



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

BOARD MEETING: April 14, 2026	PROJECT NO: 25-040	PROJECT COST: Original: \$1,200,000
FACILITY NAME: Arc at Lincoln	CITY: Lincoln	
TYPE OF PROJECT: Substantive		HSA: VI

PROJECT DESCRIPTION: The Applicants (Arcadia Care, Inc., Arc at Lincoln, LLC, 1507 7th Street, LLC, and DYD Equities, LLC) seek authority from the Illinois Health Facilities and Services Review Board to establish an 82-bed skilled nursing facility to be located at 1507 7th Street, Lincoln, Illinois. The total cost of the Project is \$1,200,000. The anticipated completion date is February 28, 2027.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicants (Arcadia Care, Inc., Arc at Lincoln, LLC, 1507 7th Street, LLC, and DYD Equities, LLC) seek authority from the Illinois Health Facilities and Services Review Board to establish an 82-bed skilled nursing facility to be located at 1507 7th Street, Lincoln, Illinois. The total cost of the Project is \$1,200,000. The anticipated completion date is February 28, 2027.

BACKGROUND

- The long-term care facility was built in 1965 as a 100-bed facility. In 2000, the facility increased the number of beds to 124; in 2016, it was modernized, adding 10 beds and bringing the total to 134 long-term care beds. The facility was closed in September 2023.
- The long-term care facility was mainly known as the Christian Nursing Home. Established in 1965, this non-profit senior living community was operated by Christian Horizons. On July 16, 2024, Christian Horizons filed for bankruptcy due to financial pressures and sought approval to proceed with an auction and sale under the U.S. Bankruptcy Code.
- Arcadia Care, Inc. purchased the facility for \$700,000.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The applicants are before the State Board because they are proposing to establish a healthcare facility as defined by 20 ILCS 3960.

PUBLIC COMMENT:

- A public hearing was offered regarding this project, but none was requested. The State Board has received no letters of support or opposition to this project.

SUMMARY:

- Target occupancy for long-term care facilities is 90%. There is currently a calculated need for 82 LTC beds in the Logan County Planning Area. From the documentation that we have reviewed, it appears the proposed project will serve the residents of the Logan County Planning Area. There are three long-term care facilities in the Logan County Planning Area operating at 74.5% occupancy. Based on the calculated bed need and indicators of medical care issues, the proposed 82-bed facility appears to address the service access issues identified in the planning area. There is no surplus of beds in the 21-minute geographical service area.
- The Applicants addressed a total of 22 criteria and have not met the following:

Non-Compliance	
Criteria	Explanation
Criterion 77 Adm. Code 1125.520-Background of the Applicant	The Applicants provided a list of adverse actions at facilities owned by Arcadia Care Inc., which are included at the end of this report, along with a violation summary, response, and corrective actions. Arcadia Care, Inc. also provided a list of facilities it owns with no adverse actions, which has been included. The Applicants have submitted evidence of corrective action. As of February 2026, Arcadia Care, Inc. has two special focus facilities: Arcadia Care Watseka and Arcadia Care Peoria Heights. (Explanation of Special Focus Facility is included at the end of this report.) The State Board must consider whether this history impacts

Non-Compliance	
Criteria	Explanation
	the Applicants' fitness for a certificate of need. Based on the individual assessment of the gravity and recency of the offense, the Applicants do not meet the requirements of this criterion.
Criterion 1125.800 – Financial Viability	The Applicant's nursing home does not meet the current ratio and the days cash on hand for the second year after project completion. Generally , a nursing home might fail to meet liquidity benchmarks such as the Current Ratio and Days Cash on Hand two years after project completion, primarily due to the lag between rising operational costs and stabilized revenue.



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STATE BOARD STAFF REPORT

#25-040 - Arc at Lincoln

Lincoln, Illinois

APPLICATION/SUMMARY/CHRONOLOGY	
Applicants	Arcadia Care, Inc., Arc at Lincoln, LLC, and DYD Equities, LLC
Facility Name	Arc at Lincoln
Location	1507 7 th Street, Lincoln, Illinois
Operating Entity/Licensee	Arc at Lincoln, LLC
Owner of the Facility	1507 7 th Street LLC
GSF	41,624 GSF
Application Received	October 22, 2025
Application Deemed Complete	October 27, 2025
Expedited Review?	No
Review Extended	No
Can Applicants Request Another Deferral?	Yes

I. The Proposed Project

The Applicants (Arcadia Care, Inc., Arc at Lincoln, LLC, 1507 7th Street, LLC, and DYD Equities, LLC) request approval from the Illinois Health Facilities and Services Review Board to establish an 82-bed skilled nursing facility at 1507 7th Street, Lincoln, Illinois. The total estimated cost of the Project is \$1,200,000. The expected completion date is February 28, 2027.

II. Summary of Findings

A. The State Board Staff finds the proposed project does not appear to be in conformance with the provisions of Part 1125 Subpart D.

B. The State Board Staff finds the proposed project does not appear to be in conformance with the provisions of Part 1125 Subpart F.

III. General Information

The Applicants are Arcadia Care, Inc., Arc at Lincoln, LLC, 1507 7th Street, LLC, and DYD Equities, LLC. Arcadia Care, Inc. is an Illinois-based healthcare company that operates a network of skilled nursing and rehabilitation facilities. Arcadia Care, Inc. is headquartered in Lincolnwood, Illinois. The company offers a range of clinical services, from short-term rehabilitation to long-term management of chronic conditions. Arcadia Care, Inc. operates numerous facilities in Illinois. The site owner is 1507 7th Street, LLC, and the operating entity licensee is the Arc at Lincoln, LLC. Table One shows the long-term care and assisted living facilities owned by Arcadia Care, Inc.

This is a substantive project subject to a Part 1125 Subpart D and Subpart F review. Financial commitment will occur after the permit is issued. The Planning Area for a project located in Lincoln, Illinois, is Logan County, and the geographical service area is a 21-mile radius from the proposed site.

TABLE ONE
Facilities Owned by Arcadia Care, Inc.

