

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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  Annual Licensure and Certification Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1210d)2)3) 300.1220b)3)  Section 300.610 Resident Care Policies  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.  Section 300.1010 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 accident, injury or change in condition at the time	S9999		

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

TITLE

(X6) DATE  
03/28/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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 1 of notification.</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 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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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 2</p> <p>and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to identify significant weight loss, timely report significant weight loss to the dietitian and physician, ensure weight loss was assessed/evaluated by a physician, notify the resident representative of weight loss, implement nutritional recommendations, and obtain weekly weights for five (R70, R39, R62, R60, R97) of nine residents reviewed for nutrition in the sample list of 54. These failures resulted in R70 experiencing a significant one month weight loss of 5.52% after experiencing a 10.77% weight loss the month prior, and a total weight loss of 24.25% in six months.</p> <p>Findings include:</p> <p>The facility's Significant Weight Gain or Loss Policy revised February 2024 documents: "1. Dietary/Nursing team will obtain weights from nursing. a. After review a request for reweighs will be determined. 2. Dietician/Nursing will determine significant weight changes 1. Gain or loss of 5% in the last month b. Gain or loss of 7.5% in the last three months c. Gain or loss of 10% in the last six months 3. Dietician will review these</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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 3</p> <p>clients and document the change 4. If recommendations are indicated will be communicated to nursing to notify the provider of the significant weight changes and recommendation." "If weight loss noted: family and resident will be notified in addition to physician. IDT (Interdisciplinary Team) will review monthly to assure appropriate plan of care and interventions for those with significant weight gain or loss."</p> <p>1.) R70's undated weight log documents the following weights: 158 pounds (lbs.) on 5/22/23. 159.3 on 6/7/23. 154.2 on 8/1/23. 137.6 (10.77% loss in one month) on 9/4/23. 130 (5.52 % loss in one month) on 1/0/1/23. 136.8 on 11/1/23. 136.2 on 12/12/23. 136 on 1/8/24. 120.8 on 2/1/24. 116.8 (24.25% loss in six months) on 2/19/24. 119.8 on 2/19/24. 115.2 on 3/4/24. There are no documented weights after 10/1/23 until 11/1/23 or between 2/19/24 and 3/4/24 to verify the accuracy of the weights.</p> <p>R70's Minimum Data Set (MDS) dated 1/5/24 documents R70 has cognitive impairment and R70 weighs 136 lbs. This MDS incorrectly documents R70 has not had a significant weight loss within the last six months. R70's Care Plan dated 9/21/23 documents R70 has unplanned and unexpected weight loss and includes interventions to notify the physician and dietitian immediately if weight decline persists. This care plan does not document any new interventions to address R70's weight loss after 1/12/24.</p> <p>R70's Diet Order dated 2/27/24 documents double portions at breakfast, lunch and supper. R70's Physician Order dated 12/20/23 documents give nutritional supplement 120 milliliters (ml) twice daily. There are no other documented</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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>nutritional supplements in R70's medical record. R70's March 2024 Medication Administration Record (MAR) documents administration of the nutritional supplement but does not document how much of the supplement is consumed.</p> <p>There is no documentation in R70's medical record that R70's September 2023 significant weight loss was reported and evaluated by a dietitian and physician, or that R70's February 2024 significant weight loss was reported to or evaluated by a physician prior to 2/20/24 and reported/evaluated by the dietitian prior to 2/26/24. There is no documentation that V40 (R70's Family) was notified of R70's significant weight loss in September 2023 or continued weight loss noted in February and March 2024.</p> <p>R70's Dietary Note dated 2/26/24 at 6:32 PM and recorded by V19 Dietitian documents R70's diagnoses include Alzheimer's Disease, Type 1 Diabetes Mellitus, Protein Calorie Malnutrition, Hypertension, Dysphagia, Iron Deficiency Anemia, Anxiety, Muscle Weakness and Encephalopathy. This note documents R70 is 68 inches tall, 119.8 lbs., and Body Mass Index is 18.2, underweight. R70's diet includes double portions at breakfast and dinner, and a nutritional supplement twice daily. This note documents significant weight loss for one, three, and six months, weight is down 16 lbs. from last month, R70 eats well, and "unclear etiology" of this weight loss. V19 recommended to increase double portions for all meals to prevent further weight loss.