

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE PEORIA HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1629 EAST GARDNER LANE PEORIA HEIGHTS, IL 61616		
(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	S 000		
	First Probationary Licensure Survey/Change of Ownership Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations 1 of 8: 300.610a) 300.1210d)6) 300.2210a) 300.2210b)1)2)4)9) 300.2220a)1)2)3) 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 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: 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			

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>and assistance to prevent accidents.</p> <p>Section 300.2210 Maintenance</p> <p>a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies.</p> <p>b) Each facility shall:</p> <p>1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards.</p> <p>2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.</p> <p>4) Maintain the interior and exterior finishes of the building as needed to keep it attractive and clean and safe (painting, washing, and other types of maintenance).</p> <p>9) Maintain all plumbing fixtures and piping in good repair and properly functioning.</p> <p>9) Maintain all plumbing fixtures and piping in good repair and properly functioning.</p> <p>Section 300.2220 Housekeeping</p> <p>a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall:</p> <p>1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas.</p> <p>2) Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs.</p> <p>3) Control odors within the housekeeping</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 2</p> <p>staff's areas of responsibility by effective cleaning procedures and by the proper use of ventilation systems. Deodorants shall not be used to cover up persistent odors caused by unsanitary conditions or poor housekeeping practices.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on observation, interview, and record review the facility failed to ensure a non-skid strip was properly installed on the residents' shower room floor. This failure has the potential to affect all 85 residents residing within the facility.</p> <p>Findings include:</p> <p>The facility's Census Log dated 1-12-25 documents 85 residents currently reside within the facility.</p> <p>The facility's Maintenance Director Job Description dated 03/2024 documents, "The primary purpose of the Maintenance Director is to assure that our facility is maintained in a safe and comfortable manner. Essential Duties and Responsibilities: Must maintain and perform regular inspections of resident rooms/units for order, safety, and proper performance of equipment."</p> <p>On 1-12-25 at 10:30 AM and 2:30 PM and 1-13-25 at 10:00 AM and 1:10 PM the shower room that the facility identifies as "hillside shower room" had an eight foot long by six-inch-wide piece of non-skid material balled up in a pile at the edge of the threshold where residents step into the shower or where staff roll residents who use a shower chair/gurney over into the shower.</p> <p>On 1-12-25 at 1:10 PM V5 (Environmental</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 3</p> <p>Services Director) stated, "The non-skid material being ripped up and in a pile is a huge fall risk. That non-skid material was peeled up from the floor and was supposed to be used to keep the threshold from being slippery while the residents use the shower room. I measured the non-skid material, and it measured eight foot long by six inches wide. All residents on all the hallways use this shower room currently, as the other shower room does not have heat."</p> <p>On 1-14-25 at 10:10 AM V11 (Certified Nursing Assistant/CNA) stated, "The non-skid stuff has been torn up and piled up on the shower room floor for quite some time now. All residents in the facility must use this one shower room, as the other shower room is out of order currently."</p> <p>B. Based on observation, interview, and record review the facility failed to provide adequate maintenance staff and implement adequate maintenance services to keep the facility walls, floors, shower rooms, drains, and heating system in good repair and functioning properly. These failures have the potential to affect all 85 residents residing within the facility.</p> <p>Findings include:</p> <p>The facility's Census Log dated 1-12-25 documents 85 residents currently reside within the facility.</p> <p>The facility's Bathing-Shower and Tub Bath Policy, dated 10/2024, documents "Purpose: To ensure resident's cleanliness to maintain proper hygiene and dignity. Guidelines: A shower, tub bath or bed/sponge bath will be offered according to resident's preference, no less than once per</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 4</p> <p>week or according to the resident's preferred frequency and as needed or requested. Shower: Check shower room and ensure that bathing area and shower chair/bed is clean and available. Make sure shower room/bathing area is warm."