Facility	City	Star Rating	Bed	Facility	City	Star Rating	Bed
Arc at Bradley	Bradley	2	120	Arcadia Care on the Hill	Springfield	1	251
Arc at Chillicothe	Chillicothe	5	106	Arcadia Care Toulon	Toulon	NA	136
Arc at Dwight	Dwight	4	92	Arcadia Care Watseka	Watseska	NA	123
Arc at El Paso	El Paso	2	65	Arcadia Care Morton	Morton	1	106
Arc at Hickory Point	Forsyth	2	64	Arcadia Care Peoria Heights	Peoria Heights	NA	110
The Arc at Normal	Normal	NA	141	Avenues at Litchfield	Litchfield	5	65
Arc at Sangamon Valley	Springfield	3	171	Avenues at Quad Cities	Silvis	1	63
Arc at Streator	Streator	4	130	Avenues at Springfield	Springfield	2	65
Arcadia Care Auburn	Auburn	NA	70	Avenues at Royal Oak	Kewanee	NA	200
Arcadia Care Bloomington	Bloomington	NA	115	Gardens Memory Care of Kewanee *	Kewanee		24
Arcadia Care Clifton	Clifton	NA	99	Villas of Bushnell*	Bushnell		38
Arcadia Care Havana	Havana	NA	98	Villas at Galva*	Galva		NA
Arcadia Care Jacksonville	Jacksonville	NA	113	Villas at Lincoln*	Lincoln		126
Arcadia Care Kewanee	Kewanee	1	84	Villas at Sangamon Valley II*	Springfield		109
Arcadia Care Morris	Morris	2	123	Villas at Hickory Point*	Forsyth		64
				Villas at Kewanee*	Kewanee		35
				Villas at Herscher*	Herscher		42

*Denotes Assisted Living Facility

Star Rating: Taken from the Medicare Compare Website

NA: Denotes facility cited for abuse – has 1 star rating

IV. Project Uses and Sources of Funds

The project cost is \$1. Table Two shows the use of funds and the sources.

TABLE TWO
Use and Sources of Funds

Use of Funds	Clinical	Non-Clinical	Total
Consulting Fee	\$37,126	\$12,874	\$50,000
Movable or Other Equipment	\$170,000	\$280,000	\$450,000
Acquisition of Building	\$0	\$700,000	\$700,000
Total Uses	\$371,126	\$992,874	\$1,200,000
Sources	Clinical	Non-Clinical	Total
Cash			\$1,200,000
Total Sources			\$1,200,000

V. Logan County Long-Term Planning Area¹

The official population of Logan County, Illinois, was 27,987 in 2020, and it is projected to be 27,528 in 2025 and 27,578 in 2030. The county experienced a -7.6% population change between the 2010 and 2020 censuses. Current projections indicate the population may stabilize with a small annual growth rate of about 0.04% through the end of the decade. Lincoln is the largest city in Logan County, accounting for nearly half of the county's population. Logan County has an older population than the national average, with a median age of around 41 years. Children aged 0-17 account for 19% to 19.5% of the population. The share of young children under 5 has decreased slightly from 5.2% in 2010 to roughly 4.4%–4.7% in recent years. Adults aged 18-64 make up about 60.5% of residents. The 25-44 and 45-64 age groups are the largest, each representing roughly 25% of the total population. Seniors aged 65 and older comprise 19.4% to 20.3% of the population. This demographic is the fastest growing in the county, increasing by over 13% since 2010. (Source: US Census Bureau)

The State Board has determined that 82 long-term care beds are needed in the Logan County Long Term Care Planning Area by CY 2026. This area currently has 315 LTC beds. Projections for 2026 estimate 132,000 patient days, reflecting a need for 82 LTC beds. Below are the three facilities within the Logan County long-term care planning area.

TABLE THREE				
Long Term Care Facilities in Logan County				
Facility	County	City	Beds	2024 Utilization
St. Clara's Rehab & Senior Care	Logan	Lincoln	99	94.65%
Generations at Lincoln	Logan	Lincoln	126	65.72%
The Henry and Jane Vonderlieth Living Center	Logan	Mount Pulaski	90	63.21%
Number of Beds/Ave Utilization			315	74.53%

¹ Bed need for a planning area is calculated by first determining the minimum and maximum utilization rates for the entire Health Service Area (HSA) in which the planning area is located. These rates are determined for three age groups: 0-64 years, 65-74 years, and 75 and over, by dividing the patient days for the age group by the HSA population for that age group. Minimum and maximum rates are set at 60% and 160% of the calculated HSA rate, respectively. Calculations are then made of the planning area's utilization rates for the three age groups. The calculated planning area rates are compared to the minimum and maximum rates for the HSA. If the planning area rate is less than the minimum, the minimum rate applies; if the area rate exceeds the maximum, the maximum applies; otherwise, the area rate applies. For each age group, the rate is multiplied by the projected age-group population to calculate projected age-group patient days. The sum of these calculated patient days is first divided by 365 to determine the projected Average Daily Census, which is divided by 0.9 to adjust for the 90 percent target occupancy rate, to determine the projected number of beds needed for the planning area.

VI. Long Term Care

REQUIRED REVIEW CRITERIA Establishment of LTC Services or Facility	
77 Adm. Code 1125.320	Purpose of the Project
77 Adm. Code 1125.330	Alternatives to the Project
77 Adm. Code 1125.520	Background of the Applicant
77 Adm. Code 1125.530(a)	Bed Need Determination
77 Adm. Code 1125.530(b)	Service to Planning Area Residents
77 Adm. Code 1125.540(a) or (b) + (c) + (d) or (e)	Service Demand – Establishment of General Long-Term Care
77 Adm. Code 1125.570	Service Accessibility
77 Adm. Code 1125.580(a) & (b)	Unnecessary Duplication & Maldistribution
77 Adm. Code 1125.580(c)	Impact of the Project on Other Area Providers
77 Adm. Code 1125.590	Staffing Availability
77 Adm. Code 1125.600	Bed Capacity
77 Adm. Code 1125.610	Community Related Functions
77 Adm. Code 1125.620	Project Size
77 Adm. Code 1125.630	Zoning
77 Adm. Code 1125.640	Assurances

A) **Background of the Applicants**

All applicants shall comply with the requirements of this Section, as follows:

A) An applicant must demonstrate that it is fit, willing, and able, and has the qualifications, background, and character to adequately provide a proper standard of LTC service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background, and character of the applicant, HFSRB shall consider whether adverse actions have been taken against the applicant or against any LTC facility owned or operated by the applicant, directly or indirectly, within three years before the filing of the application. An LTC facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be owned by that person or entity. (See Section 1125.140 for the definition of "adverse action".)

Health care facilities owned or operated by Arcadia Care, Inc. in Illinois, including licensing and certification information, have been provided as required (See Table One above). The Applicants have provided access to any documents necessary to verify the information submitted, including, but not limited to, official records of IDPH or other State agencies and records of nationally recognized accreditation organizations for the calendar year.