</p> <p>On 3/3/24 at 12:10 PM V39 Certified Nursing Assistant (CNA) fed R70 the noon meal that consisted of puree barbecue sandwich, vegetables, mashed potatoes, chocolate</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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 5</p> <p>nutritional shake, and lemonade. R70's meal ticket did not document double portions. At 12:30 PM R70 ate all the noon meal. V39 stated R70 eats well and ate all the noon meal today. On 3/4/24 at 11:44 AM R70's meal ticket did not document double portions for the noon meal. At 12:18 PM R70 ate all R70's noon meal. On 3/5/24 at 8:42 AM R70 ate all R70's breakfast and R70's meal ticket documents double portions for the breakfast meal.</p> <p>On 3/4/24 at 4:11 PM V40 (R70's Family) stated V40 was not sure if R70 has had any weight loss, nobody has told V40 what R70 currently weighs, and V40 had planned to ask the facility about that.</p> <p>On 3/4/24 at 11:20 AM V38 Memory Care Director stated the nurses would know if a resident had a weight loss and V38 assists the CNAs in obtaining weights. V38 stated V38 reports weight loss to V41 Care Plan Coordinator and V5 MDS Coordinator during the weekly weight meetings. V38 stated V38 attends the meetings if the dementia unit (where R70 resides) has residents with weight loss. V38 last attended a weight meeting about a month ago. V38 stated R113 is the only resident on this unit with weight loss.</p> <p>On 3/4/24 at 12:53 PM V18 Licensed Practical Nurse (LPN) stated V18 gave R70's morning nutritional supplement and R70 only drank about 60 of the 120 ml given. V18 stated usually V18 tries to give R70 the remaining amount later, but V18 did not do that today.</p> <p>On 3/5/24 at 8:38 AM V25 Dietary Aide/Cook stated dietary staff look at the meal tickets to determine which residents should have double</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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 6</p> <p>portions at meals. V25 stated double portions is listed on R70's dinner meal ticket, but not on R70's noon meal ticket.</p> <p>On 3/5/24 at 10:14 AM V21 Assistant Administrator stated weights are only documented in the resident's electronic medical record. V21 stated the Assistant Director of Nursing (ADON) is responsible for notifying the resident's family of weight loss, but we didn't have an ADON recently until a few weeks ago. V21 stated the ADON is also responsible for leading the weight program and V21 was unsure who was leading the weight program in the ADON's absence. V21 stated the dietitian's assessments are documented in the progress notes and V21 did not see a dietitian note/assessment for R70 in September. V21 stated double portions should be on the resident's meal tickets.</p> <p>On 3/5/24 at 11:51 AM V8 stated R70 had atelectasis found on R70's chest x-ray in September 2023, and V40 did not want any follow up x-rays, appointments, or anything invasive done. V8 stated V8 evaluated R70 today and the staff report R70 eats well. V8 stated V8 was unsure of the direct cause of R70's weight loss since V40 refused invasive testing. V8 stated V8 does not evaluate for weight loss and refers to the dietitian to address weight loss. V8 stated this is a large building, there is a lot of weight loss. V8 relies on the facility to report significant weight loss. V8 does not have time to evaluate each resident for weight loss, and V8 records the resident's weight in V8's Progress Notes. V8 stated the staff should "absolutely" follow the dietitian's recommendations and if those recommendations are not followed it can contribute to weight loss. V8 stated on 2/20/24 V8 noted in V8's notes that R70 had a slight weight</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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 7</p> <p>gain. V8 reviewed R70's weights, and stated V8 believes R70's weight of 119.8 on 2/19/24 was inaccurate as it was obtained by a mechanical lift and the other weights were in a wheelchair.</p> <p>On 3/5/24 at 12:16 PM V20, Interim Vice President of Clinical Operations, stated V20 requested that V8 evaluate R70 today, and confirmed V40 was not notified of R70's significant weight loss in February. At this time documentation was requested that the physician was notified and evaluated R70's weight loss in September and February. The facility failed to provide this requested documentation.