</p> <p>The facility's Maintenance Director Job Description dated 03/2024 documents, "The primary purpose of the Maintenance Director is to plan, organize, develop, and direct the overall operation of the maintenance department in accordance with current, federal, state, and local standards, guidelines, and regulations governing our facility and as may be directed by the Administrator, to assure that our facility is maintained in a safe and comfortable manner. Essential Duties and Responsibilities: Repair facility/resident property as necessary. In the event of inability to repair coordinate with outside vendors to make repairs or replace as cost effectively as possible. Also ensure that services provided by outside vendors are properly completed in accordance with contracts/work orders. Ensure that supplies and equipment is maintained to provide safe and comfortable environment. Promptly reports equipment of facility damage to the Administrator."</p> <p>On 1-12-25 from 9:50 AM through 10:40 AM and 1-13-25 from 9:45 AM through 10:15 AM tours were conducted throughout the facility. On both days, during both tours R6, R8, R9, R15, R16, R17, and R18's room floor tiles were stained with dark grey curvy lines throughout and their walls had multiple holes and areas of rough, unpainted dry wall. R6, R8, R9, R15, R16, R17, and R18's bathroom tiles were mushy and chipped beyond repair.</p> <p>On 1-12-25 at 10:15 AM the facility shower room identified as "Riverside Shower Room" had</p>	S9999		

Illinois Department of Public Health

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Illinois Department of Public Health

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S9999	<p>Continued From page 6</p> <p>On 1-12-25 at 10:43 AM R24 stated that she was given a shower on the other side of the building for the last two weeks because of riverside shower room being down. R24 said "I don't like to go all the way to the other side of the building to take a shower and the shower room is disgusting over there." R24 verified the shower room air temperature was cold when taking a shower on riverside around three weeks ago.</p> <p>On 1-12-25 at 10:45 AM R9 stated, "My floors are stained."</p> <p>On 1-12-25 at 12:53 PM V5 (Environmental Services Director) stated, "No one reported to me that the shower room on Riverside was clogged or cold. I have looked at all the maintenance orders in V6 (Maintenance Director's) office, at the front desk, and on both hallways. The drain in Riverside shower room does clog occasionally and we must use a roto-rooter to unclog it. I do not think the shower room on Riverside even has heat so I am unsure why they are saying the heat isn't working, but I will look into it. The resident floor tiles are stained and cannot be stripped, and the resident rooms bathrooms floor tiles need ripped up and replaced. Most all the resident rooms need the drywall sanded and painted. No floors have gotten stripped in the facility since I started here last summer. There is not enough maintenance staff to keep up with this big of a building."</p> <p>On 1-12-25 at 1:22PM V12 (CNA) stated, "I worked last Wednesday and gave a resident a shower in the riverside shower room. There was standing water, but I gave a shower anyways. I did not tell anyone because it was second shift, and no management was at the building during</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 7</p> <p>that time. I didn't even try to use the heat in the shower room on riverside."</p> <p>On 1-12-25 at 1:30 PM V1 (Administrator) verified the shower room on riverside felt cool even after the heat was turned on. V1 stated she would get V5/Environment Services Director to take the temp in the shower room. V1/Administrator denies being aware of the heat not working in the shower room on riverside.</p> <p>On 1-12-2025 at 1:47 PM V5 (Environmental Services Director) temped the shower room on riverside. The temperature was 59.7 degrees F (Fahrenheit). V5 denied being aware the heater had not been working in the shower room on riverside.</p> <p>1-12-2025 at 2:00 PM V1 (Administrator) stated the shower rooms temperatures should be between 71 degrees and 81 degrees Fahrenheit and confirmed the 59.7 degrees F. V1 stated "The temperature is too low for a resident to be using the shower room."</p> <p>On 1-13-25 at 9:37 AM V13 (Regional Maintenance Director) stated, "V1 (Administrator) made me aware of the heater not working in the shower room on riverside on 1-12-25. I came in today and checked out the heater and realized the blower motor is out, therefor the heater is not working. We (the facility) are contacting a contractor now to come out and fix it."</p> <p>On 1-13-25 at 9:40 AM V6 (Maintenance Director) stated that he has been aware the heater on riverside has been going out for the past month. V6 stated he thought he had fixed it the last time and staff had not let him know the heater was not working again, so he was</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 8</p> <p>unaware to fix it. V6 stated there is not enough maintenance staff to keep up with the building needs.</p> <p>On 1-13-25 at 12:07 PM R4 stated that it is hard to get things fixed around the facility. R4 stated he told V5 (Environmental Services Director) a month ago that two tables in the dining room were wiggly while sitting at them and needed to be repaired. R4 stated nothing has been done with the tables still at this point.