Ownership

Arc at Lincoln, LLC
(Operator/Nursing Home)

1507 7th Street, LLC
(Owner of Real Estate)

David Seidler	44.50%
David Berkowitz Delta Trust	19.75%
Yosef Meystel Delta Trust	19.75%
Joshua Hoffman Trust	10.00%
Aperion Care Exec, Holding, LLC	5.00%
Brian Goldfarb	<u>1.00%</u>

The Applicants provided a list of adverse actions at facilities owned by Arcadia Care Inc., which are included at the end of this report, along with a violation summary, response, and corrective actions. Arcadia Care, Inc. also provided a list of facilities it owns with no adverse actions, which has been included. The Applicants have submitted evidence of

corrective action. As of February 2026, Arcadia Care, Inc. has two special focus facilities: Arcadia Care Watseka and Arcadia Care Peoria Heights. (Explanation of Special Focus Facility is included at the end of this report.) The State Board must consider whether this history impacts the Applicants' fitness for a certificate of need. Based on the individual assessment of the gravity and recency of the offense, the Applicants do not meet the requirements of this criterion.

B) Purpose of the Project – Information Requirements

The applicant shall document that the project will provide health services that improve the long-term nursing care or well-being of the population to be served in the market area. The applicant shall define the planning area, market area, or other area as the applicant deems appropriate.

a) The applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. Information to be provided should include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project. Examples of this information include:

The Applicants state the purpose of the project is to meet the need for 82 long-term care beds in the Logan County Planning Area by reopening the former Christian Nursing Home at 1507 7th Street, Lincoln, Illinois, which closed on September 15, 2023. The Applicants state that in the five years before the closure of Christian Nursing Home (2019–2023), the four skilled nursing facilities in the Logan County Planning Area had an average daily census of 320. Following the closure of Christian Nursing Center, the remaining skilled nursing facilities have a combined total of 315 beds, which is not enough to meet Logan County's historical demand. The Applicants state that when skilled nursing beds are unavailable, hospitals must hold patients who have completed their acute treatment but still require skilled post-acute care, which can lead to longer hospital stays, delayed elective surgeries, and longer emergency department wait times. Additionally, decreases in skilled nursing beds can lead to higher rehospitalization rates, especially among the most acutely ill patients.

B) Alternatives to the Proposed Project – Information Requirements

The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the LTC needs of the population to be served.

a) Alternative options should be addressed. Examples of alternative options include:

- 1) Proposing a project of greater or lesser scope and cost.
- 2) Pursuing a joint venture or similar arrangement with one or more providers.
- 3) Developing alternative settings to meet all or a portion of the project's intended purposes; and
- 4) Utilizing other LTC resources that are available to serve all, or a portion of the population proposed to be served by the project.

The Applicants considered **doing nothing and maintaining the status quo**. There is currently a need for 82 skilled nursing beds in the Logan County Planning Area, resulting from the closure of the former Christian Nursing Home on September 15, 2023. The do-nothing option did not address the need for skilled care beds in the Logan County Planning Area and was rejected. **Utilizing other providers** was rejected because it did not address the bed deficit in the Logan Planning Area.

A) Planning Area Need

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

a) Bed Need Determination

- 1) The number of beds to be established for general LTC is in conformance with the projected bed need specified and reflected in the latest updates to the HFSRB Inventory.
- 2) The number of beds proposed shall meet or exceed the occupancy standard specified in Section 1125.210(c).

The proposed long-term care facility is in the Logan County Planning Area. There is a calculated need for 82 long-term care beds in this planning area.

B) Service to Planning Area Residents

- 1) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary LTC to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

The Applicants provided a referral letter from Springfield Memorial Hospital that stated in part:

*“Over the last 12 months, we referred 6,718 patients to existing skilled nursing facilities for post-acute care. The number of patients referred to skilled nursing facilities from August 2024 to July 2025 is provided in Attachment 1 of the Application for Permit. Springfield Memorial Hospital **anticipates 160 patients** will be referred annually to the Arc at Lincoln within 12 months of project completion.”* (Application for Permit pages 105-119)

With the referral letter, the Applicants have demonstrated that the proposed facility will provide care to the 21-mile geographical service area.

C) Service Accessibility

The number of beds being established or added for each service category is necessary to improve access for residents of the planning area.

a) Service Restrictions

The applicant shall document that at **least one** of the following factors exists in the planning area, as applicable:

- 1) The absence of the proposed service within the planning area.
- 2) Access limitations due to payor status of patients/residents, including, but not limited to, individuals with LTC coverage through Medicare, Medicaid, managed care, or charity care.
- 3) Restrictive admission policies of existing providers.
- 4) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.
- 5) For purposes of this Section 1125.570 only, all services within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) meets or exceeds the occupancy standard specified in Section 1125.210(c).

As mentioned earlier, there is a calculated need for 82 long-term beds in the Logan County Planning Area by 2026. Logan County includes regions designated as medically underserved. While the entire county isn't marked as lacking enough primary care services,

specific parts or populations within it are identified as underserved. About 12.5% to 13.2% of residents live below the federal poverty line. Approximately 16.4% of the population is 65 or older, which raises the need for specialized care. The SIU Family Medicine Center in Lincoln functions as a Federally Qualified Health Center (FQHC) to fill care gaps for underserved residents. Lincoln Memorial Hospital in Lincoln accepts traditional Medicaid and various Medicaid Managed Care plans like Meridian, Aetna Better Health, and Molina. Based on the calculated bed need and indicators of medical care issues, the proposed 82-bed facility appears to address the service access issues identified in the planning area.

TABLE FOUR
Utilization of Facilities within 30 minutes

Facility	City	Minutes/ Miles	Beds	CY2023		CY2024		Ave ⁽¹⁾	Ave ⁽²⁾
				Days	Medicaid Days	Days	Medicaid Days	Total Days Utilization	Medicaid Days Utilization
St. Clara's Rehab & Senior Care	Lincoln	3.24/1	99	32,714	19,467	34,202	20,005	92.59%	54.62%
Generations at Lincoln	Lincoln	5.59/3.8	126	26,491	3,302	24,228	20,505	55.14%	25.88%
The Henry and Jane Vonderlieth Living Center	Mount Pulaski	17.32/11.5	90	20,633	6,604	20,764	5,329	63.01%	18.16%
Villa Senior Care Community	Sherman	21.8/20	109	30,750	12,990	31,134	12,900	77.77%	32.54%
Hopedale Nursing Home	Hopedale	26.53/22.5	59	18,612	0	16,760	0	82.13%	0.00%
Manor Court of Clinton	Clinton	29.02/25	134	31,831	17,047	30,120	17,176	63.33%	34.99%
	Total		617	161,031	59,410	157,208	75,915	70.66%	30.04%

1. Average Utilization for the facilities for CY 2023 and CY 2024
2. Average Medicaid Utilization for the facilities for CY 2023 and CY 2024

D) Unnecessary Duplication/Maldistribution

a) The applicant must document that the project will not cause unnecessary duplication. The applicant should provide the following information:

1) A list of all zip code areas that are located, in whole or in part, within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project site.

