

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009765	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2025
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE WATSEKA		STREET ADDRESS, CITY, STATE, ZIP CODE 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	S 000		
	Second Probationary Licensure Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations			
	300.610a)			
	300.1610l)4)5)6)			
	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 300.1610 Medication Policies and Procedures			
	l) Oxygen may be administered in a facility. The oxygen supply shall be stored and handled in accordance with NFPA 99 for nonflammable medical gas systems. The facility shall comply with directions for use of oxygen systems as established by the manufacturer and the applicable provisions of NFPA 101.			
	4) All facility personnel responsible for changing or installing medical gas vessels shall be trained			

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

TITLE

(X6) DATE

Electronically Signed

06/13/25

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S9999	<p>Continued From page 1</p> <p>to connect medical gas vessels properly. Personnel shall understand how vessels are connected to the oxygen supply system and shall be alerted to the serious consequences of changing connections.</p> <p>5) If a medical gas vessel fitting does not seem to connect to the oxygen system fitting, the supplier shall be contacted immediately. The vessel shall be returned to the supplier to determine the fitting or connection problem.</p> <p>6) Once a medical gas vessel has been connected to the oxygen supply system, but prior to introducing the product into the system, a trained facility staff member shall ensure that the correct vessel has been connected properly.</p> <p>These requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow physicians' medication orders and change the oxygen tubing and humidifier bottle for one of two residents (R5) reviewed for respiratory care on the sample list of five.</p> <p>Findings Include:</p> <p>On 6/7/25 at 8:10 am R5 was being administered oxygen via nasal cannula and humidification bottle at three liters per minute. R5's humidification bottle was empty. R5's oxygen tubing and humidifier bottle were dated 5/20/25.</p> <p>On 6/7/25 at 2:22 PM V7 Licensed Practical Nurse changed and dated R5's oxygen tubing and administered a new humidifier bottle.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R5's Facility Census documents R5 was admitted to the facility on 9/7/24 and has the following medical diagnoses; Chronic Obstructive Pulmonary Disease, Chronic Venous Hypertension, Heart Disease, Combined Systolic and Diastolic Heart Failure, Cardiomyopathy and Pulmonary Hypertension.</p> <p>R5's Minimum Data Set dated 5/16/25 documents R5's Brief Interview for Mental Status (BIMS) score 14, cognitively intact and receives oxygen therapy.</p> <p>R5's Physician's Order Sheet (POS) dated 3/12/25 documents Oxygen 3 liters via nasal cannula, as needed for Shortness of Breath and change oxygen tubing and humidity weekly and as needed.</p> <p>On 6/7/25 at 10:50 am R5 stated that R5 needs oxygen due to getting short of breath. R5 stated R5 doesn't know the last time staff changed R5's tubing or humidifier bottle. R5 stated as you can see the humidifier bottle is empty.</p> <p>On 6/7/25 at 11:12 am V8 Registered Nurse confirmed that R5's oxygen tubing and humidifier bottle were dated 5/20/25 and that the humidifier bottle was empty. V8 Registered Nurse stated that V8 Registered Nurse will get new tubing and change out the humidifier bottle.</p> <p>The facility's Oxygen & Respiratory Equipment - Changing/Cleaning Policy dated 4/2025 documents: Purpose: 2. Nasal Cannula. a. Nasal cannulas are to be changed once a week and as needed. 4. a. Oxygen humidifiers should be changed weekly or as needed and will be dated when changed.</p>	S9999		

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