</p> <p>On 1-13-24 at 12:10 PM R3 verified he had he had to take a shower on hillside today because riverside shower room was down. R3 stated, "I do not like taking a shower on riverside anyways because it has been freezing in the shower room."</p> <p>C.) Based on observation, interview, and record review the facility failed to implement adequate housekeeping services to keep the facility clean and free of odors. These failures have the potential to affect all 85 residents residing within the facility.</p> <p>Findings include:</p> <p>The facility's Census Log dated 1-12-25 documents 85 residents currently reside within the facility.</p> <p>The facility's Housekeeper Job Description, undated, documents, "Summary: The primary purpose of the housekeeper to perform the day-to-day activities of the housekeeping department in accordance with current federal, state and local standards, guidelines and regulations governing our facility and as may be</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>directed by the administrator and or the director of environmental services, to ensure that our facility is maintained in a clean, safe, and comfortable manner. Essential duties and responsibilities: Ensure that cleaning schedules are followed as closely as practical. Report all accidents/incidents to your supervisor, no matter how minor they may be. Clean, wash, sanitize, and or polish fixtures, ledges, room heating. Cooling units, bathroom fixtures, etcetera (etc.). Clean floors including sweeping, dusting, damp, wet mopping, stripping, waxing, buffing, disinfecting, etc."</p> <p>On 1-12-25 from 9:50 AM through 10:40 AM and 1-13-25 from 9:45 AM through 10:15 AM tours were conducted throughout the facility. On both days, during both tours R6's, R8's, and R9's resident room floors had scattered brown debris and trash throughout. On both days, during both tours R8's bathroom floor was covered in a clear fluid, and R1, R2, R3, R4, R6, R8, R9, R15, R16, R17, R18, and R24's rooms had strong urine smells, and the toilet bowls and the floor tiles and caulking around the toilets were stained with thick yellowish-brown stains.</p> <p>On 1-12-25 at 10:15 AM and 2:00 PM the shower room that the facility identified as "riverside shower room" had debris around the baseboards of the shower room. The toilet that was located inside this shower room had dried feces smeared around the toilet bowl and on the toilet seat.</p> <p>On 1-12-25 at 10:30 AM and 2:30 PM and 1-13-25 at 10:00 AM and 1:10 PM the shower room that the facility identifies as "hillside shower room" had a strong urine smell. The toilet that was located inside this shower room, had a thick yellowish-brown stain in the toilet bowl. The drain</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>within the shower room was covered in hair and there were two dirty wash clothes hanging off the shower chair.</p> <p>On 1-12-24 at 10:18 AM V23 (Licensed Practical Nurse/LPN) verified debris around the base board and dried feces located in the toilet bowl and on the toilet seat in "riverside shower room." V23 stated, "we (the facility) have trouble with housekeeping around here."</p> <p>On 1-12-25 at 10:20 AM and 1-13-25 at 10:15 AM R5 was lying in his bed and R5's floor at the head of his bed had a basketball sized pool of dried nutritional enteral feeding. R5 stated, "The staff let my feeding tube formula drip down on the floor, and housekeeping never cleans it up. That feeding has been dried on the floor for a long time. Housekeepers do not come in to clean every day."</p> <p>On 1-12-2025 at 10:25AM R1 was lying in his bed sleeping. V25 (Certified Nursing Assistant/CNA) was sitting in a chair in R1's room due to R1 being one on one supervision. R1's room had debris observed on the television hanging on the wall, debris around and underneath R1's bed and around the baseboard in R1's room. R1's bathroom floor had grime and debris and a thick yellowish-brown stain around R1's toilet. V25 verified the debris and stains observed on the television, around R1's bed and baseboards, and in R1's bathroom. V25 (CNA) stated, "They have poor housekeeping skills at this facility. No housekeeper will stay."</p> <p>On 1-12-2024 at 10:32 AM R2 was lying in her bed with a catheter covered and hanging on the bed. R2's floor had dirt and debris located around the base boards of her rooms and in her</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>bathroom. R2's bathroom had a strong odor smell with a thick yellowish-brown stain around the base of R2's toilet. R2 stated, "I do not like that my room doesn't get cleaned very well it looks like this all of the time."</p> <p>On 1-12-25 at 10:40 AM R6 stated, "Look at my room. It is dirty and stinks. No one ever cleans my room. It is filthy. The shower room is used by all the residents and is never clean."