2) The total population of these zip code areas, based on the most recent population data available for Illinois, and

3) The names and locations of all existing or approved LTC facilities within the established radii of 77 Ill. Adm. Code 1100.510(d) of the project site that offers the categories of bed services proposed by the project.

b) The applicant must demonstrate that the project will not result in maldistribution of services. Maldistribution occurs when the identified area (within the planning area) has an oversupply of facilities, beds, or services, characterized by factors such as, but not limited to:

1) A ratio of beds to population exceeding one and a half times the state average.

2) Historical utilization (for the most recent 12-month period prior to submitting the application) for existing facilities and services that is below the occupancy standards set forth in Section 1125.210(c); or

3) A population size insufficient to generate the volume or caseload needed to utilize the proposed services at or above occupancy standards.

c) The applicant must document that, within 24 months after project completion:

1) The project will not decrease the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and

2) The project will not further reduce the utilization of other area facilities that are currently (during the last 12-month period) operating below these occupancy standards.

There are approximately 65,757 residents in the established radius. There are six facilities within a radius with 617 LTC Beds. The ratio of LTC beds to population within this radius per thousand population is 0.1066. The number of LTC beds in the State of Illinois is approximately 88,476 LTC beds. The population in the State of Illinois is projected to be 12,779,600 in 2025. The ratio of LTC beds per thousand people in Illinois is 0.1444. The ratio of beds to population within a radius is not 1.5 times the State of Illinois ratio. There is no bed surplus within this 30-minute radius.

The Applicants state that the proposed Arc at Lincoln facility will not decrease the utilization of other area providers below the State Board's occupancy standard. As noted above, the current skilled nursing facilities lack the capacity to meet Logan County's historical utilization. The proposed long-term care facility will similarly not significantly reduce the utilization of other area providers below the State Board's occupancy standard. As noted above, the existing skilled nursing facilities lack the capacity to meet Logan County's historical utilization.

E) Staffing Availability

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that staffing requirements of licensure, certification, and applicable accrediting agencies can be met. In addition, the applicant should document that the necessary staffing is available by providing letters of interest from prospective staff members, completed employment applications, or a narrative explaining how the proposed staffing will be achieved.

Table Five below documents the minimum staffing level for the proposed 82-bed long-term care facility. A narrative was provided on pages 125-126 of the Application for Permit.

TABLE FIVE		
Proposed Minimum Staffing Level		
Registered Nurse (RN)	6	Minimum 1 RN per shift; coverage 24/7
Licensed Practical Nurse (LPN)	8	LPN coverage varies by shift; it supplements the RN
Certified Nursing Assistant (CNA)	30	Meets CNA HPRD (2.5+) requirement
Director of Nursing (DON)	1	Required leadership role
Administrator	1	Required for facility operations
Social Services	1	Required for OBRA operations
Dietary Staff	6	Based on 3 meals a day + special diets
Housekeeping/Laundry	6	Daily Cleaning and Linen Services
Activities	2	Meets CMS Activity Requirements
Therapy (PT/OT/ST)	5	Varies with case load
Maintenance	2	Facility Upkeep
	68	

F) Bed Capacity

The maximum bed capacity of a general LTC facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient/resident care and documents provision of quality care based

on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c (Long-Term Care Facilities)) over two years.

The Applicants are proposing a general long-term care facility of 82 long-term care beds. The Applicants have met the requirements of this criterion.

G) Community Related Functions

The applicant shall document cooperation with, and the receipt of endorsements from, community groups in the town or municipality where the facility is located or is proposed to be located, such as, but not limited to, social, economic, or governmental organizations, or other concerned parties or groups. Documentation shall consist of copies of all letters of support from those organizations. See pages 129-132 of the Application for Permit.

The Applicants provided letters from the following:

- **Faith in Action of Bloomington Normal stated:**

“Arcadia Care has been a dedicated sponsor since 2022, offering not only financial support but also meaningful hands-on assistance. Their commitment exceeds monetary contributions—several Arcadia employees have volunteered their time and talents to advance our mission. Claire and Mallery, in particular, have been invaluable, helping with event setup, writing thank-you notes, and contributing to various office projects that help us stay connected with our volunteers and supporters.”

- **Lincoln Memorial Hospital stated:**

“The proximity of the facility to our hospital is especially valuable, enabling better coordination of care, smoother transitions for patients, and more efficient use of resources. I believe this project will greatly benefit both the hospital system and the residents of Arcadia by providing meaningful access to services and contributing positively to the healthcare community in our region. I am confident that Arcadia has the vision, integrity, and dedication to make this facility successful. I fully support this initiative and recommend that the Department of Public Health consider approval.”

- **Lincoln Economic Advancement & Development (LEAD) stated:**

“LEAD believes this expansion addresses a critical and growing community need while providing substantial economic benefits to Logan County. Arcadia Estates at Lincoln has positioned itself as a committed community partner, and its proactive approach to workforce development partnerships demonstrates its long-term investment in our community's success. We respectfully request that you consider this application favorably. LEAD stands ready to provide any additional information that may support your review process and looks forward to the positive impact this facility will have on our community.”

H) Project Size

The applicant shall document that the proposed physical space for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards of Appendix A, unless the additional GSF can be justified by documenting one of the following:

- a) Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies.
- b) The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix A.
- c) The project involves the conversion of existing bed space that results in excess square footage.

The proposed gross square footage ("GSF") is 41,624, or 508 GSF per bed. The State Board standard is 570 GSF per bed. The Applicants have met the requirements of this criterion.

I) Zoning

The applicant shall document one of the following:

- a) The property to be utilized has been zoned for the type of facility to be developed.
- b) Zoning approval has been received; or
- c) A variance in zoning for the project is to be sought.

The property has been zoned for its intended use. The Applicants have successfully addressed this criterion.

J) Assurances

- a) The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.
- b) For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall assure that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required.

The Applicants provided the necessary assurance on page 137 of the Application for Permit.

Financial Viability and Economic Feasibility

77 Adm. Code. 1125.800

All applicants must address the requirements listed in this section, as applicable. The applicant must provide project cost information for each relevant component. When a project or any part of it is to be completed by lease, donation, gift, or any other means, the fair market value or dollar amount that would have been needed for purchase, construction, or acquisition should be included in the estimated total project cost.

