

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
---	---

(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 Facility Reported Incident of 11/12/22/IL153978 Facility Reported Incident of 11/22/22/IL153995 Complaint 2269697/IL154089 Complaint 22610026/IL154419	S 000		
S9999	Final Observations Statement of Licensure Violations (Violation 1 of 2) 300.610a) 300.1210b) 300.3240e) 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. 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
--	---

(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	<p>Continued From page 1</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to protect a resident by failing to prevent further abuse for one of three residents (R3) reviewed for abuse allegations on the sample of seven. The facility failed to remove staff who were observed physically restraining a resident by the hands/arms to prevent the resident from stopping staff from performing COVID testing which R3 had refused. This failure resulted in the staff continuing to work at the facility for the rest of their shift, coming in to contact with R3 a second time, causing a reaction by R3 with aggressive physical behaviors toward the staff resulting in R3 sustaining a laceration to R3's right hand forefinger.</p> <p>Findings include:</p> <p>The facility's Final Abuse Investigation Report</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
--	---

(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	<p>Continued From page 2</p> <p>dated 11/30/22 documents R3's diagnoses including Hemiplegia, Hemiparesis, Cognitive Communication Deficit and Vascular Dementia.</p> <p>On 11/22/22 at 7:55am, R3 reported V4, V5 and V6, CNA's and V7, Activity Director for physical abuse. R3 was assessed and noted to have an alteration in skin integrity to the right finger. R3 reported V4 and V5, CNA's were physically aggressive when performing COVID testing. R3 reported "staff" held R3's arms and tested R3. R3 also reported later that night, V4, CNA came in and took R3's white board from R3. When R3 took the whiteboard back it resulted in an alteration in skin integrity to R3's right finger.</p> <p>The investigation report documents V7 stated R3 refused testing and later approached R3 again with V5, CNA. V7 stated R3 was attempting to throw the remote control at staff, jerking/tossing R3's communication board and pushing the intravenous pole toward staff. V7 stated V7 and V5 attempted to hold R3's hands to keep him from hitting staff. The investigation documents R3 reported V4, V5 and V7 held R3's arms and "made" R3 take the COVID test. There is no documentation of the staff participating in/observing the physical restraint of R3 being immediately suspended.</p> <p>The Time Card Reports for the following staff document these staff involved in the physical restraint of R3 were not immediately suspended and allowed to work until the end of their shift on 11/21/22:</p> <p>V4, CNA worked from 1:58pm to 10:23pm V5, CNA worked from 2:03pm to 10:24pm V6, CNA worked from 1:51pm to 10:19pm</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
---	---

(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	<p>Continued From page 3</p> <p>On 12/19/22 at 2:00pm, V1, Administrator stated V4, V5 and V6 should have been sent home and would have if V1 was aware. V1 stated V4, V5, and V6 did not recognize the incidents as abuse so V1 was not notified and V4, V5 and V6 were not sent home/suspended until 11/22/22 after V1 spoke with R3.</p> <p>The facility's Abuse Policy dated April 2022 documents the resident has the right to be free from abuse including physical restraint..</p> <p style="text-align: center;">(B)</p> <p>(Violation 2 of 2)</p> <p>300.610a) 300.1210b) 300.1210d)2)4)6) 300.1220b)3)</p> <p>Section 300.610 Resident Care Policies</p>	S9999		
	<p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
---	---

(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	<p>Continued From page 4</p> <p>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.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>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:</p> <p>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 that each resident receives adequate supervision and assistance to prevent accidents.</p>	S9999		
	<p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders,</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
--	---

(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	<p>Continued From page 5</p> <p>and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete post fall investigations to determine a root cause and failed to implement post fall interventions to prevent further falls. These failures affect three of three residents (R2, R5, R6) reviewed for falls on the sample of seven. These failures contributed to R5 going without a post-seizure/post fall neurology follow-up appointment for a month. R5 was found on the floor again exhibiting seizure like activity and sustaining a second head injury with laceration requiring sutures and being hospitalized and started on Anti-seizure medication.</p>	S9999		
	<p>Findings include:</p> <p>1. R5's Progress Notes dated as follows document:</p> <p>10/8/22 at 2:59am, Certified Nursing Assistant (CNA) (unidentified) called for assistance to R5's room. 1st responding nurse (unidentified) observed R5 lying face down. R5 was placed on R5's side noted snoring with jerking movements. There was evidence of bleeding noted on the floor but unable to observe where it was coming from. R5 was transferred out to the local</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ARCADIA CARE BLOOMINGTON

