STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009765	A. BUILDING: _____ B. WING _____	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE WATSEKA	715 EAST RAYMOND ROAD WATSEKA, IL 60970

(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 First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 6) 300.610a) 300.3210t) 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 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These regulations were not met as evidenced by: Based on interview and record review the facility failed to protect the resident's right to be free from physical abuse and verbal abuse for three (R26, R24, R61) of four residents reviewed for abuse in	S9999		

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S9999	Continued From page 1	S9999		

a sample list of 35.

Findings Include:

The facility's Abuse Prevention and Reporting Policy dated September 2024 documents the facility affirms the right of the residents to be free from abuse. Physical Abuse is the infliction of injury on a resident that occurs other then by accidental means. Examples of physical abuse include hitting, slapping, and kicking. Verbal abuse may be considered a type of mental abuse and includes the use of oral communication to residents within hearing distance. Examples include harassing a resident, mocking, insulting, yelling at, and threatening residents. A resident to resident altercation should be reviewed as a potential situation of abuse. This policy also documents employees are required to report any incident, allegation or suspicion of potential abuse to the administrator immediately.

1. R26's Medical Diagnoses List dated March 2025 documents R26 is diagnosed with Bipolar Disorder, borderline Personality Disorder, and Dementia Moderate with Agitation.

R26' Minimum Data Set dated 2/14/25 documents R26 has a moderate cognitive impairment.

R26's Aggressive Behavior Assessment dated 12/23/24 documents R26 has a general awareness and capability of understanding his behavior, has been verbally and physically aggressive with other residents and has a trigger of loud noises.

R26's Care Plan dated 2/19/25 documents R26 has a behavior problem of verbal and physical

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S9999	Continued From page 2	S9999		

aggressions towards staff and peers. R26 also has the potential to be physically aggressive related to poor impulse control.

2. R61's Medical Diagnoses List dated March 2025 documents R61 is diagnosed with Major Depression Disorder and Chronic Ulcers of the Lower Extremities.

R61's Minimum Data Set dated 2/5/25 documents R61 is cognitively intact.

R61's Care Plan dated 12/27/24 documents R61 is at a high risk for abuse/neglect.

R61's Progress Note dated 12/20/24 documents R61 stated that she was yelled at and slapped in the face by R26 when he was trying to get by her coming from the dining room. V11 Certified Nurses Assistant (CNA) witnessed this altercation.

The Final Abuse Investigation Report dated 12/30/24 documents on 12/20/24 R26 got in R61's face and started yelling and then hit her in her face.

On 3/24/25 at 2:00 PM R61 stated R26 is often very moody and yells and curses at others. R61 stated in December 2024 R26 was sitting in the middle of the dining room path and there was a "traffic jam" when she asked R26 to move forward and out of the way. As she passed around his wheelchair she accidentally hit the wheel of his chair with her chair and he yelled and reached out tried to kick her and hit her. He ended up slapping her across her face. R61 stated she was stunned and it stung a bit. R61 stated staff stepped in-between them and took her to her room. R26 stated she avoids R26 at all

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From page 3	S9999		

costs. R26 stated she doesn't want to pass by R26 and he would knock her teeth down her throat. R61 stated, R26 is very aggressive towards others and just the other day R61 told R26 to chill out when he was going back and forth with another resident and he told R61 "to shut the f*** up b**** (expletives)."

On 3/24/25 at 2:32 PM V11 (CNA) stated she observed the altercation between R26 and R61. There was a wheelchair jam trying to get out of the dining room. R26 was yelling at R61 to move and she said she was doing the best she could. As they passed each other R26 kept trying to kick R61 and R26 slapped R61 across the face. V11 stated she then got in between the residents and blocked his feet and hands from hitting her again. V11 stated she was concerned that R26 would kick R61's legs and she has fragile wounds on her legs. V11 stated she got R61 out of the dining room. V11 stated there have been many occasions that R26 gets into arguments or altercations with other residents- both verbally and physically. R26 also curses at residents and tries to hit others if he is agitated.

3. R24's Medical Diagnoses List dated March 2025 documents R24 is diagnosed with Generalized anxiety and Major Depressive Disorder.