A) Availability of Funds

The Applicants are funding the project with \$1.2 million in cash. \$700,000 has been spent purchasing the facility out of bankruptcy. An additional \$500,000 is being used for equipment (\$ 450,000) and consulting fees (\$50,000).

Arcadia Care Inc. has demonstrated adequate operational and financial resources through its Illinois-based network. (See Table One above). The company operates a broad network of facilities across Illinois and already manages properties in Lincoln, such as Villas at Lincoln and Estates at Lincoln. The Applicants provided Yosef Meystel's trust account, which currently has a seven-figure balance. The Applicants have sufficient resources to operate the proposed facility.

B) Financial Viability

The Applicants provided pro forma financial information for the first two years following project completion. The Applicants do not meet the State Board's Standard for the current ratio and the days' cash on hand.

TABLE SIX Financial Ratios Nursing Care Facility		
Financial Ratio	State Standard	Year 2
Current Ratio	>1.5	1.18
Net Margin %	>2.5	17.1%
LTD to Capitalization	<80%	0%
Projected Debt Service	>1.50	112.61
Days Cash on Hand	>45 days	30
Cushion Ratio	>3.0	33.00

C) Reasonableness of Financing Arrangements

D) Terms of Debt Service

There is no long-term debt related to this project.

E) Reasonableness of Project Costs

Movable equipment costs \$450,000 or \$5,487 per bed. This appears reasonable when compared to the State Board Standard of \$11,382 per bed.

Consulting Costs are \$50,000. The State Board does not have a standard for this cost.

F) Direct Operating Costs

The operating costs per resident day are \$169.39. The State Board does not have a standard for these costs.

G) Effect of the Project on Capital Costs

There is no long-term debt associated with this project.

TABLE SEVEN
Long Term Care Facilities
within approximately 30 miles

Facility	Miles	City	Star Rating	Beds	2024 Days	Medicaid Days	Facility %	Medicaid %
St. Clara Rehab & Senior Care	1	Lincoln	1	99	34,202	20,005	94.65%	58.49%
Generations at Lincoln	1.6	Lincoln	1	126	24,228	20,505	65.72%	84.63%
H & J Vonderlieth Living Center	9.7	Mt. Pulaski	4	90	20,764	5,329	63.21%	25.66%
Mason City Area Nursing Home	17.2	Mason City	1	66	21,079	12,774	87.50%	60.60%
Goldwater Care	20.6	Clinton	1	90	26,432	22,373	80.46%	84.64%
Villa Health Care East	22.1	Sherman	2	109	31,134	12,900	78.26%	41.43%
Sunny Acres Nursing Home	26	Petersburg	1	99	29,025	19,563	80.32%	67.40%
Arc at Hickory Point	26.3	Forsyth	2	64	21,587	1,065	92.41%	4.93%
Luther Oaks	27.7	Bloomington	4	19	6,483	479	93.48%	7.39%
Avenues at Springfield	28.1	Springfield	2	65	22,239	22,273	93.74%	100.15%
Arcadia Care on the Hill	28.3	Springfield	1	251	39,272	35,538	42.87%	90.49%
Decatur Rehab & Health Care	28.5	Decatur	1	147	45,401	44,406	84.62%	97.81%
Loft Rehab of Rock Springs	28.5	Decatur	1	195	36,262	30,304	50.95%	83.57%
Loft Rehab of Decatur	28.6	Decatur	1	150	32,360	20,160	59.11%	62.30%
Regency Care	29.5	Springfield	1	99	30,358	14,829	84.01%	48.85%
Fair Havens Senior Care Living	30.3	Decatur	2	154	38,291	26,761	68.12%	69.89%
Arc at Sangamon Valley	30.5	Springfield	1	171	46,527	27,706	74.54%	59.55%
Arcadia Care Bloomington	30.5	Bloomington	1	117	31,423	29,353	73.58%	93.41%
Pekin Manor	30.6	Pekin	4	130	33,580	14,087	70.77%	41.95%
Goldwater Care Bloomington	30.8	Bloomington	1	88	26,355	11,883	82.05%	45.09%
Springfield Suites, Rehab, and Nursing	31	Springfield	3	75	21,648	2,434	79.08%	11.24%
Hallmark Healthcare of Pekin	31.1	Pekin	1	71	21,621	12,364	83.43%	57.19%
Arcadia Care Morton	31.2	Morton	1	106	26,782	23,180	69.22%	86.55%
Imboden Creek Senior Living	31.5	Decatur	1	95	28,814	9,116	83.10%	31.64%
Arc at Normal	31.7	Normal	1	141	41,139	26,783	79.94%	65.10%
Loft Rehab & Nursing of Normal	31.8	Normal	1	116	33,192	21,467	78.39%	64.68%
Apostolic Christian Restmor	31.9	Morton	5	116	39,238	4,658	92.67%	11.87%
McLean County Nursing Home	32.4	Normal	2	148	36,446	16,979	67.47%	46.59%
Timbercreek Rehab & HC Center	32.4	Pekin	1	202	32,272	25,745	43.77%	79.78%
Concordia Village	32.5	Springfield	5	62	18,251	106	80.65%	0.58%
Total				3,436	896,405	535,125	71.48%	59.70%

1. Information taken from the Medicare Compare Website and the IDPH Long Term Care Survey

How the SFF Program Works

The process for selecting facilities for the SFF program follows the same methodology as the health inspection component of the Five-Star Quality Rating System. Results from the most recent two standard health survey cycles and the last three years of complaint survey data are converted into points based on the number of deficiencies cited and the scope and severity (S/S) level of those deficiencies—the more deficiencies cited, especially at higher S/S levels, the more points a facility earns. More details about this process can be found at <https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/downloads/usersguide.pdf>.

Facilities with the highest points in each state then become candidates for the SFF program. The number of nursing homes on the candidate list is set at five per SFF slot, with a minimum of five candidates per state and a maximum of 30. State Agencies (SAs) select nursing homes from this list to fill the SFF slots. Additionally, because resident falls are a critical indicator of care quality, CMS recommends that SAs consider a facility's fall rates when choosing SFFs from the candidate list.

Once a facility is chosen as an SFF, the SA, on behalf of CMS, conducts a comprehensive onsite inspection of all Medicare health and safety standards at least twice a year. Life Safety Code (LSC) and Emergency Preparedness (EP) surveys are also conducted at least annually or more often if required by the state or CMS. The SA recommends enforcement actions, which may include civil monetary penalties or denial of Medicare payments, until the nursing home either (1) graduates from the SFF program or (2) is terminated from Medicare and/or Medicaid. While participating in the SFF program, facilities are expected to take significant steps to address the systemic issues that are causing poor quality.