</p> <p>On 1-12-2025 at 10:43 R3 and R24 were lying in their beds in their room. R3 and R24's room had scattered debris all over the floor and around the baseboards. Empty plastic glasses and trash was located on the left side of R3's bed in between the bed and the wall. R3 and R24's bathroom had a thick yellowish-brown stain around the base of the toilet bowl along with sticky stains located on the bathroom floor. R24 stated, "I do not like my floor looking so dirty all the time." R3 stated she does not use the bathroom but doesn't like that her room doesn't get cleaned very well.</p> <p>On 1-12-25 at 10:45 AM R9 stated, "I would like my bathroom to be clean and the housekeepers to sweep my floors. My room is usually dirty."</p> <p>On 1-13-25 at 11:00 AM R4 stated, "There is very little housekeeping that takes place here. The place is dirty and smells. I do not even like using the shower rooms. They are disgusting."</p> <p>On 1-13-25 at 1:10 PM V5 (Environmental Services Director) stated, "I was not notified that the housekeeper did not show up for work today. Someone should have let me know. There should be two to three full-time housekeepers working every day. I am having a really hard time</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE PEORIA HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1629 EAST GARDNER LANE PEORIA HEIGHTS, IL 61616		
(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>with the housekeeper's doing their jobs. I cannot get the housekeepers to get on board with what they should be doing. All rooms are supposed to be deep cleaned once a month and that has not been done since I have started here in July/2024." V5 verified R6's, R8's, and R9's resident room floors had scattered brown debris and trash throughout, R8's bathroom floor was covered in a clear fluid, and R6, R8, R9, R15, R16, R17, and R18's rooms had strong urine smells, and the toilet bowls and the floor tiles and caulking around the toilets were stained with thick yellowish-brown stains. V5 also verified that the shower room toilet bowl that had a thick yellowish-brown stain in the toilet bowl, the shower drain was covered in hair, and there were two dirty wash clothes hanging off the shower chair.</p> <p>On 1-13-25 at 12:07 PM R4 was sitting at a table in the dining room. R4 stated his room floors make him every upset especially the bathroom. "They never mop my bathroom, and it is completely dirty on the floor."</p> <p>On 1-14-25 at 10:10 AM V11 (CNA) stated the shower room is always dirty and housekeeping never cleans the shower room or the shower room toilet.</p> <p>On 1-15-25 at 9:25 AM V6 (Maintenance Director) verified R1, R2, R3, R4 and R24's rooms had scattered debris around the floors and had thick yellowish-brown stains around the toilet bowls. V6 stated, "It's terrible. I don't know what the answer is."</p> <p>"B"</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 13</p> <p>Statement of Licensure Violations 2 of 8: 300.610a) 300.2090b) 300.2100</p> <p>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.</p> <p>Section 300.2090 Food Preparation and Service b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs.</p> <p>Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Code."</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on observation, interview, and record review the facility failed to ensure meal thermometers were calibrated before use and ensure foods were held and served at proper temperatures to maintain palatability. These failures have the potential to affect all 85 residents residing within the facility.</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 14</p> <p>Findings include:</p> <p>The facility's Census Log dated 1-12-25 documents 85 residents currently reside within the facility.</p> <p>The facility's Serving Temperatures for Hot and Cold Foods policy dated 09/2023 documents, "Guideline: Staff will follow the guidelines below when serving hot and cold beverages and food. Procedure: Foods will be served at the following temperatures to ensure a safe and appetizing experience. The minimum serving temperatures do not reflect the required temperatures needed for preparation, cooking, or cooling of foods. These are minimum serving/holding temperatures and may vary based on state regulations. Hot foods served at higher temperatures, based on resident preference, must be done cautiously because foods served too hot may potentially decrease food quality and possibly contribute to resident burns. Meat, Casseroles 135 degrees F (Fahrenheit) to 170 degrees F, Fruits, Desserts, Salads 41 degrees F or below. Dairy Products 41 degrees F or below. All hot foods will be kept in steam table pans and placed in steam table carts or in the oven. Food will not be placed in the steam table more than 30 minutes before dining service. During service, lids to cover one half of the pans will be used. The cook will take temperatures of hot and cold food items using approved food thermometers prior to each meal service. Food temperatures will be recorded. If a beverage cart, salad cart, or dessert tray is utilized (instead of refrigerator), cold foods will be iced down or served in a manner that ensures proper temperatures throughout meal service."</p> <p>The facility's Thermometer Calibration policy</p>	S9999			

Illinois Department of Public Health