R24's Minimum Data Set dated 12/17/24 documents R24 is cognitively intact.

On 3/22/25 at 11:02 AM R24 stated a male resident (R26) punched her in the arm about a month ago as she passed him in the dining area. R24 stated R26 was stopped in his wheelchair and was in the way of others passing. R24 passed around R26 in her wheelchair and R26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009765	A. BUILDING: _____ B. WING _____	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE WATSEKA	715 EAST RAYMOND ROAD WATSEKA, IL 60970

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S9999	Continued From page 4	S9999		

reached out and punched her in the arm. R24 stated R26 punched her pretty hard and he then started yelling/cursing at her. R24 stated R26 is often verbally and physically abusive to other residents. R26 wheels around the facility and will tell other residents "to shut the f*** (expletive) up and calls people b**** (expletive)."

The Final Abuse Investigation Report dated 2/13/25 documents on 2/6/25 R24 reported R26 hit her in her arm when she asked him to move out of the way.

On 3/24/25 at 2:10 PM V21 Licensed Practical Nurse (LPN) stated she did not witness R24 getting slapped by R26 but she did come over when she heard the commotion and saw R24 was visibly upset and crying. R24 stated she was passing by R26 and he punched her in the arm.

On 3/24/25 at 4:00 PM V1 Administrator confirmed R26 has behavior issues and gets agitated easily. V1 confirmed residents need to feel safe in their home and some interventions need to be put in place in order to keep residents safe from R26's verbal and physical outbursts. V1 confirmed these incidents of slapping, punching, and verbally attacking residents with foul aggressive language could be considered abusive.
(B)
Statement of Licensure Violations (2 of 6)

300.610a)
300.3240b)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009765	A. BUILDING: _____ B. WING _____	03/25/2025

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ARCADIA CARE WATSEKA	715 EAST RAYMOND ROAD WATSEKA, IL 60970

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S9999	Continued From page 5	S9999		

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 300.3240 Abuse and Neglect

b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act)

These regulations were not met as evidenced by:

Based on interview and record review, the facility failed to report an allegation of verbal abuse for one (R36) of four resident reviewed for abuse in the sample list of 35.

Findings Include:

On 3/23/25 at 11:39 AM V2 Director of Nursing (DON) stated R36 told V2 last week that the agency nurse V13 Licensed Practical Nurse (LPN) was very rough in her approach with him, her tone was harsh to him and that the nurse was talking about other residents to R36. V2 stated V2 did not tell V1 Administrator about it but stated she thought R36 told V1 himself. V2 stated she did not recognize R36's allegation as potential abuse at the time. V2 (DON) stated all potential abuse is supposed to be reported immediately to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From page 6 V1 Administrator. On 3/2/25 at 9:10 AM V1 Administrator stated R36 had not reported any abuse to V1 and no staff member reported any abuse regarding R36. V1 was not aware of R36's potential abuse allegation. The facility's Abuse Prevention and Reporting-Illinois Policy dated October 2022 documents employees are required to report any incident, allegation or suspicion of potential abuse to the administrator immediately. (C) Statement of Licensure Violations (3 of 6) 300.610a) 300.1210a) 300.1210b) 300.1210d)4)A)B) 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	S9999		

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S9999	Continued From page 7 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 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: 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by	S9999		

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	IL6009765	A. BUILDING: _____ B. WING _____	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S9999	Continued From page 8	S9999		

the physician.

B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.

These regulations were not met as evidenced by:

Based on observation, interview, and record review, the facility repeatedly failed to provide showers to residents according to their plans of care, physician orders, and preferences. This failure affects three residents (R17, R45, R61) out of five reviewed for activities of daily living on the sample list of 35.

Findings Include:

Facilities Bathing - Shower and Tub Bath Policy dated October 2024 documents: Purpose: To ensure resident's cleanliness to maintain proper hygiene and dignity. Guidelines: A shower, tub bath or bed/sponge bath will be offered according to resident's preference, no less than once per week or according to the resident's preferred frequency and as needed or requested.

1. On 3/22/25 at 10:20 AM, R45 was seated in a tilt back wheelchair in R45's room. R45 was unshaven and had long nails.

R45 Medical diagnoses; Encounter for Palliative Care, Dementia, Anxiety Disorder, Chronic Atrial Fibrillation and Schizoaffective Disorder.

