(X6) DATE

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
712 . 271	G. GG		A. BUILDING:					
		IL6008056	B. WING		03/0	, 6/2024		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ACCOLA	DE HC OF EAST PEC	)RIA	ENNIAL DRI DRIA, IL 616					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Complaint Investiga	ations:						
	2421235/IL169792 2421573/IL170222							
S9999	Final Observations		S9999					
	Statement of Licens	sure Violations:						
	300.1230d) 300.1230f) 300.1230g) 300.1230k)1)2)A)B	)3)4)5)6)7)						
	Section 300.1230 D	Direct Care Staffing						
	hours of nursing an resident needing sk nursing and person needing intermedia of the Act) For the p "nursing care" and	um staffing ratios shall be 3.8 d personal care each day for a cilled care and 2.5 hours of al care each day for a resident te care. (Section 3-202.05(d) ourpose of this subsection, "personal care" mean direct aff listed in subsection (i).						
	care who are neede shall be based on the shall be determined	r of staff who provide direct ed at any time in the facility he needs of the residents and d by figuring the number of e each resident needs per day.						
	care staff by comply	y shall provide minimum direct ying with subsection (f) and um direct care staffing ratios tion.						
		ine the direct care staffing ally minimum staffing ratios for						

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE **Electronically Signed** 03/21/24 Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6008056	B. WING			C 06/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
ACCOLADE HC OF EAST PEORIA 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611						
(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	skilled care and intestaffing formula shall.  1) Determine requiring skilled car requiring intermedia.  2) Calculate the and personal care he are shall be multiphours (3.8) per resident for each state of the total number of direct care for all reduced the total number of direct care hours reduced to the total number of direct care hours reduced the total number of direct care hours reduced the total number of direct care hours reduced the minimulate of the minimulate hours that shall be period.  5) Multiplying direct care time requestermined under secults in the minimulate hours that shall be period.	ermediate care, the following all be used:  the number of residents are and the number of residents are care.  The total daily required nursing nours for each level of care:  The of residents requiring skilled lied by the required number of dent.  The of residents requiring shall be multiplied by the hours (2.5) per resident.  The of residents requiring hall be multiplied by the hours (2.5) per resident.  The of residents requiring hall be multiplied by the hours (2.5) per resident.  The of residents requiring hall be multiplied by the hours (2.5) per resident.  The of residents requiring hall number of direct to determine hours required to provide sidents in the facility.  The total minimum hours of quired for all residents, ubsection (k)(3), by 25% um amount of licensed nurse provided during a 24-hour  The total minimum hours of uired for all residents, ubsection (k)(3), by 10% um amount of registered all be provided during a	\$9999			
	required direct care	ning 75% of the minimum hours may also be fulfilled by I in subsection (i) as long as it				

Illinois Department of Public Health

STATE FORM 6899 T87V11 If continuation sheet 2 of 5

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	A. BUILDING:				_	
		IL6008056	B. WING			C <b>06/2024</b>
NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, S	STATE, ZIP CODE		
ACCOLA	ADE HC OF EAST PEO	ORIA	FENNIAL DRI ORIA, IL 616			
(V4) ID	SLIMMADV STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	PRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 2	S9999			
	can be documented that those staff provide direct care, and that nursing care and nursing delegation is in accordance with the Nurse Practice Act.					
	7) The amount of time determined in subsections (k)(4), (5) and (6) is expressed in hours.					
	This requirement is	s not met as evidenced by:				
	review, the facility f required Direct Car	ion, interview, and record failed to meet the minimum re Staff hours for 14 of 14 This has the potential to affect he facility.				
	Findings include:					
	1:00 p.m., there we	24 between 11:00 a.m. and ere four Certified Nurse ne CNA orientating, observed r.				
	provided and verifice 2/21/24 through 3/5	o.m., V1 (Administrator) ed daily staffing sheets dated 5/24, which document the d by Direct Care Staff.				
	facility's calculated Direct Care Staff, p documents from 2/2 were less than the Staffing hours for e 2/21/24-88.5 hours 2/22/24-97 hours (r 92 hours (required hours (required hours 128	al staffing numbers and the required minimum hours for provided by V1 (Administrator), 21/24 through 3/5/24 there required minimum Direct Care each of the following dates: (required hours 124.4); required hours 122.5); 2/23/24-hours 122.5); 2/24/24-121 ars 125.4); 2/25/24-116 hours 5.4); 2/26/24- 84 hours 3.4); 2/27/24-92 hours				

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STATE FORM 6899 T87V11 If continuation sheet 3 of 5

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		IL6008056	B. WING			C <b>06/2024</b>	
ACCOLADE HC OF FAST PEORIA 500 CENT			DDRESS, CITY, STATE, ZIP CODE TENNIAL DRIVE CORIA, IL 61611				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
\$9999	(required hours 124 (required hours 130 hours 127.1); 3/1/2 131.1); 3/2/24-108 3/3/24-84 hours (reand 3/5/24-92 hours 13/2/24-92 hours 13/2/24 at 11:00 the facility has a sh (Certified Nurse Aidstated the facility's significantly since Inot been able to him meet the required restaff. V1 stated, "At and the calculated Nurse Aides of 7 or and 3 on night shift federal regulations requirements. We have a hard time graph on 3/5/24 at 12:44 Aide/CNA) stated, "than we do because have a hard time graph shift."  On 3/5/24 at 1:05 p the scheduler but from 10 floor due to low stated today, there were 4 now, I think we are shift. We don't have 10 Nursing) stated the 10 stated to 10 p Nursing) stated the 10 p Nursing	4.4); 2/28/24-116 hours b); 2/29/24-96 hours (required 4-88 hours (required hours 131.1); equired hours 128.2); 3/4/24 is (required hours 127.1).  a.m., V1 (Administrator) stated ortage of Direct Care Staff les/CNA's) at this time. V1 census has increased december 2023 and they have and retain enough staff to ininimum hours of Direct Care is of today the census is 59 required minimum Certified in day shift, 5 on evening shift, we follow the state and to calculate the staffing have a calculator that we put mediate and skilled residents is us what are required					

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	·	E CONSTRUCTION	(X3) DATE S	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:	<del></del>	COMPL	EIED
		IL6008056	B. WING		03/06	6/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
40001.4	DE 110 OF EAST DE	500 CENT	ENNIAL DRI	VE		
ACCOLA	DE HC OF EAST PEC	EAST PEO	ORIA, IL 616	311		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
S9999	Continued From pa	ge 4	S9999			
	3 on night shift at the census we have been running (59). We have four Certified Nurse Aides and one trainee CNA on the floor today on day shift."					
	stated some days to the floor to answer or get all residents do the absolute bes sometimes it does	a.m., V15 (Registered Nurse) here are not enough staff on call lights in a timely manner out of bed. V15 stated, "Staff st they can when I'm here but take them longer to answer e busy with another resident."				
	On 3/4/24 at 11:17 a.m., V16 (Registered Nurse) stated there are 59 residents in the facility at this time and there are only four Certified Nurse Aides on the floor for day shift. V16 stated is not enough for them to always get call lights answered in a timely manner. V16 stated, "We all work together and try to get to each resident as quick as we can."					
	have enough CNAs R1 and R2 stated of long to be answere get out of bed frequenough staff to get lift. R1 stated it take	R2 stated the facility does not to meet their personal needs. Fall lights frequently take too d. R1 stated he is not able to pently due to there not being him up with the mechanical es 3 or 4 staff assistance to penetimes that is all the staff e residents.				
		ensus breakdown form dated there are 59 residents residing				

Illinois Department of Public Health STATE FORM

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