After a facility graduates or is terminated, each SA selects a new SFF from a monthly list of candidates. CMS also notifies potential SFFs of their status through the monthly preview of the Five-Star Quality Rating System. Facilities graduate from the SFF program after completing two consecutive standard health surveys with 12 or fewer deficiencies cited at a severity level of “E” or less, provided these surveys occurred after the facility’s initial selection as an SFF. To prevent facilities from remaining in the program indefinitely, CMS is establishing criteria that could lead to termination from Medicare and Medicaid if necessary. Facilities with deficiencies cited at Immediate Jeopardy on any two surveys while in the program will also be considered for discretionary termination.

Disclosure of Adverse Actions as defined by 77 Ill. Admin Code 1125.40

The skilled nursing facilities in the bulleted list below have not received any Type A or Type AA Violations from Illinois Department of Public Health since being acquired during or within in the past five (5) years, and therefore, have no disclosable adverse actions (as defined by 77 Ill. Admin. Code 1125.40):

- Arc at Bradley (Acquired 5/1/2024)
- Arc at Chillicothe (Acquired 7/1/2023)
- Arc at Kankakee (Acquired 10/1/2025)
- Arc at Normal (Acquired 7/1/2023)
- Arc at Sangamon Valley (Acquired 2/1/2025)
- Arcadia Care at Aledo (Acquired 12/1/2024)
- Arcadia Care at Kewanee (Acquired 12/1/2024)
- Arcadia Care at Morton Villa (Acquired 8/1/2024)
- Arcadia Care on the Hill (Acquired 8/1/2024)
- Arcadia Care Peoria Heights (Acquired 8/1/2024)
- Arcadia Care at Toloun (Acquired 12/1/2024)
- Arcadia Care at Watseka (Acquired 12/1/2024)
- Avenues at Litchfield (Acquired 1/1/2023)

List of All Type A and Type AA Violations

Arcadia Care maintains a robust regional support and oversight structure that includes Regional Directors of Operations, Regional Nurse Consultants, corporate clinical leadership, compliance oversight, and interdisciplinary support resources. These teams provide routine monitoring, hands-on on-site education, policy reinforcement, and real-time operational support. In 2025, Arcadia Care further strengthened this framework through the addition of a Mobile Director of Nursing and a Mobile Administrator to provide focused, short-term on-site leadership during periods of transition or heightened regulatory activity, reinforcing accountability, consistency, and continuity of care.

Arcadia Care acknowledges that certain facilities within its Illinois portfolio have experienced historical Type A and Type AA licensure violations. These events primarily occurred during periods of transition following acquisition, prior to the full implementation of Arcadia Care's standardized compliance, clinical oversight, and risk-management framework. Since acquisition, Arcadia Care has implemented sustained improvements across leadership stability, clinical protocols, staff education, and monitoring systems.

Facility Info	Violation Summary	Response, Corrective Action and Systemic Improvements
Arc at Dwight (Acquired 7/1/2023)	On October 7, 2023, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arc at Dwight and, as a result of the survey, IDPH issued a Notice of Type A Violation that alleged the facility failed to complete a psychotropic medication assessment before administering the medication for one of the two residents reviewed.	The October 7, 2023 survey, was a Change of Ownership (“CHOW”) survey. At the time of the survey, the facility was in transition following the change of ownership and Arcadia Care policies were still being fully implemented. Corrective actions included formalizing behavioral health services through a contracted provider (Community Partners Psych Services), reviewing psychotropic medication policies with the Regional Social Services Director, and implementing a standardized GDR meeting template. The morning meeting process was revised to include verification of psychotropic assessments and informed consent for all admissions and readmissions. Nursing leadership received education on psychotropic medication requirements, and the Regional Nurse Consultant conducts monthly audits to ensure assessment completion as part of the MDS review process.
Arc at El Paso (Acquired 7/1/2023)	On July 10, 2024, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arc at El Paso and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 24-C0845) which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1210b), 300.1210c), 300.1210d)2)6), and 300.1220b)3) based on claims the facility failed to provide supervision to a resident identified as an elopement risk, who had been exhibiting an increase in verbalizations of exit seeking behavior, and eloped from the facility on May 18 without being noticed.	Following the July 10, 2024 survey, the facility implemented corrective actions including, implementation of routine and breach-based code changes, facility-wide Code Pink drills, and WanderGuard checks. Facility leadership changes were implemented to strengthen oversight, and staff education was provided on identification and management of exit-seeking behaviors.

Facility Info	Violation Summary	Response, Corrective Action and Systemic Improvements
Arc at Hickory Point (Acquired 2/1/2025)	On February 26, 2025, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arc at Hickory Point and, as a result of the survey, IDPH issued a Notice of Type A Violation that imposed a \$25,000 fine and a conditional license, for allegedly failing to ensure two staff members completed a mechanical lift transfer for 1 resident. This failure resulted in resident leg injury during transfer & suffering a femur fracture requiring hospitalization & retrograde nailing.	The February 26, 2025 survey occurred shortly after acquisition during a period of heavy agency utilization. Corrective actions included hiring and training permanent facility leadership, reducing agency usage through staff recruitment, re-education of certified staff on mechanical lift transfers with return demonstrations, and full implementation of Arcadia Care transfer policies and procedures.
Arc at Streator (Acquired 7/1/2023)	On March 4, 2024, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arc at Streator and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 24-C0275), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.1210a), 300.1210b)5), 300.1210c) and 300.1210d)6) based on claims the facility caused a leg fracture when it failed to ensure that a resident was assisted to the bathroom in a safe manner and had to lower the resident to the ground during a transfer.	Following the March 4, 2024 survey, the facility conducted root cause analysis of the violation. An outdated transfer status sheet was identified as a contributing factor. All transfer status sheets were removed from resident rooms, staff were educated to rely on Kardex and care plans only, all Kardex records were reviewed and updated, and leadership received education on revised transfer communication processes.
Arcadia Care at Auburn (Acquired 11/1/2021)	On June 11, 2024, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arc at Auburn and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 24-C0717), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1010h), 300.1210a), 300.1210b), and 300.1210d)1)3) based on claims the facility failed to implement interventions to prevent a medication overdose for one resident who was independent in managing their medications but showing signs of cognitive decline.	Given the occurrence of multiple citations over several survey cycles, Arcadia Care implemented comprehensive and sustained corrective actions at Arcadia Care at Auburn focused on strengthening supervision, care plan execution, and clinical escalation processes. Interventions included enhanced daily leadership oversight and interdisciplinary review of high-risk residents; standardized care plan reviews at admission, readmission, post-incident, and upon any change in condition; and reinforced staff education on strict adherence to care plan interventions, supervision levels, and transfer assistance. Nursing staff received targeted education on early recognition of changes in condition, timely physician notification,
	On February 9, 2024, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arc at Auburn and, as a result of the survey, IDPH issued a Notice of Type A Violation ((docketed as NH 24-C0256), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1210b), 300.1010h) and 300.1210d)2)3)5)6). The fine was doubled in this instance in accordance with	

