Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: B. WING IL6008650 11/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH CHURCH STREET** ARCADIA CARE JACKSONVILLE JACKSONVILLE, IL 62650 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S 000 Initial Comments S 000 Annual Licensure and Certification S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) Section 300.610 Resident Care Policies 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 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 Attachment A each resident's comprehensive resident care Statement of Licensure Violations 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.

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

TITLE

(X6) DATE

PRINTED: 01/14/2024 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6008650 11/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1021 NORTH CHURCH STREET ARCADIA CARE JACKSONVILLE JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 S9999 c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. These Regulations are not met as evidenced by: Based on observation, interview and record review the facility failed to ensure a resident was treated with dignity by ensuring privacy when urinating and allowing residents to eat at same time as other residents for 4 of 4 residents (R10. R16, R63, R70) observed for dignity in the sample of 46. This failure resulted in R16 feeling frustrated and sitting hungry awaiting his food for an hour after meal service. Findings include: 1. On 11/5/2023 at 12:46 PM hall travs were placed on 100- hall. From 12:46 PM to 12:52 PM. hall trays were passed to the residents on the hall. At 12:47 PM R16 was sitting in his wheelchair in his room, R64's, R16's roommate's tray was placed on R64's over bed table next to R16. On 11/5/2023 at 1:00 PM was R16 sitting in wheelchair in room with no food tray. On 11/5/2023 at 1:07 PM was R16 sitting in wheelchair in room with no food tray. On 11/5/2023 at 1:07 PM R16 stated that he was hungry. R16 stated that he wants to eat. R16

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they are later than this. R16 stated that sometimes it 2:00 PM. R16 stated that it's

stated that they delivered his roommates tray why can't they deliver his. R16 stated that sometimes

frustrating and he waits hungry. When asked if he told anyone he was hungry? R16 stated isn't

6800

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED						
		IL6008650	B. WING		11/0	8/2023					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE								
ARCADIA CARE JACKSONVILLE 1021 NORTH CHURCH STREET  JACKSONVILLE, IL 62650											
(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 <b>999</b> 9	Continued From page 2		59999								
S9999	everyone hungry? If his (R64's). Why ca stated that it was from the control of th	R16 stated that "They brought n't they bring mine?" R16 ustrating.  R2 PM R16 remained sitting in forward with head in lap  R4 PM V28, Certified Nurse's stated that he (R16) was he dining room, and he never  AM, V23, Dietary Manager, heal tickets out the night service starts the hall trays erved then the main dining 300-hall dining room. We eats where. If we send out a se believe they are eating in a catually are in the dining on the cart because we are ve on person in the dining on the cart because we are ve on person in the dining the dining room gets served the hole new tray. So, if they to is not a big deal for them to the la Mealtimes document, cuments Lunch:11:30 AM.	S9999								
	R63's Electronic Me R63's diagnosis incl with Lewy Bodies,, Attack (TIA),and De	edical Record, documents ude Neurocognitive disorder Fransient Cerebral Ischemic									

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PRINTED: 01/14/2024

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6008650 11/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH CHURCH STREET** ARCADIA CARE JACKSONVILLE JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 3 59999 has an ADL (activities of daily living) self-care performance deficit r/t (related to) Dementia, Hemiplegia, Interventions: Bathing/Showering: The resident requires assist of (#) staff member with bathing/showering. Bed Mobility: The resident requires assist of (#) staff member with bed mobility. The resident uses side rails to maximize independence with turning and repositioning in bed, Dressing: The resident requires (#) assist for dressing, Personal Hygiene: The resident requires (#) assist with personal hygiene and oral care. Toilet Use: The resident requires (#) assist with toileting, Transfer: The resident requires (specify equipment: gait belt, sit to stand, full mechanical lift) and (#) assist to transfer between surfaces. R63's Minimum Data Set, dated 11/2/23. documents R63 has a moderate cognitive impairment and requires dependence on staff for shower/bathing, substantial/maximal assistance from staff for dressing, personal hygiene, sit to stand, chair/bed to chair transfer, toilet transfer, and tub/shower transfer, R63 MDS documents R62 requires supervision for toileting and is always continent of bowel and bladder. On 11/5/23 at 9:35 AM, R63, lying in bed, with V4, Licensed Practical Nurse (LPN), providing skin care to his legs. R63 stated that he had some loose stool and wanting to use restroom, so V4 told him she would be back after he was done and did not offer assistance to get R63 to the restroom. R63 was seen getting out of his bed to

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REWX11

his wheelchair with some difficulty, and wheeled himself to the restroom, stood and pivoted, and then put himself on the toilet. R63 asked to have the restroom door closed, and the door was closed. There were feces seen in his

incontinence brief, and his pants appeared wet.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
	IL6008650		B. WING		11/08/2023						
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE								
1021 NORTH CHURCH STREET											
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S <b>999</b> 9	Continued From page 4		S9999								
	pad once R63 got u assist R63 and left made R63 visible to room (R70, and R1 On 11/8/23 at 8:30 stated, via dry erass someone leaves re-	AM, R70, R63's Roommate, e board, "Don't like when stroom door open."									
		AM, R63 stated "I would rather restroom closed while I am led to be closed."									
	course I would clos	AM, V13, CNA, stated "Of e the restroom door when a I don't go with the restroom should they."									
	stated "No, I don't li is open, and some	AM, R10, R63's roommate, ke it when the restroom door one is in there using it. It o we don't see them."									
	(DON), stated "I wo the resident's privace	V2, Director of Nurses uld expect staff to maintain by at all times, especially while and/or with resident care."		70							
	9/2023, documents rights for each residuarriers (such as content as exercise of these rights assert these rights I capability. Notice of	ent Rights Policy, dated "To promote the exercise of lent, including any who face ommunication problems, and cognition limits) in the ghts. A resident, even though competent, should be able to based on his or her degree of rights will be provided upon									
		cility. These rights include the exercise his or her rights, and									

STATE FORM

PRINTED: 01/14/2024 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING IL6008650 11/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH CHURCH STREET** ARCADIA CARE JACKSONVILLE **JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 Privacy and confidentiality. Exercising rights means that residents have autonomy and choice. to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement. Facility practices designed to support and encourage resident participation in meeting care planning goals as documented in the resident assessment and care plan are not interference or coercion." (C)

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