STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000381	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE KEWANEE	**144 JUNIOR AVENUE , KEWANEE, Illinois, 61443**

(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) COMPLETION DATE
S0000	Initial Comments Annual Health Survey Complaint Investigation: 25212131/2691531	S0000		01/29/2026
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b)4)5) 300.2420j) 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 resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and	S9999		01/29/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 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. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. Section 300.2420 Equipment and Supplies j) A sufficient quantity of resident care equipment of satisfactory design and in good condition to carry out established resident care procedures shall be provided. Resident care equipment shall include at a minimum the following: wheelchairs with brakes, walkers, metal bedside rails, bedpans, urinals, emesis basins, wash basins, footstools, metal commodes, over-the-lap tables, foot cradles, footboards, under-the-mattress bed boards, trapeze frames, transfer boards, parallel bars, and reciprocal pulleys. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident was provided with	S9999		

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S9999	Continued from page 2 an appropriately sized wheelchair and appropriate equipment to receive showers for one of three residents (R57) reviewed for accommodation of needs in the sample of 35. This failure resulted in R57 being confined to her room, unable to access the shower room, receiving bed bathing in lieu of scheduled showers, and being required to sit on the side of the bed to eat, negatively impacting R57's safety, dignity, comfort, and quality of life. Findings include: The Ombudsman's undated Resident Rights policy documented, "As an individual living in a long-term care facility, you retain the same rights as every citizen of Illinois and of the United States. The following regulations provide clarity on specific rights granted to residents living in long-term care facilities: You have the right to make your own choices. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide services to keep your physical and mental health at their highest practical levels." R57's Census Line documents R57 was admitted to the facility on 12/11/25. R57's Medical Diagnosis List documents R57 has Morbid (severe) Obesity and Depression. R57's Minimum Data Set (MDS), dated 12/25/25, documents R57 is cognitively intact, requires two staff with transfers, and one to two assists for showers. This same MDS documents R57 requires a wheelchair for mobility. R57's current Care Plan documents R57 has Depression and the target goal for R57 is that R57 will not refuse to come out of her room, get out of bed and socialize with others. This same Care Plan documents R57 requires one to two assistances from staff for showers. R57's Shower and Bathing Task, dated 12/12/25 through 1/4/26, documents R57 has only received one shower on 12/19/25. R57's Occupational Therapy Treatment Encounter Note, dated 12/25/25, does not contain documentation that a wheelchair assessment was completed for R57. R57's Medical Record does not include a wheelchair	S9999		

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S9999	Continued from page 3 assessment for R57. There is no further documentation of a wheelchair assessment documented for R57. On 1/3/26 at 9:45 AM, R57 stated, “The facility does not have a wheelchair that will fit me so I’m stuck in my room and can’t get around.” R57 further stated the facility did not have appropriate equipment to provide showers and reported, “I (R57) had to bring my own shower chair from home because the facility had no way to give me a shower, but they still can’t use the one I brought in because they said it wasn’t safe.” R57 stated she had only been showered one time since admission and reported, “I (R57) was supposed to receive a shower last night and the aide told me they were too busy so it would have to be done another time.” R57 stated she feels very secluded in her room and has no other option but to lay in bed most of the time because she has no way to leave her room. R57 further stated she was able to get up in a recliner at home and take a shower and would like to be able to get up out of bed and go to the shower room to take a shower. On 1/4/26 at 10:00 AM, V1 (Administrator) stated two different wheelchairs were purchased when R57 was admitted to the facility but neither of them fit R57 comfortably. V1 confirmed the facilities Vendor Rental History Report for R57 documents two bariatric wheelchairs were delivered to the facility for R57 on 12/9/25 and 12/12/25 and that there have been no further wheelchair deliveries for R57. V1 verified R57 was unable to utilize the two bariatric wheelchairs ordered and still does not have an appropriate fitting wheelchair for R57. On 1/4/26 at approximately 11:00 AM, V3 (Assistant Director of Nursing/ADON) stated the wheelchair available was too tall for R57 and caused discomfort. V3 stated the facility was limited to wheelchair sizes, while R57 required a larger size, stating, “So far we have been unable to find one.” V3 stated R57’s family provided a shower chair that was not safe to use, and the facility was unable to locate a shower chair to safely accommodate R57. On 1/6/26 at 10:50 AM, V9 (Certified Nursing Assistant/CNA) stated R57 does not have a wheelchair at the facility that fits her. On 1/6/26 at 11:00 AM, V10 (CNA) stated R57 is unable to go to the shower room because R57 does not have a wheelchair or shower chair, stating, “So we wash (R57) in her bed in the morning.”	S9999		

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S9999	Continued from page 4 On 1/6/26 at approximately 11:10 AM, V11 (CNA) stated R57 has no wheelchair at the facility so R57 sits on the side of the bed when she eats. On 1/6/26 at 12:45 PM, R57 pivot transferred from her bed with a walker and assistance of V3 (ADON) and V11 (CNA) to a bariatric wheelchair. R57 was unable to scoot to the back of the chair and stated that she could not get comfortable and breathe in the chair. V3 verified at this time R57 would not be safe to sit in the wheelchair by herself. On 1/6/26 at 2:10 PM, V3 (ADON) verified there was only one shower documented as being given to R57 since R57's admission. V3 stated, "If the staff didn't document any other showers, then it didn't happen." On 1/6/26 at 3:00 PM, V2 (Interim Director of Nursing) verified R57's medical record and therapy notes does not contain evidence of wheelchair assessment being completed to recommend a proper wheelchair and proper wheelchair positioning for R57. "B"	S9999		