

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER ARCOLA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 422 EAST FOURTH STREET ARCOLA, IL 61910	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to maintain complete and accurate medical records for one (R2) of four residents reviewed for accurate medical records in the sample of seven. Findings include: R2's physician's orders [REDACTED]. R2's Minimum (MDS) data set [DATE] documents R2 has moderate cognitive impairment, has hallucinations and delusions, and uses extensive assistance of two staff for toileting assistance. The facility's Final Report dated 3/20/20 documents on 3/17/20 at 3:45 PM R2 reported to V1 (Administrator) that an unidentified Certified Nursing Assistant (CNA) with red hair spoke inappropriately to R2 while providing care at 2:30 AM. This report documents that the CNA was identified as V13, and R2 alleged that V13 told R2 Get your a** against the wall and What the h*** are you doing shi***ing on the floor. There is no documentation in R2's medical record of the alleged abuse from V13 to R2. On 8/31/20 at 9:04 AM V1 stated that on 3/17/20 at 3:45 PM R2 reported the allegation of abuse from V13 to R2. V1 stated usually there is an AIM (Assess, Intervene, Monitor) for Wellness form completed for all abuse allegations. V1 confirmed there was no documentation in R2's medical record regarding the allegation of abuse from V13 to R2 on 3/17/20. The facility's undated Medical Records policy documents Each resident will have an active medical record. This resident record shall be kept current, complete, legible and available at all times to authorized personnel.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.