Facility Info	Violation Summary	Response, Corrective Action and Systemic Improvements
	300.282i) and j) of the Code due to the violation of the sections of the Code with a high-risk designation: 300.1210b) and 300.1210d)6).	documentation expectations, and follow-through. Processes were implemented to track and review all changes in condition and appointment follow-up, with ongoing monitoring by nursing leadership and the Regional Nurse Consultant. Fall-prevention strategies were strengthened through individualized interventions, post-incident root cause analysis, and routine auditing of fall and accident trends. Facility-wide audits of assistive devices, safety equipment, and medication storage practices were conducted to ensure availability, proper use, and prompt correction of deficiencies. Leadership stability was addressed through Administrator transition, reinforced regional nursing oversight, and enhanced accountability structures. These sustained interventions have strengthened compliance controls, improved clinical oversight, and reduced risk of recurrence.
	On December 10, 2021, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arc at Auburn and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed a NH 22-C0013), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1010h), 300.1210a), 300.1210b)5), 300.1210d)6), and 300.1220b)3) based on claims the facility failed to assess residents for fall risks, failed to provide adequate supervision, and failed to implement progressive interventions to prevent falls for 3 residents, where two residents sustained lacerations and one sustained a fracture.	
	On November 23, 2021, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arc at Auburn. As a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 22-C0014), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1010h), 300.1210b), 300.1210c), and 300.1210d)1)2) based on claims the a resident developed a MRSA infection at a surgical incision after the facility failed to provide adequate wound treatment, failed to timely update a physician of wound deterioration, and failed to administer antibiotics as ordered by the physician for one resident with a wound.	
Arcadia Care at Bloomington (Acquired 10/1/2020)	On March 23, 2023, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arcadia Care at Bloomington and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 23-C0398), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1010h), 300.1210b), and 300.1210d)2)3) based on claims the facility failed to implement physician's orders timely and failed to document a thorough assessment for multiple days after one resident's fall, resulting in delayed in treatment for a femoral hip fracture. The survey also alleged the facility failed to investigate the	Surveys between 2022 and 2023 cited fall prevention, delayed assessments, delayed physician notification, and wheelchair maintenance concerns. Corrective actions included standardized fall investigations with root cause analysis, reinforced physician order tracking, wheelchair safety audits, and leadership education on timely assessment, documentation, and escalation of care.

Facility Info	Violation Summary	Response, Corrective Action and Systemic Improvements
	root cause of a fall and failed to maintain a wheelchair in safe condition after a resident sustained a puncture/laceration requiring sutures during an attempted self-transfer from bed to wheelchair.	In response to historical citations at Arcadia Care at Bloomington, Arcadia Care implemented targeted corrective actions addressing care plan execution, clinical escalation, supervision, and timeliness of treatment. Interventions included reinforced education to nursing staff on recognition of changes in condition, timely physician notification, and required follow-through consistent with care plan expectations. Specific corrective actions addressed delayed treatment related to laboratory orders. Education was provided to the contracted Nurse Practitioner vendor regarding Arcadia Care’s PCC documentation and order-entry workflows to ensure timely review and implementation of physician and practitioner orders. Facility nursing staff were re-educated on responsibility for tracking ordered laboratory studies, escalating delays, and ensuring completion and documentation of results. Additional interventions included strengthened post-fall and post-incident assessments, enhanced supervision and assistance for high-risk residents, and ongoing Regional Nurse Consultant monitoring. These measures were incorporated into routine quality assurance processes to mitigate risk of recurrence and ensure timely, appropriate resident care. These interventions were implemented immediately following identification of the issues and monitored through ongoing leadership oversight, Regional Nurse Consultant monitoring, and integration into the facility’s quality assurance and performance improvement processes.
	On January 12, 2023, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arcadia Care at Bloomington and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 23-C0133), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1010h), 300.1210b), and 300.1210d1)2)3) based on claims the facility contributed to a delay in treatment for one resident when it failed to obtain physician ordered laboratory values, failed to report critical level laboratory values to the Physician and failed to report a change in condition timely for the resident.	
	On August 3, 2022, the Illinois Department of Public Health (“IDPH”) conducted an annual licensre survey at Arcadia Care at Bloomington. As a result of the annuals/standard survey, IDPH issued a Notice of Type A Violation (docketed as NH 22-S0813), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1210a), 300.1210b)5), 300.1210c), 300.1210d)6), and 300.1220b)3) based on claims the facility failed to implement fall prevention interventions according to a resident's care plan and failed to maintain wheelchair equipment in a safe and functional manner to prevent falls, which contributed to two residents’ falls, one of which involved a femur fracture requiring surgery.	

Facility Info	Violation Summary	Response, Corrective Action and Systemic Improvements
Arcadia Care at Havana (Acquired 12/1/2024)	On August 11, 2025, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arcadia Care at Havana (d/b/a Havana Health Care Center) and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 25-C0945), which imposed a \$12,500 fine and a conditional license, for alleged violations of 300.610a), 300.3210(t), 300.3210(b), 300.3210(c) and 300.3210(g) based on claims the facility failed to protect two residents from financial exploitation by their guardians and failing to report allegations of financial exploitation.	Following the August 11, 2025 survey, the facility implemented corrective actions included reinforcement of guardian oversight processes, financial exploitation prevention measures, and staff education on mandatory reporting requirements.
Arcadia Care at Jacksonville (Acquired 1/1/2022)	On March 31, 2022, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arcadia Care at Jacksonville and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 22-C0331), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1010h), 300.1210a), 300.1210b), 300.1210c), and 300.1210d)6) based on claims the facility failed to provide a safe transfer to a resident who fell out of a shower chair and sustained fractures to their tibia/fibula.	The March 31, 2022 survey occurred during an early post-acquisition period. Following the survey, Arcadia Care implemented corrective actions focused on strengthening transfer safety, staff competency, and care plan adherence. Interventions included re-education of nursing and certified staff on safe transfer techniques, appropriate use of assistive devices, and adherence to individualized care plans. Transfer policies were reviewed and reinforced, and staff competency was validated through observation and return demonstrations. Leadership implemented enhanced monitoring of high-risk transfers, interdisciplinary review of incidents, and routine audits to ensure compliance with transfer protocols. These corrective actions were integrated into ongoing quality assurance processes and reinforced through regional clinical oversight to promote sustained improvement and resident safety.
Arcadia Care at Morris (Acquired 2/1/2022)	On May 18, 2023, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arcadia Care at Morris and, as a result of the survey, IDPH issued a Notice of Type A Violation (Docketed as NH 23-C0611), which imposed a \$25,000	Multiple surveys cited issues related to falls, pain management, wound care, and wheelchair safety. Corrective actions included removal of anti-rollback and anti-tip devices post-discharge,

