrar referral to hospice to R2's Progress Note AM, from V16, Reg Left Great toe is moduled, black-necredema in BLE (bilated) Notified and Aware. R2's Progress Note documents R2 is copain, unable to obtalevel with Oxygen the uncooperative with open mouth to swalthat V10 or V9 were pain. R2's Progress Note documents R2 has	emoved, heels mushy and Findings are bilateral ABI's of a the claudication (symptom of the claudication of the c	S9999			
	to reposition pt to g	n medication given. Attempted et her to calm, this didn't help. swallowing her meds.				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B WING			
		IL6007181	B. WING		02/0	9/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCADIA CARE ALIBURN			LE AVENUE IL 62615			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 14	S9999			
	documents "Receive have resident's vas regarding bilateral to transport aware and R2's Progress Noted documents "Patient Pain meds were given have resident to the progress of	e, dated 1/30/2024 at 3:07pm yed new orders from (V10) to scular Dr, see resident toes." The Note documented d to make appt. e, dated 1/30/2024 at 1:25pm thas been yelling out all day. yen and still yelling out in pain. oner) aware. Wound Dr.				
	R2's Wound Evaluation & Management Summary, dated 1/30/2024 from V8, documents "Discussed in detail with household staff patient insignificant pain should see vascular or made hospice for aggressive pain management - nurse informed they are already trying to talk regarding Hospice." The Summary documented "Recommend Vascular Consult due to Claudication range ABI or Patient be made hospice with aggressive pain control - for claudication- will defer to primary physician."					
		documents referral to see I to) bilateral toes dated				
	documents R2 is be request due to unce and yelling out "Lor help me". R2 has hadmission, recent be claudication range. palpated. Nursing rincreased difficulty status, and multiple	dated 1/30/2024 from V9 eing seen today per nursing ontrolled pain, R2 is moaning d please help me" and "please ad a continued decline since bilateral ABI are in the Pedal pulses are not reports that R2 is having swallowing pills. Full code c comorbidities. Refer to ussed with nursing staff and				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6007181	B. WING		02/0) 9/2024
					1 02/0	.0,2024
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
ARCADI	A CARE AUBURN	304 MAPL AUBURN,	E AVENUE IL 62615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 15	S9999			
		9				
	R2.					
	V2, Director of Nurs received from local documented R2 wa	e, dated 2/2/2024 at 4:00pm by sing/DON, documented a call Emergency Room. The Note s sent to ER from dialysis requesting med list be faxed atact number given.				
	by V5, Social Service	e, dated 2/2/2024 at 4:26 pm ce Director, documents they 2 was transferred from				
	R2's Hospital Emergency room notes dated 2/2/2024 at 1:48pm titled Ambulance service record documents R2 yelling and screaming with no palpable radial pulses, unable to obtain blood pressure.					
	2/2/2024 at 3:34pm	gency physician notes dated documents R2 with bilateral angrenes toes. Skin is legs.				
	2/2/204 at 5:17 PM, septic shock and bil gangrene, right lower require emergent all source control. The documented history although there are revascularization properties that the past. The Note moderate distress in documented "I discurrence of longer salvager revascularization of processing the past of t	gency Physician Notes dated documents R2 presents with lateral lower extremity er extremity wet gangrene will bove knee amputation for Note documents R2 has a of peripheral arterial disease not clear records of any sort or occedure being performed in documented R2 is clearly in a extreme pain. The Note cussed with family that her legs geable and there are not otions for her at this time. She I lower extremity amputations.				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6007181	B. WING		I	C 09/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARCADI	A CARE AUBURN	304 MAPI AUBURN,	LE AVENUE IL 62615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	She is quite sick and R2's Hospital Emer 2/3/2024 document certificate unavailable On 2/6/2024 at 9:00 sent to the hospital that R2 passed award On 2/6/2024 at 9:45 have a POA on file V17, R2's family, or that she had taken 2/2/2024 and had dher legs were not g processed the orde 1/30/2024. V2 state office on 1/31/2024 appointment prior to 2/2/2024. On 2/6/2024 at 10:0 stated that R2 was removal of right greedematous but no admission. V8 saw 1/30/2024. V7 state 1/17/2024 and said didn't mention that 10 on 2/6/2024 at 3:04 R2 on 1/9/2024 and pedal pulses and V consult. V8 stated F poor blood flow fror often results in PVE medical treatment for the same and the	d unstable at this time." gency physician notes dated R2 expired at 5:50pm. Death ole at this time. O AM, V5 stated that R2 was from dialysis on 2/2/2024 and ay at the hospital on 2/3/2024. Sam V2 stated that R2 did not and they were unable to reach a several occasions. V2 stated care or R2 on the morning of one her dressing change and angrenous. V2 stated they or of vascular doctor on as they faxed vascular doctor's but have not obtained an or R2 going to the hospital on Page 3 after the state of the series of	S9999			
	On 2/8/2024 at 8:28	5 PM V/12 Certified Nursing				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					С	