R45's Minimum Data Set (MDS) dated 1/30/25 documents R45's Shower/Bathe is Dependent on staff assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From page 9	S9999		

R45's Care Plan dated 1/30/25 documents R45 has an Activities of Daily Living (ADL) self-care performance deficit related to Activity Intolerance, Confusion, Dementia. Intervention: Bathing/Showering: R45 requires assist of (2) staff member with bathing/showering.

Facilities Shower Schedule documents R45 is scheduled to receive showers on Monday and Thursdays.

R45's Shower Sheets for February and March documents R45 received a shower on 2/6/25, 2/10/25, 3/7/25, 3/11/25 and 3/12/25, there are no other documented showers, bed bath or refusals in R45's medical records.

On 3/23/25 at 11:00 AM V13 Licensed Practical Nurse (LPN) stated residents are assigned 2 showers a week. V13 stated that after the resident receives their shower by a Certified Nursing Assistant, they document it on a shower sheet, whether they get the shower, bed bath or refuse it. V13 stated all the shower sheets are in a book by halls, and whatever is in there is what was given.

On 3/23/25 at 11:30 AM V8 Certified Nursing Assistant (CNA) stated that all residents are scheduled to receive two showers per week. V8 stated that after the shower is given, the CNA who provides the shower should complete a shower sheet. V8 stated if a resident continues to refuse a shower a bed bath is offered, and the bed bath or refusal will be documented on the resident's shower sheet. V8 confirmed that according to R45's shower sheets, R45 only received showers on 2/6/25, 2/10/25, 3/7/25, 3/11/25 and 3/12/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009765	A. BUILDING: _____ B. WING _____	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE WATSEKA	715 EAST RAYMOND ROAD WATSEKA, IL 60970

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S9999	Continued From page 10	S9999		

2. On 3/22/25 at 10:10 AM R61 stated that R61 does not get two showers a week. R61 stated R61 does need staff assistance to get a shower, and the staff always have an excuse why they are not able to give R61 a shower.

R61's Medical Diagnoses; Heart Failure, Peripheral Vascular Disease, Pulmonary Hypertension, Personal History of Pulmonary Embolism, Left Ventricular Failure and History of Falls.

R61's Care Plan dated 3/19/25 documents R61 has an Activities of Daily Living (ADL) self-care performance deficit related to Activity Intolerance, Fatigue, Psychotropic medications, Shortness of Breath. Intervention: Bathing and Showering: R61 requires assist of 1 staff member with bathing/showers.

R61's Minimum Data Set (MDS) dated 1/3/25 documents R61 Shower/Bathe self: needs partial/moderate assistance.

Facilities Shower Schedule documents that R61 is scheduled to receive showers on Wednesdays and Saturdays.

R61's Facility Shower Sheets dated February and March documents R61 did not receive any showers, and refused showers on 2/1/25, 2/5/25 and 2/26/25, there are no other documented showers, bed bath or refusals in R61's medical records.

On 3/23/25 at 11:00 AM V13 (LPN) stated residents are assigned 2 showers a week. V13 stated that after the resident receives their shower by a CNA, they document it on a shower sheet, whether they get the shower, bed bath or

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S9999	Continued From page 11	S9999		

refuse it. V13 stated all the shower sheets are in a book by halls, and whatever is in there is what was given.

On 3/23/25 at 11:30 AM V8 (CNA) stated that all residents are scheduled to receive 2 showers a week. V8 stated that after the shower is given, the CNA who administered the shower will complete a shower sheet. V8 stated if a resident continues to refuse a shower a bed bath is offered, and the bed or refusal will be documented on the resident's shower sheet. V8 confirmed that according to R61's showers sheets, R61 did not receive any showers in February or March, and refused showers on 2/1/25, 2/5/25 and 2/26/25.

3. R17's Face Sheet (3/24/24) documents R17 has the following diagnoses: Mild Neurocognitive Disorder, Morbid Obesity, Osteoarthritis, Spinal Stenosis, Urinary Incontinence, and Type 2 Diabetes.

