Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 Annual Licensure and Certification Complaint Investigation: 2240132/IL142118	S 000		
S9999	Final Observations Statement of Licensure Violation #1: 300.610a) 300.1210a) 300.1210b)5) 300.1210d)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 300.1210 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	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 1 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. 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. Restorative measures shall include, at a minimum, the following procedures: 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. 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 2 that each resident receives adequate supervision and assistance to prevent accidents. These Regulations are not met as evidenced by: Based on record review and interview, the facility failed to provide supervision to prevent a fall for 1 of 4 residents (R26) reviewed for falls in the sample of 38. This failure resulted in R26 falling and sustaining a fracture of her left femoral neck. Findings include: R26's Admission Record, printed on 01/18/2022, documents R26 was admitted on 07/01/21 with diagnoses of Parkinson's Disease, fractured left clavicle, unsteadiness on feet, personal history of mental and behavioral disorders, and repeated falls. R26's Health Status Note, dated 09/15/2021, documents R26 was attempting to ambulate, and her foot became caught on her call light cord resulting in a fall. R26's Health Status Note, dated 09/15/2021, documents R26 was admitted to the hospital with a right hip fracture related to the fall. R26's Minimum Data Set, dated 12/08/2021, documents she requires supervision of one-person physical assist with walking in her room. R26's MDS documents she requires extensive assistance (resident involved in activity, staff provide weight-bearing support) of one-person physical assistance for bed mobility and transfers. R26's MDS documents she is not steady and only able to stabilize with staff assistance when moving from seated to standing position, walking, turning around, moving on and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 3 off toilet and surface to surface transfers. R26's Fall Report, dated 12/12/2021, documented R26 was observed on the floor near bathroom, during dinner by CNA (Certified Nursing Assistant). The report documented "Resident was leaning against bathroom door, no injuries." The report documented "Resident says she was walking around room and lost her balance. Stated she was not hurt, but she needed to get off her elbow." The Sections on the report for Predisposing Physiological Factors and Situation Factors documented R26 was confused, had gait imbalance and was ambulating without assist. R26's Fall risk assessment, dated 12/14/2021 documents that she was at risk for falls. R26's Unwitnessed Fall report, dated 12/14/2021, documented R26 was observed by CNA partially sitting up at bedside on left side in R26's room. The Report documented she had her shoes on. The report documented "I slid down slowly, I was going to get up and get dressed without bothering anybody." The Immediate Action Taken section on the report documented "Reminded to always use call light for assistance and reassured that assisting her is what we are here for." The Sections on the report for Predisposing Physiological Factors and Situation Factors documented that R26 was confused, had gait imbalance, impaired memory and was ambulating without assist. R26's Care Plan, initiated date of 07/14/2021, documents "(R26) is a risk for falls, confusion, deconditioning, gait/balance problems, incontinence." R26's Care plan Interventions and initiation dates are as follows: 07/14/21 Assistive	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 4 devices will be within reach of (R26) while they are in the recliner/lift chair; 07/14/2021 be sure (R26's) call light is within reach and encourage her to use it for assistance as needed; 11/20/2021 (R26) is to be in high traffic area when up in wheelchair; 12/12/2021 (R26) is to be up in dining room for all meals-on hold as of 01/05/2022 due to COVID Isolation; and 12/14/2021 room move." R26's Nurse's note, dated 01/06/2022 at 6:38 PM, documented, "Certified Nurse Assistant (CNA), V24 CNA, observed resident lying on her left side facing the underside of her bed. (V24, CNA) called Registered Nurse, (staff member), to room to assess resident staff member (Licensed Practical Nurse), arrived as well, and assessed resident. range of motion within normal limits with complaint of left hip pain upon passive range of motions. Resident stated, 'I was going to stand up to pick up my cup that I knocked over. I'll never stand on my own again.' Resident also