		IL6007181	B. WING			9/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ARCADI	A CARE AUBURN		E AVENUE			
	 T	AUBURN,	IL 62615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 17	S9999			
	and that R2 had go V12 stated that R2 even on non-dialysi complain about pair R2 had blisters on I was wrapped. V12 would moan and gr stated R2 did not go because she was in had to help her eat and drinking. V12 s transfers to the whe transferred her to the dialysis around 9:45 R2 would yell out in V12 states on the n continued to moan/ the wheelchair and transport to dialysis	ne wheelchair on 2/2/2024 for 5am that morning. V12 stated pain any time we moved her. norning of 2/2/2024 R2 groan even after she was in was waiting in the lobby for . V12 states he had told nurse the nurses could hear her				
	she took care of R2 over the last month very sleepy. V14 standoller/moan/groan of that R2 would say helped V2 with the leg on the morning were black and color R2 had gangrene a vascular doctor. V1 when she put her so 2/2/2024. V14 state any movement, that transfers with the fur V14 stated that R2	O AM V14, CNA, stated that requently. V14 stated that R2 had declined and was ated that R2 would but all the time. V14 stated she dressing change to her lower of 2/2/2024 and that R2's toes d. V14 states she was told that nd was supposed to see a 4 stated that R2 screamed bocks on her on the morning of at R2 would moan/groan with that R2 would yell out during all body lift to the wheelchair. Was hollering the lobby as she to dialysis on the morning of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		IL6007181	B. WING			C 09/2024
	PROVIDER OR SUPPLIER A CARE AUBURN		E AVENUE	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	2/2/2024. V14 state that R2 was in pain something. V14 sta and had to be fed in first came in. V14 staff would tell her to the came of the came in. V14 staff would tell her to the came of the came o	ge 18 In the nurses would give her ted that R2 was not eating low but was eating when she tated the night shift nursing that R2 had yelled all night. In AM V15, CNA, stated that lout in pain a lot and that she she would have to wake here at R2 used to talk to me but w. V15 stated she had not lit R2. V15 stated that R2 but not tell her where her pain that R2 would moan anytime to stated nurses could hear here. In AM, V16, Registered she took care of R2 and that ally bad. V16 stated that R2's done crotic and that on lied V9 of the toes being black tated she felt as if R2 should he hospital sooner. V16 stated with V9 R2 being sent out but had decided that R2 needed R2 didn't need to go out. V16 had made that decision. V16 had made that R2 was vascular doctor and that R2 was vascular doctor and that R2 shed with a vascular doctor. In the family about R2's care and letted the facility to do that. V9 dea what the treatment would dea what the treatment would she was the treatment would dea what the treatment would she was the treatment would decided what the treatment would decided where the treatment would decided where the	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
	IL6007181		B. WING		02/0	9/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ARCADIA CARF AUBURN		E AVENUE IL 62615				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	vascular/hospital so lot of comorbidities should have been of from the facility that on hospice and war On 2/8/2024 at 1:00 to see vascular doos stated that facility s vascular doctor soo lot of co-morbidities would not have been the outcome would R2. V10 stated he cabout the condition facility to do that. On 2/8/2024 at 1:30 Consultant) stated that the family was the family of R2's consultant of R2's discharge plar any medical condition facility provided challows a consultant of R2's discharge plar any medical condition facility provided challows a consultant of R2's discharge plar any medical condition facility provided challows a consultant of R2's discharge plar any medical conditions are consultant of R2's discharge plar any medical conditions are consultant of R2's discharge plar any medical conditions are consultant of R2's discharge plar any medical conditions are consultant of R2's discharge plar any medical conditions are consultant of R2's discharge plar any medical conditions are consultant of R2's discharge plar any medical conditions are consultant of R2's discharge plar any medical conditions are consultant of R2's discharge plar any medical conditions are consultant of R2's discharge plar any medical conditions are consultant of R2's discharge plan and R2's dis	she had been sent to coner. V9 stated that R2 had a and that she felt like R2 on hospice but understood to R2's family did not want R2 need her a full code. OPM V10 stated that R2 was stor as soon as possible. V10 hould have gotten R2 into see oner. V10 stated that R2 had a standard that surgery probably and likely and that he didn't think have been any different for did not speak with the family of R2 that he expected the open condition. V2 and V3 (Nurse they have no documentation notified or any discussion with condition. V2 stated R2 was a likely have no hospice. A2 AM V5 stated that she had a multiple occasions but her every value of the value of value and that she did not discussion with and that she did not discussion with and that she did not discussions and that she did not discussions and that she did not discussions and that she did not discussions.	S9999			

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