

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE HAVANA		STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644		
(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/Change of Ownership	S 000		
S9999	Final Observations Statement of Licensure Violation 1 of 2 300.610a) 300.1210b) 300.1210c) 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 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	S9999		

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

TITLE

(X6) DATE

Electronically Signed

04/10/25

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S9999	Continued From page 1 resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 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 requirements were not met as evidence by: Based on observation, interview and record review the Facility failed to provide activity of daily living/ADL assistance for hygiene/scheduled baths for one dependent resident (R4) of 16 resident's reviewed for Activity of Daily Living assistance in a sample of 22. Findings include: The Facility Bathing, Shower and Tub Bath Policy, revised 10/2024, documents: "To ensure the residents cleanliness to maintain proper hygiene and dignity; shower, tub bath or bed/sponge bath will be offered according to	S9999			

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S9999	Continued From page 2 resident's preference, no less than once per week or according to the resident's preferred frequency and as needed or requested; and shower chair or bed, towels and wash cloths, body wash, shampoo, deodorant/antiperspirant, lotion and other toiletry items as requested by resident and residents clothing." R4's current Care Plan documents: "(R4) requires staff assistant for Activities of Daily Living/ADL for bathing and grooming; assure resident that staff is plentiful and available for assist at any time;.maintain consistent routine to insure compliance and avoid confusion; monitor for changes in condition ADL assist level; has an ADL self-care performance deficit related to Hemiplegia/Hemiparesis following a stroke (Cerebral Vascular Accident) affecting right dominate side; requires the assist of two staff members with bathing/showering and dressing; and requires one assist with personal hygiene and oral care." The Facility Resident Shower Schedule, undated, does not document a scheduled shower day or time for R4's (Room number) shower. On 3/19/25 at 11:00 am, V4 (Corporate Regional Nurse Consultant) could not provide R4's Shower/Abnormal Skin Reports in the entirety for the period of 12/15/25 through 3/19/25. V4 did provide R4's Shower/Abnormal Skin Sheets that were dated 1/9/25, 1/13/25, 1/20/25, 1/23/25, 1/27/25, 1/30/25, 2/14/25, 2/18/25, 2/21/25 and 2/25/25. All Shower/Abnormal Skin Reports document that R4 received a bed bath, and no showers were documented. On 3/18/25 at 11:30 AM, R4 was lying in bed, hair unkempt and appeared to be oily/greasy. R4	S9999		

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S9999	Continued From page 3 stated, "I never get a shower, all they do is just wash me up while I am in bed. They wash my hair with a sponge that they just swipe it about three or four times across my crown. I know that I am a big lady, but I would like to actually get up out of bed and into the shower. I have not gotten a real shower since before Christmas." On 3/19/25 at 1:02 PM, R4 was lying in bed talking to V4 (Corporate Regional Nurse Consultant) and stated to V4 "I have not had a shower since before Christmas. They just give me bed baths and I want to get in a shower." On 3/19/25 at 11:01 AM, V4 (Corporate Regional Nurse Consultant) stated, "I cannot find all of (R4's) Shower records. I am not going to lie to you, but when I looked up (R4's) bathing ADL (Activity of Daily Living) in our computer program it looks like (R4's) showers were scheduled for midnight so they documented that she was always refusing them, so (R4) never got any showers." (B) Statement of Licensure Violation 2 of 2 300.2100 Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Code." These requirements were not met as evidence by: Based on observation, interview and record review, the facility failed to have certified staff and	S9999		