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S9999	<p>Continued From page 15</p> <p>dated 11/2024 documents, "Policy: Thermometers will be calibrated regularly. Procedure: Thermometers will be calibrated daily if used continually, when dropped, before first used, and going from one extreme temperature to another."</p> <p>The facility's Thermometer Calibration Log dated 1-1-25 through 1-13-25 documents a thermometer was not calibrated daily on 1-1-24 through 1-12-24.</p> <p>On 1-12-25 from 12:20 PM to 1:20 PM V8 (Cook) was serving a meat lasagna out of a flat pan that was not placed on or within a heat maintaining device and was serving creamy mayonnaise-based coleslaw out of a large steel bowl that was placed on top of the steam table lidded pans. V8 was not using any heat source to keep the pan of meat lasagna warm and did not have the coleslaw bowl submerged in ice. V8 went to obtain temperatures of the lasagna and coleslaw and was not aware of how to calibrate a thermometer. V8 summoned V9 (Dietary Manager). V9 (Dietary Manager) calibrated two thermometers. V8 then used the thermometers to take the temperatures of the meat lasagna and the coleslaw. The meat lasagna temperature was 98 degrees F (Fahrenheit), and the coleslaw was 51 degrees F.</p> <p>On 1-12-25 at 1:30 PM V8 (Cook) stated he was unaware of how to calibrate a thermometer.</p> <p>On 1-12-25 at 1:40 PM V9 (Dietary Manager) stated, "According to the thermometer calibration logs the thermometers have not been getting calibrated daily since 1-1-25. (V8) should have known how to calibrate a thermometer. The coleslaw should have been put into ice while</p>	S9999			

Illinois Department of Public Health

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S9999	<p>Continued From page 16</p> <p>being served and all hot foods are supposed to be placed within the steam table pans while be serving. (V8) knows better than to keep the cold and hot foods together. Cold foods should be maintained at 41 degrees Fahrenheit and hot foods should be maintained at 140 degrees Fahrenheit."</p> <p>On 1-12-25 at 10:40 AM R6 stated, "The food is cold every day."</p> <p>On 1-13-25 at 11:00 AM R4 stated, "We (the residents) complain every month in resident council about the food being cold. Nothing is ever done to fix it."</p> <p>On 1-13-25 at 11:15 AM R10 stated, "Most generally the food is cold and not that great."</p> <p>B. Based on observation, interview, and record review the facility failed to ensure a cart used to store clean dishes was kept clean and free of debris. This failure has the potential to affect all 85 residents residing within the facility.</p> <p>Findings include:</p> <p>The facility's Census Log dated 1-12-25 documents 85 residents currently reside within the facility.</p> <p>The facility's General Sanitation Practices policy dated 09/2023 documents, "The kitchen will be maintained in a clean and sanitary condition. Work surfaces will be kept neat and clean during food preparation and service."</p> <p>On 1-12-25 at 12:00 PM during a tour of the kitchen a metal two-shelf cart on wheels used to store clean dishes had a bottom shelf that was</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 17</p> <p>covered in brownish-rust colored stain with brown debris. A plastic tub containing clean bowls used for meal service was sitting on top of this shelf.</p> <p>On 1-12-25 at 12:15 PM V9 (Dietary Manager) stated, "That cart is dirty and should not be being used to store clean dishes."</p> <p>"B"</p> <p>Statement of Licensure Violations 3 of 8: 300.610a) 300.3220f)</p> <p>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.</p> <p>Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 18</p> <p>Based on record review and interview the facility failed to ensure physician ordered daily weights were obtained for a resident with Congestive Heart Failure for one of seven residents (R7) reviewed for hydration in the sample of 24.</p> <p>Findings include:</p> <p>The facility's Physician Orders-Entering and Processing policy dated 10/2024 documents, "Purpose: To provide general guidelines when receiving, entering, and confirming physician or prescriber's orders. Guidelines: When receiving physician's orders by telephone: Enter the order into the resident's chart under order tab and to the instructions for the type of order that is received."</p> <p>R7's Order Summary Report dated 1-13-25 documents R7 has the diagnoses of Congestive Heart Failure.</p> <p>R7's Progress Note dated 1-3-25 and signed by V2 (Director of Nursing) documents, "New orders received from MD (Medical Doctor/V15) to make (R7) daily weight due to heart failure diagnosis. Orders processed and (R7) updated on new orders."</p> <p>R7's current Care Plan documents, "1-3-25 Weigh (R7) at same time of day (daily) and record."</p> <p>R7's Weights and Vitals Summary dated 1-3-25 through 1-12-25 document R7 was not weighed daily from 1-4-25 through 1-7-25 and 1-9-25 through 1-12-25."</p> <p>On 1-12-25 at 1:30 PM V2 (Director of Nursing) stated, 'I took the order to weigh (R7) daily due to</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 19</p> <p>(R7) having Congestive Heart Failure. Somehow, I did not transcribe the order onto (R7's) physician's order sheets, so (R7's) daily weights have not been getting done daily."