

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1021 NORTH CHURCH STREET JACKSONVILLE, IL 62650		
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2) 300.610a) 300.1210a) 300.1210b) 300.1210d)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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the	S9999		

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

TITLE

(X6) DATE

Electronically Signed

12/06/24

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S9999	<p>Continued From page 1</p> <p>resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>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>These regulations were not met as evidenced by:</p> <p>Based on interview, observation, and record review, the facility failed to coordinate services for a neurology consult for abnormal movements, falls and a gagging incident for 1 of 16 residents (R30) reviewed for quality of care in the sample of</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>35. This failure resulted in R30 having increased involuntary movements that resulted in worsening involuntary movements.</p> <p>Findings include:</p> <p>R30's Admission record, print date of 11/21/24, documents that R30 was admitted on 4/17/2028 and has diagnoses of Psychosis, Schizoaffective Disorder, Drug Induce Subacute Dyskinesia, and Schizophrenia.</p> <p>R30's Minimum Data Set, dated 10/19/24, documents that R30 is severely cognitively impaired, requires setup or clean up assistance for eating, supervision or touching assistance for sitting and walking.</p> <p>R30's Care Plan, revision date of 10/04/2022, documents, "(R30) is at increased nutritional risk r/t (related to) DX (diagnosis): COPD (Chronic Obstructive Pulmonary Disease), Hypertension, Anxiety, Bipolar. Intervention: I use adaptive equipment to ensure my safety: plastic silverware therapy request her to get plastic do (sic) to resident poking herself so get plastic for a safety Date Initiated: 11/18/2024. Monitor/document/report PRN as needed) any s/sx (signs and symptoms) of dysphagia: coughing, drooling, pocketing food, swallowing attempts, refusing to eat. Date Initiated: 10/04/2022."</p> <p>R30's Care Plan, revision date of 11/18/24 , documents, "(R30) has an ADL (Activities of Daily Living) (self-care performance deficit r/t weakness, lack of coordination, dyskinesia, cog impairment and multiple psych (psychiatric) dx. (R30) needs pills whole in pudding at times. Plastic ware for all meals. Intervention: Bed</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Mobility: One person physical assist Transfer: Supervision One person physical assist at times Walk in room: Supervision One person physical assist with gait belt Walking corridor: Supervision Setup help only, One person physical assist at times Locomotion on unit: Supervision Setup help only, One person physical assist at times Locomotion off unit: Supervision Setup help only, One person physical assist at times Eating: Supervision One person physical assist at times."</p> <p>R30's Care Plan, revision date of 10/13/22, documents, "(R16) risk for falls r/t weakness, medications, dyskinesia, abnormal gait and mobility, lack of coordination. I like to stand in the hall and sway side to side. Interventions: Be sure my call light is within reach and encourage me to use it for assistance as needed. Date Initiated: 04/30/2018. Bed height to be placed where my feet are flat on the floor. Date Initiated: 04/30/2018. Ensure resident is wearing shoes or non skid slippers when out of bed Date Initiated: 10/28/2024. Follow facility fall protocol. Date Initiated: 08/14/2019."</p> <p>R30's Care Plan, revision date of 11/08/2019, "I have the potential for adverse side effects related to medication use r/t: antipsychotic use. Diagnosis: Schizophrenia, Schizoaffective disorder, and Psychosis. Interventions: · Observe for: ANTI-PSYCHOTIC: COMMON SIDE EFFECTS: Sedation, drowsiness, dry mouth, constipation, blurred vision, extrapyramidal reaction, weight gain, edema, postural hypotension, sweating, loss of appetite, urinary retention. UNCOMMON SIDE EFFECTS: Tardive Dyskinesia, seizure disorder, chronic constipation, glaucoma, diabetes, skin pigmentation, jaundice. Date Initiated:</p>	S9999			

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S9999	Continued From page 4 08/14/2019." R30's Speech Therapy Discharge Summary, dated 11/19/24, documents, "Patient Progress: Progress & Response to Treatment: Pt (patient) achieved max (maximum) rehab potential for the stated goals with d/c (discharge) complete. Communication: Team Communication / Collaboration: ST (Speech Therapy) instructed pt (patient) on small bites / sips, slowing the rate of consumption, and liquid wash every 1 - 3 bites. Pt requires staff supervision for staff to provide cues and assist during PO (oral) intake when needed. Discharge Recommendations and Status Oral Intake Solids = Mechanical soft / ground textures. Liquid - Thin liquids. Strategies Compensatory Strategies / Positions: with staff supervision. Aspirations precautions. Dining / Swallowing Program Established / Trained: Pt has restorative program / staff education in place for swallowing / dysphagia to ensure safety of the swallow. Outcome Risks Risk Areas that may impact Long Term Outcome (s) = lacks insight into condition and risk factors. Multiple medical conditions / history. Desired Change in Condition of Risk area: Dysphagia." R30's Fall Risk Assessment, dated 10/19/24, documents that R13 is at risk for falls. R30's AIMS - Abnormal Involuntary Movement Scale, dated 11/8/23, documents that R30 has Moderate movements of the muscles of the facial expression, mild movements of the lips and perioral area, jaw, and mild movements of the tongue. R30 has moderate movements of the upper arms, wrists, fingers, hands, legs, knees, ankles, and toes. R30 has moderate neck, shoulder, hips, e.g. (for example) rocking, twisting, squirming, pelvic gyrations. R30 severity	S9999		