1509 NORTH CALHOUN STREET
BLOOMINGTON, IL 61701

(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	<p>Continued From page 6</p> <p>emergency room for evaluation.</p> <p>10/8/22 at 12:42pm, R5 returned from the hospital via ambulance at 1240pm. No new medication orders. "Discharge instructions say to follow-up with primary Dr. and Neurologist." There is no documentation of a follow-up appointment with V22, Neurologist.</p> <p>R5's emergency room After Visit Summary (AVS) dated 10/8/22 documents R5 was seen for Seizures and an unwitnessed fall. This AVS documents R5 is to follow up with V22, Neurologist in 2 days. There is no documentation R5 was scheduled for the neurologist follow-up or that R5 followed up with V22 as per physician's orders upon discharge from the emergency room on 10/8/22.</p> <p>The facility's October 2022 Fall Log does not document R5's fall on 10/8/22. The facility did not provide a fall investigation for R5's fall on 10/8/22.</p> <p>R5's Progress Notes dated as follows document:</p> <p>10/10/22 at 7:15pm, R5 was seen on 10/8/22 after being found on floor lying face down and making jerking movements. R5's work-up was negative for acute pathology. R5's diagnosis was Seizure. "(R5) is to follow-up with Neurologist." ASSESSMENT/PLAN: Seizure, ground level fall-Neurology consult. Continue facility fall precautions.</p> <p>R5's Fall Investigation documents an initial report documenting on 11/10/22 at 3:15pm, R5 was observed on the floor of R5's room displaying seizure like activity. R5 was found to have a laceration to the forehead and was sent to the emergency room. This sheet documents R5's</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
---	---

(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	<p>Continued From page 7</p> <p>hospital diagnosis of soft tissue contusion of the right forehead with a superficial laceration of the supra orbital ridge requiring sutures. This fall investigation is incomplete. There is no documentation of which Certified Nursing Assistant (CNA) was assigned to care for R5 at the time of the fall or when or where R5 was last observed.</p> <p>R5's Progress Notes dated as below document:</p> <p>11/9/22 9:20am, History of fall with seizure. R5 was seen at the local hospital on 10/8/22 after being found on floor lying face down and making jerking movements. R5 "is to follow-up with Neurologist. To date (R5) has not yet been seen by neurology." R5 has had no additional falls or suspected seizure activity. ASSESSMENT/PLAN: Seizures -New onset -Neurology consult pending.</p> <p>11/10/22 at 3:15pm, R5 found lying on R5's right side on the floor in R5's room next to R5's bed. R5's head was towards the bathroom and legs towards wall. An unidentified nurse stated R5 was exhibiting seizure activity. Laceration was noted to R5's right eyebrow and pressure was applied to stop the bleeding. Resident was initially not responding to unidentified nurse. R5 was sent to the emergency room.</p> <p>11/10/22 at 6:21pm, Call placed to the hospital and was notified sutures were placed to R5's laceration. R5 is being admitted to hospital due to seizure like activity and is to see neurology.</p> <p>11/11/22 at 1:32pm, R5 readmitted to the facility from the hospital.</p> <p>11/15/22 at 2:22pm, R5 was hospitalized 11/10/22-11/11/22, for seizure (convulsive</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
---	---

(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	<p>Continued From page 8</p> <p>epilepsy), initially presenting after fall with head injury while at the facility. "Hospital stay complications include lactic acidosis 2/2 seizure, right eyebrow laceration from falling ..." R5 was started on Keppra (Anti-seizure) 500 mg (milligrams) twice daily. ASSESSMENT/PLAN: Seizures -Chronic. Apparently, R5 has had convulsive epilepsy since 5/18/2011 per hospital records, now on Levetiracetam which facility will continue. Will have nursing make follow-up appointment with Neurology that R5 seen in hospital (V22). Ground Level Fall with head injury, "2/2 convulsions" and eyebrow laceration with sutures.</p> <p>There is no documentation in R5's medical records of attempts to make an appointment for R5 to see V22, Neurologist for a week until 11/17/22.</p> <p>11/17/22 at 8:49am, Facility has reached out to V22's Neurology Doctors office multiple times, and sent a referral for a "new (unidentified) doctor" to look at. Waiting for a response from R5's doctor's office.</p>	S9999		
	<p>11/18/22 9:13pm, Followed up with V22's office today, 11/18/2022 and they've asked to re-fax it to another fax machine due to it having lines through the fax they received and not being able to read it due to a receiving issue on their end. There is no documentation of facility follow up or appointment after 11/18/22 at 9:13pm in R5's Progress Notes until 12/6/22 at 1:32pm.</p> <p>On 12/19/22 at 2:00pm, V2, Director of Nursing (DON) stated V2 thinks R5 was admitted for the seizure like activity not the fall or laceration on 11/10/22. V2 stated V2 would have been made aware of a fall for R5 if there would have been</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
---	---