</p> <p>On 3/5/24 at 12:55 PM V19 Dietitian stated V19 conducts V19's nutritional assessments off site and runs a weight report during the first week of each month to identify significant weight loss. V19 stated V19 then places those identified residents on the Nutrition at Risk form, gives recommendations and the form to the facility, and if the facility identifies weight loss or nutrition concerns then they contact V19 by electronic mail. V19 stated it is difficult to stay up on the weights and nutritional assessments due to this being a large facility. V19's contract is for 36 hours per month at the facility, and it is difficult to complete all of it in that time frame. V19 stated V19 would have identified R70's significant weight loss during the first week of February when V19 ran the weight report, and V19 requested a reweigh on 2/16/24 to verify the accuracy of the 2/1/24 weight. V19 believes the weight was accurate based on R70's following weights. V19 stated the facility should implement V19's recommendations within a week and confirmed that waiting a week could also result in additional weight loss during that time. V19 stated V19 determines if residents are consuming</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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 8</p> <p>supplements by communicating through electronic mail to the facility and reviewing progress notes. V19 stated if the resident isn't consuming the supplements, then V19 would try adding additional dietary supplementation such as fortified cereal, nutritional shakes, double portions, and whole milk with meals. V19 stated V19 did not give any nutritional recommendations for R70 in February until 2/26/24 when V19 recommended adding double portions to all meals, and V19 would have given that recommendation sooner once R70's weight loss was verified. V19 stated ideally the facility should reweigh to verify weights and should be completed by the 10th of each month. V19 stated V19 did not see any documentation that R70's significant weight loss and nutrition was evaluated in September by a dietitian, and double portions would have been recommended at that time. V19 confirmed adding the double portions prior to October could have helped stabilize R70's weight and if R70 is not receiving the recommended nutritional interventions it can contribute to weight loss. V19 stated R70's weight loss is a tough one. V19 was not sure what is causing R70's weight loss.</p> <p>2.) R39's MDS dated 12/2/23 documents R39 has cognitive impairment and R39 has had a significant weight loss within the last month or six months. R39's undated weight log includes the following weights: 141.4 lbs. on admission 8/8/23. 137 on 10/1/23. 143 on 11/16/23. 120.2 on 11/29/23 and 12/3/23. 114.8 on 12/20/23. 119.0 on 1/3/24. 117.6 on 2/1/24 and 2/7/24. 122.2 on 3/4/24. There are no documented weights between 11/16/23 and 11/29/23.</p> <p>R39's March 2023 MAR documents to administer nutritional supplement 120 ml three times daily</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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 9</p> <p>with breakfast, lunch, and dinner.</p> <p>R39's Dietary Note, recorded by V19, dated 12/23/2023 at 4:46 PM documents R39 is 63 inches tall, weighs 114.8 lbs. a 19.7% one month loss, and Body Mass Index is 20.3, underweight. R39's diagnoses include Vascular Leukoencephalopathy, Protein Calorie Malnutrition, Hypertension, Anemia, Malignant Neoplasm of breast, Gastritis, and Vascular Dementia. This note documents R39 has had ongoing weight loss since admission with recent hospitalization for COVID-19 (Human Coronavirus Infection) Pneumonia which likely contributed to weight loss. V19 recommended a nutritional supplement to be given daily. R39's Dietary Note, recorded by V19, dated 1/23/24 at 7:37 PM documents R39 has a 13% weight loss in three months, and R39 receives a nutritional supplement three times daily. This note documents that R39's weight is similar to R39's November weight and is showing some slight improvements. This note documents to continue nutritional supplement and recommend weekly weights.</p> <p>There is no documentation in R39's medical record that R39's physician and family were notified of R39's November 2023 significant weight loss, or that a dietitian evaluated this weight loss prior to 12/23/23.</p> <p>On 3/3/24 at 12:10 PM R39 was eating lunch. At 12:28 PM R39 ate half of a barbecue sandwich, and all the vegetables, mashed potatoes, and dessert. R39 drank all the lemonade and nutritional supplement. On 3/4/24 between 12:10 PM and 12:29 R39 ate lunch and R39 was not served a nutritional supplement.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE DANVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 NORTH BOWMAN DANVILLE, IL 61832</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 10</p> <p>On 3/4/24 at 1:02 PM V18 LPN stated V18 is unsure if R39 gets a nutritional supplement but V18 will check. V18 reviewed R39's MAR which documented V18 had signed out R39's nutritional supplement as administered as scheduled for morning and noon. V18 stated V18 signed the MAR, but V18 had not given R39's supplement.</p> <p>On 3/5/24 at 12:16 PM V20 was asked to provide documentation that R39's family and physician were notified of R39's November significant weight loss. The facility failed to provide this requested documentation.</p> <p>On 3/5/24 at 12:55 PM V19 stated V19 did not evaluate R39's November weight loss until December when V19 recommended adding the nutritional supplement, and this supplement was increased to three times daily in January 2024. V19 stated V19 identified R39's significant weight loss mid-December and probably would have recommended the house supplement sooner if V19 was notified of the weight loss prior. V19 stated V19 questions the accuracy of R39's 11/16/23 weight and ideally the facility should reweigh to verify weights.</p> <p>(B)</p>	S9999		