Facility Info	Violation Summary	Response, Corrective Action and Systemic Improvements
	fine and a conditional license, for alleged violations of 300.610a), 300.1210b), and 300.1210d)6) based on claims the facility failed to implement interventions to prevent a resident's fall that caused a subdural hematoma.	weekly Regional Nurse Consultant review of fall interventions, leadership education, comprehensive audits of fall interventions, and wheelchair safety audits.
	On February 17, 2023, the Illinois Department of Public Health (“IDPH”) conducted its annual licensure survey at Arcadia Care at Morris. As a result of the annual/standard survey, IDPH issued a Notice of Type A Violation (docketed as NH 23-S0272), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1210b), 300.1210c), 300.1210d)6), and 300.1220b)3) based on claims the facility failed to ensure pain medications were available to a resident where the resident reportedly experienced sleeplessness and narcotic medication withdrawal symptoms.	In response to historical citations, Arcadia Care implemented additional targeted corrective actions at Arcadia Care at Morris focused on medication access, pain management, wound care, and mobility safety. Pharmacy delivery timeliness was formally reviewed, and a Quality Assurance review was completed by the contracted pharmacy provider. Findings from the pharmacy QA were integrated into facility practices to ensure timely medication availability.
	On December 27, 2022, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arcadia Care at Morris and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 23-C0126), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1210a), 300.1210b), 300.1210c), and 300.1210d)2) claiming the facility failed to assess, evaluate, and treat a surgical hip wound for one newly admitted resident who had to be hospitalized for antibiotic therapy to treat a surgical site infection.	All resident pain scores were reviewed, and nursing staff received education on pain assessment, documentation, monitoring, and timely follow-up. Facility-led wound rounds were completed on all residents, with comprehensive review of existing wounds. Education and in-service training were provided to nursing staff on admission wound assessments, ongoing wound monitoring, documentation expectations, and escalation processes.
	On September 9, 2022, the Illinois Department of Public Health (“IDPH”) conducted a survey at Arcadia Care at Morris. As a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 22-C0948), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.1210b)5), 300.1210d)6), and 300.3240a) based on a claim the facility failed to provide safe wheelchair transport that resulted in one resident sustaining a left prosthetic knee dislocation, a forehead laceration, a left knee tibial plateaus fracture, and right knee distal femur peri-prosthetic fracture.	Additionally, education and in-service training were completed on safe wheelchair transport practices to reinforce proper assistance, equipment use, and resident safety. These interventions were incorporated into routine quality monitoring and reinforced through ongoing leadership and Regional Nurse Consultant oversight.

Facility Info	Violation Summary	Response, Corrective Action and Systemic Improvements
Avenues at Royal Oak (Acquired 12/1/2024)	On May 20, 2025, the Illinois Department of Public Health (“IDPH”) conducted a survey at Avenues at Royal Oak and, as a result of the survey, IDPH issued a Notice of Type A Violation, which imposed a \$25,000 fine and a conditional license, for violations of applicable law based claims the facility failed to follow pain management policies and not adequately assessing, documenting or treating a resident's pain while awaiting further evaluation and treatment after a fall with significant injury.	Following the May 20, 2025 survey, Avenues at Royal Oak implemented immediate corrective actions addressing pain assessment, documentation, and timely clinical escalation following resident injury. Corrective measures included re-education of nursing staff on pain assessment protocols, documentation requirements, and timely follow-up for residents experiencing pain after falls or injuries. Leadership reinforced adherence to pain management policies and ensured appropriate physician notification and care plan updates. Ongoing monitoring was implemented through nursing leadership review and interdisciplinary oversight to ensure consistent pain assessment, documentation, and treatment. These measures were incorporated into routine quality monitoring and reinforced through regional clinical support to reduce risk of recurrence and ensure timely, appropriate resident care.
Avenues at Springfield (Acquired 1/1/2022)	On January 15, 2025, the Illinois Department of Public Health (“IDPH”) conducted a survey at Avenues at Springfield and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 25-CS0133), which imposed a \$25,000 fine and a conditional license, for alleged violations of 300.610a), 300.1210b)c)d)6, 300.1220b)3), and 300.3100d)2) based on a claim the facility failed to prevent an elopement for one resident.	Following the January 15, 2025 survey related to an elopement, a one-day Plan of Correction was accepted with no revisit required. Corrective actions included 1:1 supervision until resident transfer to a secured dementia unit, door code changes, and facility-wide Code Pink drills and education.
	On July 8, 2022, the Illinois Department of Public Health (“IDPH”) conducted a survey at Avenues at Springfield and, as a result of the survey, IDPH issued a Notice of Type A Violation (docketed as NH 22-C0573), which imposed a \$25,000	The July 8, 2022 survey occurred during a period of operational transition. Following the survey, corrective actions were implemented to strengthen supervision, resident monitoring,

Facility Info	Violation Summary	Response, Corrective Action and Systemic Improvements
	fine and a conditional license, for alleged violations of 300.610a), 300.1210b), 300.1210d)2)3), and 300.3210o) based on claims the facility failed to prevent neglect by allowing a resident with a history of alcoholism to leave the facility unsupervised, gain access to alcohol and engage in sexually abusive behavior towards another resident.	and adherence to policies addressing resident safety and behavioral risks. Interventions included staff education on supervision requirements, monitoring of residents with known behavioral or substance-use risks, and enforcement of policies governing resident access to the community. Care plans were reviewed and updated to ensure appropriate interventions and supervision levels were clearly identified and implemented. Leadership reinforced interdisciplinary communication, incident review processes, and ongoing monitoring to ensure sustained compliance. These corrective actions were incorporated into routine quality assurance activities and reinforced through regional oversight to mitigate risk and promote resident safety.