(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	<p>Continued From page 9</p> <p>one on 10/8/22. V2 stated V2 was aware of R5's seizure on 10/8/22 but was not aware R5 was found on the floor and that a fall investigation was not completed for 10/8/22. V2 stated V2 "believed" the facility attempted to schedule an appointment with Neurology for R5 October 8th or later, but V2 does not make the appointments so V2 was unsure. V2 stated attempts to make an appointment and appointments that are scheduled would be documented in the progress notes. V2 stated V2 did not see documentation of an attempt to schedule an appointment or that an appointment had been scheduled for R5 with a Neurologist between 10/8/22 and 11/17/22. V2 was unsure of which staff were taking care of R5 on 11/10/22 at 3:15pm. R5 usually walks up and down halls all hours of the day so staff may not have known where R5 was just before the fall.</p> <p>2. The facility's Fall Investigation documents a report dated 11/12/22 at 4:10pm documenting a "2nd shift CNA (unidentified)" reported R2 was on the floor to V19, Licensed Practical Nurse (LPN). R2 was sitting up against the side of R2's bed. R2 told V19 that R2 was trying to get up to use the bathroom. R2 had a hematoma with blood to the back of R2's head. R2 was sent to the hospital for a head injury. R2 was educated on the use of R2's call light to transfer with assistance. This investigation does not document a completed/final investigation report. There is no documentation of interviews with additional staff who were working at the time of R2's fall. This investigation does not document when R2 had last been observed, what R2 was observed doing prior to R2's fall or when R2 had last been offered assistance with toileting. This investigation also documents R2 has a gait imbalance, depression, forgets to use call light and needed to go to the bathroom. This investigation is incomplete and</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
---	---

(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	<p>Continued From page 10</p> <p>does not document when and where R2 was last observed or when R2 had last been toileted. There is no documentation of interviews with additional staff working with R2 at the facility during this fall. There is no documentation of a root cause of R2's fall on 11/12/22 in this investigation.</p> <p>R2's Progress Notes document:</p> <p>R2's Fall Investigation report dated 11/13/22 documents V19, LPN was informed by an unidentified CNA that R2 had fallen from R2's bed to the floor on R2's knees trying to transfer R2's self in to R2's wheelchair on 11/13/22 at 10:00am. This report documents R2 stated R2 tried to get up. This report documents R2 was not having pain and non-skid socks were placed on R2 and put her on 1:1 for the day to prevent any future falls/injuries. This report documents "fracture before fall" and predisposing factors including recent change in cognition, improper footwear and increased agitation. This report documents R2 is non-compliant with using the call light/asking for help when transferring. There is no documentation of a witness statement from the CNA (unidentified) who found R2. There is no documentation of when R2 was last offered to be toileted or seen or where R2 was last observed. There is no documentation as to if R2's call light was within reach. There is no documentation of a root cause of this fall.</p> <p>R2's Progress Notes document:</p> <p>11/14/2022 11:59am Fall Follow Up, IDT note: IDT team met regarding recent falls. On 11/12 resident fell transferring herself to the bathroom but does not document when R2 was last toileted or last observed. Intervention will be to re-educate</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ARCADIA CARE BLOOMINGTON 1509 NORTH CALHOUN STREET
BLOOMINGTON, IL 61701

(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	<p>Continued From page 11</p> <p>to use the call light for assistance to the bathroom. On 11/13/22, R2 fell again transferring from the bed to the wheelchair. There is no documentation of why R2 was trying to get up when R2 transferred R2's self on 11/13/22.</p> <p>11/14/22 at 5:05pm, R2's Knee immobilizer to the right lower extremity with weight bearing as tolerated for closed fracture of right fibula. R2 reports some continued discomfort in right leg starting from the knee down. R2 is currently in wheelchair and is weight bearing as tolerated (WBAT).</p> <p>R2's Fall investigation report documents R2 had a fall on 11/15/22 at 1:20pm. This report documents V13, LPN was called to R2's room by an unidentified CNA stating R2 had fallen. R2 was observed laying on R2's right side near the dresser/closet. R2 stated R2 hit R2's head. R2's immobilizer to the right lower extremity was in place. R2's wheelchair was near the window. R2 stated R2 was leaning over the chair and fell, hitting R2's head on the dresser. R2 then stated R2 hit R2's head on the floor. There is no documentation as to why R2 was leaning over the chair. This report documents "sutures intact to laceration on posterior head from previous incident." Floor mat placed next to R2's bed. Re-educated to use call light for staff assistance. This report documents R2 has poor safety awareness and exhibits balance and impulsive behavior impairments. This report documents R2 forgets to use the call light and "fracture before the fall" and R2 requires frequent reminders to sit upright in the wheelchair. This report documents V23, CNA stated V23 had been in R2's room "a few minutes" prior to the fall but does not document why V23 was in R2's room nor when R2 was last offered/provided with toileting. V23</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
--	---