stated that she hit her head when she fell and complaint of dizziness. V2, Director of Nurses (DON), arrived after CNA, (V24, CNA), and nurse, (staff member), transferred resident to her recliner. Nurse (staff member) requested order from R26's medical doctor to send resident to Regional hospital-order granted. Writer called Emergency Medical Transportation and requested transport to Regional Hospital. Writer contacted (Power of Attorney (POA) to make her aware of situation. POA stated, 'I better get a phone call when she returns from the Emergency Room.' Writer called in report to (staff member at Regional Hospital). Resident's initial Neurochecks fluctuating-see neuros." R26's History of Present illness from the Regional hospital, dated 01/06/2022, documented, "The	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 5 patient presents following fall. The onset was just prior to arrival. The occurrence was single episode, lost balance. The locations where the incident occurred was at a nursing home. Per nursing home records and patient, she stood up to try to walk and fell landing on her left side. She complains of pain at her left hip and left proximal leg." R26's Radiography report, dated 01/06/2022, documented, "Technique: AP (anteroposterior) view of the pelvis with 2 views of the femur. History: Patient fell and has left hip pain." It continues, "Findings: There is a right hip arthroplasty. Pelvic rings are intact. No hip dislocation is seen. There is a displaced transcervical fracture of the proximal left femur. No destructive osseous lesion. No soft tissue abnormality. Impression: Displaced left femoral neck fracture." On 01/18/2022 at 03:08 PM, V24, CNA, stated that on 01/06/2022 she was taking another resident to the dining room, when she saw R26 sitting on the side of her bed, V24 stated that she told R26 to wait for her to come back to help her off of bed. V24 stated that when she returned to R26's room after taking the other resident to the dining room, R26 was on the floor, on her left side facing her bed. V24 stated that R26 told her that she was trying to pick up the cup she knocked off of her table. She continued to state that she called for the nurse, and they came immediately and that R26's oxygen level was reading low, so they placed oxygen on her, but it was not the cause of the fall. On 01/19/2022 at 9:30 AM, V2, Director of Nurses stated that she would have expected V24 or another CNA to stay with R26 or assist R26	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 6 when she was sitting on the side of the bed. The facility's policy, "Fall Prevention Program," dated 11/21/2017, documents, "The resident will be checked approximately every two hours, or as according to the care plan, to assure they are in a safe position. The frequency of safety monitoring will be determined by the resident's risk factors and the plan of care." (B) Statement of Licensure Violation #2: 300.610a) 300.1010h) 300.1010g)4) 300.1210a) 300.1210b) 300.1210d)3) 300.2040b)2) 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.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 7 Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the following: 4) Orders from the physician regarding weighting of the resident, and the frequency of such weighing, if ordered. 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 provide for discharge planning to the least restrictive setting based on the resident's care	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 8 needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. 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: 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. Section 300.2040 Diet Orders b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian. 2) The diet shall be served as ordered. These Regulations are not met as evidenced by:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 9 Based on interview and record review, the facility failed assess residents' weights, monitor and implement timely interventions to address weight loss for 2 of 5 residents (R35, R46) reviewed for weight loss in the sample of 38. This failure resulted in R35 having a significant weight loss of 26 pounds in 6 months. Findings include: 1. R35's Face Sheet, print date of 1/19/22, documents R35 was admitted on 6/1/21 with a diagnosis of Type 2 Diabetes. R35's Weight Summary, with print date of 1/19/22, documents, R35's weight on 6/1/2021 was 145.2 pounds. The facility had no documentation R35's weight was taken in July and August 2021. R35's Weight Summary, with print date of 1/19/22, documents on 9/7/21 was 145.2 pounds. There was no documentation R35's weight was taken/recorded in September or October 2021. R35's Dietary Note, dated 10/26/2021, documents, "RD (Registered Dietician) weight note: resident weighed today 10/26/21 and found to be 124.2 pounds. She is down 21 pounds (14.5%) times one month, significant. However, nursing questioning weight change. RD will recommend a reweigh to confirm weight change at this time. There was no documentation, assessments or person-centered interventions implemented to identify/assess or monitor R35's weight loss prior to Dietician assessing R35 on 10/26/21.