

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000376		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/12/2026	
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE HAVANA				STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET , HAVANA, Illinois, 62644			
(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		S0000				
	Investigation of Facility Reported Incident of 1/18/26/2726219.						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.610a)						
	300.1210b)						
	300.3210t)						
	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						
	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.						
	Section 300.3210 General						
	t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.						
	These Requirements were not met as evidenced by:						

Office of Primary Care and Health Systems Management

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000376		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/12/2026	
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE HAVANA				STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET , HAVANA, Illinois, 62644			
(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
S9999	Continued from page 1 Based on interview and record review the facility failed to ensure seven residents (R1 through R7) were free from abuse of seven residents reviewed for abuse. This failure caused the residents to initially feel fear for their safety and has caused ongoing stress and anxiety. Findings include: The Facility's "Abuse Prevention and Reporting" policy dated 10/2022 documents "This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, and deprivation of goods and services by staff or mistreatment." The Facility's "Abuse Prevention and Reporting" policy documents "Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental mean. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish to a resident. This assumes that all instances of abuse of residents, even those in a coma, cause physical harm or pain or mental anguish." The Facility's "Abuse Prevention and Reporting" policy documents "Mental abuse is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation." "Verbal abuse may be considered to be a type of mental abuse. Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability." The Facility's "Abuse Prevention and Reporting" policy documents "Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats or coercion." 1.The Facility's "Final Abuse Investigation Report" dated 1/23/26 documents that on 1/18/26 V4 (Certified Nurse Aide) "pushed facility staff member with residents present." On 3/11/26 at 11:30 AM V7 (Certified Nurse Aide) said that on 1/18/26 she overheard yelling and cursing so she walked up the hallway to see V8 (Registered Nurse) walking behind V4 (Certified			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000376		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/12/2026	
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE HAVANA				STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET , HAVANA, Illinois, 62644			
(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
S9999	Continued from page 2 Nurse Aide) who was yelling and cursing. V7 said "there were residents out in the hallway and even those in their rooms could hear her." V7 (CNA) stated "I said something to the effect of you are scaring the residents" and I heard her say "I will kick your a*s too, you stupid mother*ucker." V7 (CNA) said V4 (CNA) grabbed her by her throat and lifted her in the air "I literally could not feel ground beneath my feet" and slammed her into a door then threw her to the floor. V7 (CNA) stated "It was the most violent and scariest thing I have ever been through." V7 said "I was just worried about the residents because of the way she was acting." On 3/11/26 at 1:00 PM V8 (Registered Nurse) said that on 1/18/26 V4 (CNA) was the CNA responsible for staying in the main dining room during meals. V8 (RN) saw V4 (CNA) at the nurse's desk so she said, "You need to be in the dining room" and V4 stated "I ain't doing sh*t, I'm fixing to leave." V8 (RN) stated "I told her if she wasn't going to report to the dining room immediately, she should go ahead and leave early and she exploded." V8 (RN) stated that V4 (CNA) stated she wasn't leaving "until I get my f*cking money b*tch." "Get me my money you stupid mother*ucker." V8 (RN) stated she called the on-call person who pushed through V4 (CNA)'s payment for time worked and told V4 (CNA) that she could leave since she had been paid. V8 (RN) said that V4(CNA) began walking towards the door and yelled about what a "sh*thole" the facility was and that the "facility f*cking needed her, you stupid b*tch." V8 (RN) said she was in my face at a couple points, and she was just being as vile as she possibly could. V8 (RN) said that V7 (CNA) came around the corner and said, "please quit yelling you are scaring the residents." V8 (RN) said that V4(CNA) grabbed V7 (CNA) "by the throat" and slammed her into a doorway and then "flung" V7 (CNA) to the ground. When someone yelled call 911 V7 (CNA) "ran out while spitting on (staff)." The Facility's "Final Abuse Investigation" dated 1/23/26 documents "It was witnessed that (V4/CNA) raised her voice, used profanity, and pushed (V7/CNA) with residents present during the exchange." No residents were involved in the altercation. On 3/10/26 at 1:30 PM V1 (Administrator) stated that the abuse allegation for the 1/18/26 incident would be considered not substantiated because "no residents were involved in the altercation." On 3/12/26 at 10:00 AM R1 recalled V4 (CNA) "beating up" V7 (CNA). R1 stated that V4 (CNA) was			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000376		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/12/2026	
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE HAVANA				STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET , HAVANA, Illinois, 62644			
(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
S9999	Continued from page 3 "yelling and cursing, it was very scary." On 3/11/26 at 12:00 PM R2 recalled the incident on 1/18/26. R2 stated "I didn't see how it all got started, when I got out there (V7/CNA) was on the ground holding her neck and crying and there were people everywhere." "I am a big man with a rough past, I don't worry for myself, I am still able to take of myself, I worry about the people who can't take care of themselves if this is the kind of staff they (facility) are hiring." On 3/11/26 at 9:30 AM R3 recalled the incident on 1/18/26. R3 stated "I wasn't out there for any of it, but the whole building was tense for the rest of the night." R4's nurse's note dated 1/20/26 at 10:46 AM as "72 hour Follow Up" documents "resident is alert and oriented. Has sad and worried look on his face." R5's nurse's note dated 1/18/26 at 6:46 PM documents "resident alert and oriented. resident had episodes of crying. Resident verbalized being fearful related to being a witness to altercation between 2 CNAs." On 3/11/26 at 12:15 R6 recalled the incident on 1/18/26. "(V7/CNA) was on the floor crying." "Boy, I did not like that." R7's nurse's notes 1/19/26 at 2:53 PM document that R7 "stated he was struggling with having been a witness to an altercation between two CNAs. 'I'm so mad about it.'" "Resident was in a safe space and that behavior like that was not tolerated and would not happen again." R7 had discharged home sometime after the incident and did not answer any phone calls made to the listed "home phone" during the survey. On 3/12/26 at 10:00 AM V1 (Administrator) stated "the whole building was in an uproar over this incident." 2. The Facility's "Final Abuse Investigation" dated 3/6/26 documents that R2 told V1 (Administrator) that he had loaned V3 (Certified Nurse Aide) \$50 and that she wasn't paying it back. On 3/10/26 at 9:45 AM R2 stated that V3 (CNA) had been complaining about her "money situation" so R2 "offered her a loan." R2 stated at the time he only had a \$50 bill on him so that is what he gave V3. R2 said he's unsure of exact day but it was "about 2 weeks ago."			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000376		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/12/2026	
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE HAVANA				STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET , HAVANA, Illinois, 62644			
(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
S9999	Continued from page 4 The Facility's undated interviews with residents document that when asked, R3 stated that V3 (CNA) had asked him for money but he said no. On 3/10/26 at 10:00 AM R3 stated that "a couple of weeks ago" V3 (CNA) asked him for money but he said no. On 3/10/26 at 1:30 PM V1 (Administrator) stated that abuse allegation related to R2's concern about his money was considered "unsubstantiated" because R2 "could not prove" that he actually gave the staff member money. V1 (Administrator) stated that R2 handled his own finances therefore V1 (Administrator) could not prove that R2 "even had \$50 to loan in the first place." (B)			S9999			