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S9999	<p>Continued From page 5</p> <p>of abnormal movements is moderate. Incapacitation due to abnormal movements is mild. R30 scores a 18. The higher the score (0-28), the greater the impact of observed movements on resident.</p> <p>R30's AIMS - Abnormal Involuntary Movement Scale, dated 10/19/24, documents that R30 has Moderate movements of the muscles of the facial expression, lips and perioral area, jaw, and mild movements of the tongue. R30 has severe movements of the upper arms, wrists, fingers, hands, legs, knees, ankles, and toes. R30 has severe neck, shoulder, hips, e.g. (for example) rocking, twisting, squirming, pelvic gyrations. R30 severity of abnormal movements is severe. Incapacitation due to abnormal movements is mild. R30 scores a 23. The higher the score (0-28), the greater the impact of observed movements on resident.</p> <p>R30's Electronic Medical Record fails to document an AIM scale between 11/8/23 and 10/19/24.</p> <p>R30's Physician Order, dated November 2024, documents, "REGULAR diet, Mechanical Soft, Ground Meat texture, Thin consistency with staff supervision. Start date of 5/2/24."</p> <p>On 11/18/24 at 03:58 PM, R30 is in the hallway walking. R30 has very spastic jerky movements of the arms, legs, head, tongue, and mouth. R30 has involuntary backward arching of the back, shuffling of the feet sidewise and forward motion. R30 tripped over her feet and fell into surveyor. V9, Licensed Practical Nurse, (LPN) who was steps away came and assisted R30 to regain her footing by grabbing her under her arms. R30 remained unsteady even with assistance of V9</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>and surveyor. V9 attempted to get R30 to sit in a chair, however R30 proceeded to sit in the area beside the chair causing her to lose balanced and start to fall. V9 had to stop R30 from falling, stood her upright and got her over the chair to sit.</p> <p>On 11/18/24 at 4:05 PM, V9, LPN, stated, "Thank goodness you were there. I could have never held her up on my own. She would have fallen. I normally don't work this hall. I have heard that they are suppose to be starting her on a medication for Tardive Dyskinesia. I started in August and she has always been this way. She follows her roommate around and she is very unsteady on her feet."</p> <p>On 11/18/24 at 4:07 PM, V10, Certified Nurse Aide, (CNA) stated, "She was not this bad last year this is something recent."</p> <p>On 11/19/24 at 12:18 PM, R30 is sitting in the assisted dining room eating her noon meal which consisted of turkey, mashed potatoes, and gravy. R30 has very spastic jerky movements of the arms, legs, head, tongue, and mouth. R30 has involuntary backward arching of the back, shuffling of the feet sidewise and forward motion. R30 is very unsteady on her feet. R30 is unable to control the spontaneous movements. R30's turkey was not cut up. It was in larger pieces not bite size. R30 took her plastic fork and stabbed the meat then with her hand pulled off a meat and put it in her mouth. R30 began to gag. R30 grabbed her drink and took a drink. R30 continued to gag. R30 leaned forward and spit the drink out toward the table. R30 then leaned to the side and spit drink and the turkey meat out onto the floor. V15 CNA assisted R30 with a towel and removed her tray. V21 CNA assisted in moving R30's tablemates to another table. V15</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>then brought R30 a cup of soup with a metal spoon.</p> <p>On 11/19/24 at 4:45 PM, V19 LPN, stated that she was not aware of R30 gagging on her noon meal.</p> <p>On 11/21/24 at 2:09 PM, V15, CNA was asked if she let V19 know about R30 gagging on her lunch, V15 stated, "I went and told (V19). I had her double check her diet too. She was suppose to get a mechanical diet." V15 stated that R30 did receive large pieces of turkey and not mechanical turkey on 11/19/24. V15 stated that R30 has worsened with her movements just recently.</p> <p>On 11/21/24 at 2:13 PM, V21 was asked if she let V19 know about R30 gagging on her lunch on 11/19/24, V21 CNA, stated, "(V19) was told. (V15) went right up to (V19) and told her. She was standing right there at the nurses desk."</p> <p>R30's Nurses Note, dated 11/19/2024 19:00 (7:00PM), documents, "(V16, Medical Director) notified of resident vomiting at lunch. Orders received to obtain chest xray per (V16). Resident chart updated and resident aware. (mobile) xray called."</p> <p>R30's Nurses Note, dated 11/20/2024 08:10PM, documents, "Resident being transported to (local hospital) for STAT (now) chest x-ray r/t (related to) vomiting, resident leaving via facility transports order and face sheet sent with."</p> <p>On 11/20/24 at 11:50 AM, V34, Psychiatry Nurse Practitioner, stated, "I saw her (R30) on 10/23/24. The facility asked me to see her because she was getting worse with her movements. I increased her Austedo from 24 milligrams (mg) to</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>30 mg. I also ordered for a consult to Neurology because I don't think we are dealing with Tardive Dyskinesia. I was not told that they were unable to get her the Austedo. I would have like to know that. Austedo is a drug that you can stop abruptly with no ill effects."</p> <p>V34's Progress Note for 10/23/24 fails to document an order for a consult for neurology.</p> <p>On 11/25/24 at 9:10 AM, V3, Assistant Director of Nurses, stated that she is not sure as to why R30's insurance company did not approve the Austedo medication. She stated that V2, Director of Nurses handled that and that she believes V2 did notify V16 and V34 of the need to place the order on hold. V2 is unavailable for interview to confirm this. V3 further stated that when V34 came in on 10/23/24 she did not write an order for a neurology consult. I have reached out to several neurologist and sent them R30's information and I am waiting for them to accept her as a patient.</p> <p>The facility's policy, "AIMS Side Effect Monitoring," dated 10/2024, documented, "The examination will be performed either at the time of resident's admission or when medications are initially prescribed. In addition, for residents taking psychotropic medication, AIMS examination procedures will be repeated at intervals of no less than every six (6) months."</p> <p>The facility's Diet Orders Policy dated 08/2023, documented diet orders are checked for accuracy regularly, at the quarterly care plan meeting, by comparing diet orders on file in Dining Services with the Physician Order Sheet (POS) in the health record.</p> <p>The facility's Fall Prevention Program Policy</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>dated 10/2024, documented the purpose of the policy is to assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Quality Assurance Programs will monitor the program to assure ongoing effectiveness.</p> <p>(B) Statement of Licensure Violations (1 of 2)</p> <p>300.610a) 3001210a) 300.1210b) 3001210d)5)</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>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as</p>	S9999		