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S9999	Continued From page 4 failed to have a delivery, use-by date, or expiration date for Zucchini and loaves of bread. This has the potential to affect all 46 residents in the facility. Findings include: 1. Facility "Dietary Aid" job description, copyright 2025, documents "The dietary aid is responsible for aiding all food functions as directed/instructed and in accordance with established food policies and procedures. Essential Duties and Responsibilities: Ensure food is prepared in accordance with sanitary regulations." Facility "Dietary Manager/DM" job description, copyright 2025, documents "The Dietary Manager is responsible for partnering with the Dietician to plan, organize, develop, and direct the overall operation of the Dietary Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, to assure that quality nutritional services are provided on a daily basis and that the Dietary Department is maintained in a clean, safe, and sanitary manner. Must possess Food Service Sanitation Manager Certification." Facility "Cook" job description, copyright 2025, documents "The Cook is responsible for food preparation in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures, to assure that quality food services is provided at all times. Must have Illinois Food Service Sanitation certification." Dining Menu "Week at a Glance," copyright 2025, documents for week four 3/18/25 (Tuesday) lunch of the following: "Ground Beef Stroganoff Over	S9999		

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S9999	Continued From page 5 Noodles, Soft Chopped Sauteed Fresh Zucchini, Bread/Margarine, Soft Chopped Canned Chilled Fruit, and Beverage." Facility "Dietary Schedule," March 2025, documents the following: V6 DM worked 3/2-3/4; 3/8, 3/12, 3/14, 3/17 and 3/20/25 as a cook, afternoon or morning aid, and DM; V10 Cook worked 3/1, 3/2, 3/4-3/7, 3/10-3/13, 3/15, 3/16, 3/18-3/20/25 as the morning cook; V11 Cook 3/9/25 as the afternoon aid; V12 Cook worked 3/3-3/5; 3/8-3/11; 3/13, 3/14, 3/17-3/19/25 as the morning cook, and morning aid; V13 Cook worked 3/1-3/4, 3/7, 3/10, 3/11, 3/13, 3/15, 3/16, 3/18/25 as the afternoon cook, and afternoon aid; V14 DA worked 3/1-3/3, 3/6-3/8, 3/15, 3/16/25 as the morning aid; V15 DA 3/3/25 as the afternoon aid; and V16 DA worked 3/3/1, 3/2, 3/5-3/7, 3/9, 3/10, 3/12, 3/14-3/17, and 3/19/25 as the afternoon aid. During this survey from 3/18/25-3/21/25, the facility was unable to provide staff food handler certificates. On 3/18/25 at 11:00 AM, V6 DM/Dietary Manager stated "I cannot find any of my staff food handler certificates and my staff does not have a copy or able to obtain their food handler certificates." At that same time, V10 Cook and V12 Dietary Aid were observed during a meal delivery service where V10 scooped the food onto plates for the residents, and V12 put the drinks and supplements on the trays and handed to the staff outside of the kitchen. V6 DM "Serv Safe Certification" documents "Date of Expiration 3/2/25." Facility "Food Protection Manager (Sanitation 8	S9999		

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S9999	Continued From page 6 hour course for cooks)," undated, documents the following: V6 Cook expiration date 3/2/25; and V10-V13 all Cooks had no certification. Facility "Food Handlers Certificate (dietary aides)," undated, documents the following: V14-V16 all dietary aides had no certification. The Department of Health and Human Services Centers for Medicaid and Medicare Services, Form 671-Long-Term Care Facility Application for Medicare and Medicaid, dated 3/18/2025, documents 46 residents reside in the facility. 2. Facility "Food and Supplies: Storage," copyright 2025, documents "All foods will be covered, labeled, and dated. If there is no expiration date on the package or container, a use-by date must be written on the product." On 3/18/25 at 11:00 AM during the kitchen tour with V6 DM/Dietary Manager a bag of frozen zucchini had no date on it when received, use-by date, or expiration date; and multiple loaves of bread did not have a received, use-by date, or expiration date on them. At that same time V6 DM stated "I thought the bread had a date on them, but I don't see one, and that bag of zucchini was taken out of the box today. I am on staff all the time to make sure they are dating when we get our deliveries and when they are opened." The Department of Health and Human Services Centers for Medicaid and Medicare Services, Form 671-Long-Term Care Facility Application for Medicare and Medicaid, dated 3/18/2025, documents 46 residents reside in the facility. (B)	S9999		