R17's Quarterly Assessment (12/24/24) documents R17 is cognitively intact, has bilateral lower limb impairments, and is dependent on staff for bathing.

R17's Care Plan (current) documents R17 is dependent on staff with bathing/showering.

R17's Shower schedule documents R17 is to receive showers on second shift on Wednesday and Saturday.

R17's Shower Sheets documents R17 received showers and/or bed baths five times from 2/1/25 through 3/22/25. Further documents R17 only refused to be bathed twice during the same time period.

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	IL6009765	A. BUILDING: _____ B. WING _____	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE WATSEKA	715 EAST RAYMOND ROAD WATSEKA, IL 60970

(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	Continued From page 12 On 3/22/25 at 9:39 AM, R17 stated R17 does not always receive showers. R17 stated R17 requires the use of a mechanical lift for transfers and staff are "overworked" causing staff to not be timely in providing cares. On 3/24/25 at 8:55 AM, V19 (CNA) stated shower sheets are to be filled out every time a shower and/or bed bath is given or refused. V19 confirmed the shower sheets that are in the binder are the showers/bed baths that were given and/or refused. (B) Statement of Licensure Violations (4 of 6) 300.610a) 300.1410a) 300.1410b) 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 300.1410 Activity Program a) The facility shall provide an ongoing program of activities to meet the interests and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009765	A. BUILDING: _____ B. WING _____	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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	Continued From page 13	S9999		

preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents.

b) Activity personnel shall be provided to meet the needs of the residents and the program. Activity staff time each week shall total not less than 45 minutes multiplied by the number of residents in the facility. This time shall be spent in providing activity programming as well as planning and directing the program. The time spent in the performance of other duties not related to the activity program shall not be counted as part of the required activity staff time.

These regulations were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide and implement activities to meet the interest and needs of the residents. This failure affects four residents (R8, R55, R57, R63) of thirteen residents reviewed for activities in the sample list of 35.

Findings Include:

All four residents (R8, R55, R57, R63) reside on the facility's locked memory care unit/hallway.

On 3/22/25 at 9:45 AM, 10:00 AM, 2:00 PM and 3/23/25 at 9:40 AM, and 11:00 AM. all four residents (R8, R55, R57, R63) were in their rooms asleep or sitting not engaged, with no structured activities.

1. R8's undated diagnoses list includes:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009765	A. BUILDING: _____ B. WING _____	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE WATSEKA	715 EAST RAYMOND ROAD WATSEKA, IL 60970

(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	Continued From page 14 Unspecified Dementia, unspecified severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. R8's Care Plan (current), documents R8's preferences for activities are horticulture based activities or crafts, allow resident to choose preferred craft activity; assist with arranging community activities; and ensure the activities the residents is attending is compatible with physical and mental capabilities, compatible with known interests and preferences, adapted as needed; and compatible with individual needs and abilities and age appropriate. 2. R55's undated diagnoses list includes: Alcohol Dependence with Alcohol-Induced Persisting Dementia. R55's Care Plan (current) documents ensure that the activities the resident is attending are compatible with physical and mental capabilities, compatible with known interests and preferences, adapted as needed; and compatible with individual needs and abilities and age appropriate, invite the resident to scheduled activities, modify daily schedule/treatment plan to accommodate activity participation as resident requests, and provide activity calendar. 3. R57's undated diagnosis list includes: Vascular Dementia, unspecified severity with other behavioral disturbances. R57's Care Plan (current) documents encourage participation in simple activities and provide structured activities such as toileting, walking inside and outside, reorientation strategies including signs, pictures, and memory boxes'	S9999		

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S9999	Continued From page 15 4. R63's undated diagnoses list includes: unspecified Dementia, unspecified severity with other Behavioral Disturbances, unspecified Dementia, unspecified severity without Behavioral Disturbance Psychotic Disturbance, Mood Disturbance, and Anxiety. R63's Care Plan (current) documents encourage participation in activities that promote exercise, physical activity, and the resident needs activities that minimize the potential for falls while providing diversion and distraction. On 3/23/25 at 11:52 AM V14 Activity Director stated she is short staffed right now and has not had anyone to organize or lead activities on the locked memory care unit/hall. V14 stated she has just hired an assistant who will be assigned to that unit on weekends however until she is trained, facility corporate has instructed that the memory care Certified Nursing Assistants should be doing the activities on that unit on the weekends. So far, V14 stated V14 has not been able to have staff engage residents. V14 confirmed residents on the memory care unit should not be sitting around all day or sleeping due to boredom and should be engaged and active as much as possible. The facility's Dementia Unit Admission/Discharge Criteria and Program dated September 2024 documents the goal of this program is to provide a safe environment for the individual, while offering attributives that support the best quality of life possible. (C) Statement of Licensure Violations (5 of 6) 300.650e) 300.2010a)1)2)	S9999		