(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	<p>Continued From page 12</p> <p>stated V23 was alerted by "another resident (unidentified)" that R2 was on the floor. There is no documentation of a root cause of R2's fall on 11/15/22.</p> <p>R2's Progress Notes document:</p> <p>11/17/2022 11:28 Fall Follow Up: It was discussed with R2, R2's disbelief in requesting assistance of staff for transfers. R2 stated R2 wishes to continue as much independence as possible. R2 was informed that there were high risks to this decision including severe head trauma, increased risk for another fracture, and possible death. R2 verbalized understanding and continues to state R2's wishes. This note documents R2 is cognitively intact. There is no documentation of the facility's attempts to provide preventative oversight to check on R2 regarding toileting, etc.</p> <p>12/6/2022 11:10am Appointment note, Facility has tried to schedule hospital follow up, will continue to call and try and schedule. There is no documentation of previous attempts to attempt to schedule "hospital follow-up" or with which physician this progress note refers to.</p>	S9999		
	<p>On 12/19/22 at 2:00pm, V2 stated V2 is unsure of the unidentified staff for R2's fall investigations. V2 stated V2 was unsure of why R2 was leaning over R2's chair. V2 stated V2 was unsure of toileting offering for R2.</p> <p>3. R6's Fall Investigation Report documents R6 had a fall on 11/22/22 at 9:00pm. This report documents R6 was found lying on the floor on R6's left side. At this time R6 stated R6 slipped out of R6's bed on to the floor because R6 was trying to get up. This investigation does not</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARCADIA CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
---	---

(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	<p>Continued From page 13</p> <p>document R6's use of narcotic, anticoagulation, antihypertensive, Antipsychotic, antidepressant or diuretic medication use. This fall investigation report does not document a thorough investigation as to why R6 was attempting to get up, if call light was within reach or if the call light had been activated. There is not a statement from staff as to when R6 was last observed, was last provided with incontinence care or a root cause of R6's fall.</p> <p>R6's Progress Notes do not document R6's details on R6's fall on 11/22/22 at 9:00pm.</p> <p>R6's Progress Notes document:</p> <p>11/23/2022 at 9:58am, the Interdisciplinary Team met to discuss recent fall, R6 has an acute infection, COVID 19, and has increased weakness. New intervention is to apply bolsters. Will reevaluate with resident returns to baseline strength.</p> <p>11/23/22 at 4:02pm, Recent fall (2 days ago), no injury. "Trying to get a cat." No cat in room according to staff. R6 does not recall this. R6 remembers climbing out of bed but denies seeing cat. Second bed placed up against R6's bed per staff to prevent falling out of bed. There is no documentation of an investigation with intervention of a second bed being placed or a fall with documentation of hallucinations.</p> <p>On 12/13/22 at 2:57pm, R6 stated R6 had a fall recently (unable to recall date/time) in the facility due to R6's bed being slippery. R6 stated R6 doesn't remember exactly what was happening, but R6 slipped off R6's bed on to the floor. R6 said if R6 wears pants/clothes in R6's bed, R6 "slides all over" because the mattress is slippery.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ARCADIA CARE BLOOMINGTON

1509 NORTH CALHOUN STREET
BLOOMINGTON, IL 61701

(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	<p>Continued From page 14</p> <p>R6 stated R6 was not hurt when the fall happened.</p> <p>On 12/19/22 at 2:00pm, V2 stated V2 did not complete the fall investigation for R6's fall on 11/22/22. V2 stated V2 did not see a root cause documented in the investigation for V2's fall on 11/22/22.</p> <p>On 12/19/22 at 3:00pm, the facility's policies and procedures regarding Falls/Fall Investigations/Prevention of Falls was requested from V2, Director of Nursing (DON). As of 12/19/22 at 5:52pm, this policy had not been provided by V2 or the facility.</p> <p>(B)</p>	S9999		