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 10 R35's Weight Summary, with print date of 1/19/22, documented R35's weight on 11/18/21, 23 days after the dietician requested a reweigh, was 124 pounds. This was a 21.2-pound weight loss from September 2021. R35's Dietary Note, dated 11/23/2021, documents, "Nutrition Review weights: Noted significant weight loss times 2 months possibly r/t (related to) increased needs and poor appetite. CBW (current body weight)124-pound, diet: General, regular, thin liquids, cut food into small bites SKIN: PU (pressure ulcer) unstageable to Lt (left) hip, review receives RD referral for supplements. Reviewed medications, appetite is poor, PO (oral intake) intake >50% of meals." R35's Weight Summary Report, with print date of 1/19/22, documented R35's weight was 119.2 pounds on 12/3/21 and 111.8 pounds on 1/17/21, indicating a 17.91% weight loss for 6 months. On 1/18/22 at 3:30 PM, V2, Director of Nurses (DON), stated that if the Dietician requests a reweigh the staff should do that in a few days not wait weeks." On 1/19/22 at 2:45 PM, V2 stated that weight should be done monthly. On 1/19/22 at 11:34 AM, V22 Dietician, stated that she was not the dietician at this time but upon review she does see in the progress notes that R35 did have wounds and had a poor appetite. V22 stated that she has started her on supplements and that now that R35 is hospice so there is no plan for weight gain just comfort care. The facility policy Weight, dated 10/17/19,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 11 documents, "1. Each resident shall be weighed on admission and at least monthly thereafter, or in accordance with Physician orders or plan of care. 2. Residents identified at nutritional risk may be weighed weekly or biweekly as per physician order or Interdisciplinary Team recommendation. 3. Re-weight should be obtained if there is a difference of 5# or greater (loss or gain) since previous recorded weight. 4. Re-weigh should be taken as soon as possible after unanticipated weight change is noted and prior to calling the physician. 5. Efforts should be made to obtain all weights and re-weights by the 10th of each month. 6. Undesired or unanticipated weight gain/ loss of 5% in 30 days, 7.5% in three months, or 10% in six months shall be reported to the physician, Dietician and/or Dietary Manager as appropriate." 2. R46's Physician's Order (PO), dated 10/15/2021 documents "REGULAR diet, Regular texture, REGULAR consistency." It continues on that on 12/20/2021 an order for "GLUCERNA one time a day for supplement." R46's Dietician Assessment, dated 10/26/2021, documents, "Recommend giving 60 (milliliters) Med Pass (twice a day) to help prevent further weight loss. Refer to Registered Dietician as needed." There was no physician order for this supplement. R46's Weight and Vital Summary, print date of 01/18/2022, documented R46's weight on 07/27/2021 as 173.6 pounds. It continued to document R46's weight on 08/19/2021 as 169.2 pounds for a 6.2% weight loss in one month. R46's Weight and Vital Summary, dated 01/18/2022, documented R46's weight on	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007181	A. BUILDING: _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE AUBURN	304 MAPLE AVENUE AUBURN, IL 62615

(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 07/27/2021 as 173.6 pounds. It continued to document R46's weight on 11/18/2021 as 156.4 pounds for a 7.8% weight loss in 3 months. R46's Weight and Vital Summary, dated 01/18/2022, documented R46's weight on 07/27/2021 as 173.6 pounds. It continued to document R46's weight on 12/08/2021 as 146.6 pounds for a 18.28% weight loss in 6 months. R46's Care plan, dated 11/5/2021, documents, "EATING: the resident requires cueing and assistance to eat." On 01/19/2022 at 11:20 AM, V12, Regional Nurse, stated that she was unable to find the order for the Med Pass or if anything was done with it. On 01/12/2022 at 12:27 PM, R46 was lying in bed with head of bed elevated. V13, Certified Nurse Assistant was feeding R46. After meal was done, R46 only consumed approximately 25% of meal. On 01/19/2022 at 11:40 AM, V22, Dietician, stated that when she is assessing a resident who may have had weight loss, she would look at the resident's meal intake and recommend supplements from the get-go. (B)	S9999		