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S9999	Continued From page 16 Section 300.650 Personnel Policies e) All personnel shall have either training or experience, or both, in the job assigned to them. Section 300.2010 Director of Food Services a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week. 1) This person shall be either a dietitian or a dietetic service supervisor. 2) The person responsible for the food service may assume some cooking duties but only if these duties do not interfere with the responsibilities of management and supervision. These regulations were not met as evidenced by: Based on observation, interview, and record review, the facility failed to employ a clinically qualified Director of Food and Nutrition Services. This failure has the potential to affect all 62 residents in the facility. Findings Include: On 3/22/25, 3/23/25 and 3/24/25 V3 Dietary Manager was actively supervising dietary operations in the facility kitchen. On 3/11/25 at 11:04 AM V3 Dietary Manager stated that V3 was hired a couple of weeks ago as Dietary Manager. V3 stated that V3 is not currently a Certified Dietary Manger. V3 stated at	S9999		

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S9999	Continued From page 17 this time V3 fails to meet the State of Illinois standards to be a food service manager/dietary manager. On 3/22/25 at 2:02 PM V1 Administrator confirmed that V3 Dietary Manager does not currently have a valid Food Safety/Dietary Manager Certificate as required. The Facility Assessment (not dated) documents a full-time dietician or other clinically qualified nutrition professional to serve as the director of food and nutrition services is needed to provide competent support and care for the facility's resident population every day and during emergencies. The facility Long-Term Care Facility Application for Medicare and Medicaid (3/23/25) documents 62 residents reside in the facility. (C) Statement of Licensure Violations (6 of 6) 300.697c) Section 300.697 Infection Preventionists A facility shall designate a person or persons as Infection Preventionists (IP) to develop and implement policies governing control of infections and communicable diseases. The IPs shall be qualified through education, training, experience, or certification or a combination of such qualifications. The IP's qualifications shall be documented and shall be made available for inspection by the Department. (Section 2-213(d) of the Act). The facility ' s infection prevention and control program as required by Section 300.696(e) shall be under the management of an IP.	S9999		

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S9999	Continued From page 18	S9999		

c) A facility shall have at least one IP on-site for a minimum of 20 hours per week to develop and implement policies governing prevention and control of infectious diseases.

These regulations were not met as evidenced by:

Based upon observation, interview and record review the facility failed to employ an Infection Prevention Nurse that physically works onsite in the facility at least part time. This failure has the potential to affect all 62 residents residing in the facility.

Findings Include:

Observations were made on 3/22/25, 3/23/25 and 3/24/25 between the hours of 8:30 AM and 4:00 PM. During these times, no certified Infection Preventionist nurse was in facility.

On 3/24/25 at 2:00 PM, V7 Regional Registered Nurse stated the facility's Infection Preventionist is a Regional Infection Preventionist (V25) who works offsite. V7 stated V25 is responsible for all infection tracking and logs and that these are not kept/maintained in the facility.

On 3/25/25 at 9:18 AM V2 Director Of Nursing (DON) stated she believes they are supposed to be tracking resident infections but that V25 Regional Infection Preventionist keeps track of resident infections. V2 stated she herself does not have access to the infection tracking log.

On 3/25/25 at 9:32 AM V25 Regional Infection Preventionist stated she is at the facility every Tuesday. V25 stated she focuses on Infection Control in the building one day per week.

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S9999	Continued From page 19 The facility's clinical nurse schedule for month of March 2025 documents no Infection Prevention nurse on site. Resident Census dated 3/23/25 documents a total of 62 residents currently residing in facility. (C)	S9999		