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S9999	Continued From page 10 applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. 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: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection,	S9999		

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S9999	<p>Continued From page 11</p> <p>and prevent new pressure sores from developing.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interviews, observations, and record reviews the facility failed to prevent a pressure injury for 1 out of 2 residents, (R1), reviewed for pressure ulcers in a sample of 35. This failure resulted in R1 acquiring a new pressure ulcer.</p> <p>Findings include:</p> <p>R1 was admitted to the facility on 8/22/24 with diagnosis of, in part, cerebrovascular disease, fracture of femur, mild protein-calorie malnutrition, and joint replacement surgery aftercare.</p> <p>R1's Minimum Data Set (MDS) dated 9/17/24, documented he is cognitively intact. The MDS further documented R1 is dependent on staff to roll from lying on back to left and right side, and return to lying on back on the bed.</p> <p>R1's current Care Plan dated 9/26/2024, documented R1 is at risk for further skin impairment related to aging/disease process, decreased mobility, fragile skin, impaired mobility, incontinence, non-compliance with turning and repositioning, and terminal illness with interventions to monitor/document location, size and treatment of skin injury, report abnormalities, failure to heal, signs/symptoms of infection, maceration et cetera (etc.) and keep skin clean and dry. R1's care plan continued to document he has an actual skin impairment of left heel, right heel, right inner heel with interventions to turn and reposition every 2 hours as he will allow, a low air loss mattress, minimize pressure over boney prominences, and to float bilateral heels while in bed.</p>	S9999			

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(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 12</p> <p>R1's Braden Assessment dated 9/10/2024 documented he was at moderate risk for pressure related injuries to develop.</p> <p>On 11/19/24 at 9:45 AM, V17, Lead Certified Nursing Assistant (CNA), and V8, CNA, provided catheter and peri-care (perineal care) to R1. V17 and V8 turned R1 onto his right side and exposed his buttock region while providing peri care. A large amount of redness to both buttocks and coccyx was seen. R1's left buttock had a scab, darkening color of the skin and skin tears, the right buttock had a small region with skin tears. V8 stated the area has been this way for about a week now.</p> <p>On 11/21/2024 at 2:12 PM, V19, Licensed Practical Nurse (LPN), stated that there was nothing wrong with R1's buttock region she knew, no one has mentioned anything as of now. V19 observed R1's buttock region and stated the skin has break down and needs treatment started. V19 stated this is the first time she has seen the skin breakdown.</p> <p>R1's wound assessment dated 11/19/2024, documented a new facility acquired wound.</p> <p>On 11/21/2024 at 2:20 PM, V3, Assistant Director of Nursing (ADON), measured R1's left buttock and stated the measurements were 4.5cm (centimeters) length by 3cm width.</p> <p>The facility's Skin Condition Assessment and Monitoring-Pressure and Non-Pressure Policy dated 06/2018 documented the following guidelines: A skin condition assessment and pressure ulcer risk assessment (Braden) will be completed at the time of admission, quarterly and</p>	S9999			

Illinois Department of Public Health

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S9999	Continued From page 13 as necessary. Residents identified will have a weekly skin assessment by a licensed nurse. Each resident will be observed for skin breakdown daily during care and on the assigned bath day by the CNA. Changes shall be promptly reported to the chare nurse who will perform the detailed assessment. (No Violation)	S9999		