</p> <p>On 1-12-25 at 1:55 PM V11 (Certified Nursing Assistant/CNA) and V12 (CNA) stated they have not been weighing R7 daily and were not aware that R7 should have been weighed daily.</p> <p>"B"</p> <p>Statement of Licensure Violations 4 of 8: 300.610a) 300.3240c)</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative and to the Department. (Section 3-610(a) of the Act)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 20</p> <p>Based on interview and record review the facility failed to implement their Abuse Policy to immediately report an allegation of Misappropriation of Property to the State Agency for two of two residents (R11 and R12) reviewed for Abuse in the sample of 24.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention and Reporting-Illinois Policy dated 09/2024 documents when an allegation of misappropriation of resident property has occurred, the (State Agency) shall be informed that the allegation has been made and is being investigated.</p> <p>1.R11's BIMS (Brief Interview for Mental Status) dated 12-31-24 documents R11 is cognitively intact.</p> <p>R11's Concern/Compliment Form dated 1-7-25 documents, "Staff member taking report: (V17/Infection Preventionist). Nature of Concern/Compliment: (R11) reports two checks missing. Both sent by mother. One check 200.00 dollars and one check 20.00 dollars."</p> <p>On 1-13-25 at 11:35 AM R11 stated, "My mom sent me two checks a month ago. One was for 200.00 dollars, and one was for 20.00 dollars. I never received the checks. The police were in here today and took my report."</p> <p>On 1-14-25 at 9:35 PM V18 (Social Service Director) stated, "On 1-7-25 (R11) was in her room and reported two checks were missing. One check was for 20.00 dollars and one check was for 200.00 dollars. I notified</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 21</p> <p>(V1/Administrator) immediately."</p> <p>2. R12's Concern/Compliment Form dated 1-7-25 documents, "Staff member taking report: (V17/Infection Preventionist). Nature of Concern/Compliment: (R12) states missing 54.00 dollars that was balled in white envelope."</p> <p>On 1-13-25 at 10:00 AM V1 (Administrator) stated, "I was told about (R11) stating she was missing checks and (R12) stating he was missing 54.00 dollars. I did not report (R11's) reports of missing checks or (R12's) reports of missing money to the state agency or to the police."</p> <p>"B"</p> <p>Statement of Licensure Violations 5 of 8: 300.610a) 300.615e) 300.625c)2)</p> <p>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.</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 22</p> <p>History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2025
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S9999	<p>Continued From page 23</p> <p>A. Based on record review and interview the facility failed to complete Criminal History Background Checks within 24-hour of admission for four of 10 residents (R6, R13, R14, R15) reviewed for Admission Background Checks in the sample of 24.</p> <p>Findings Include:</p> <p>The facility's Abuse Prevention and Reporting-Illinois dated 09/2024 documents, "Pre-Admission Screening of Potential Residents: This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. This facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident."</p> <p>1. The facility's Admission Report documents R6 was admitted to the facility on 1-3-25.</p> <p>R6's Criminal History Background check documents being completed on 1-6-25 (three days after R6's admission).</p> <p>2. The facility's Admission Report documents R13 was admitted to the facility on 11-27-24.</p> <p>R13's Criminal History Background check documents being completed on 12-2-24 (five days after R13's admission).</p> <p>3. The facility's Admission Report documents R14 was admitted to the facility on 1-7-25.</p> <p>R14's Criminal History Background check documents being completed on 1-12-25 (five days after R14's admission).</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE PEORIA HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1629 EAST GARDNER LANE PEORIA HEIGHTS, IL 61616		
(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 24</p> <p>4. The facility's Admission Report documents R15 was admitted to the facility on 12-16-24.</p> <p>R15's Criminal History Background check documents being completed on 12-28-24 (12 days after R15's admission).</p> <p>On 1-13-25 at V16 (Business Office Manager) verified R6, R13, R14, and R15's Criminal History Background checks were not obtained within 24 hours of admission. V16 stated, "If I am not working on the day the residents get admitted, then there is no one else to request the Criminal History Background Checks."</p> <p>B. Based on interview and record review, the facility failed to request a finger-printed criminal history record inquiry for residents who were identified as Identified Offenders within 72 hours of admission for two of ten residents (R13 and R15) reviewed for Admission Background Screening in the sample of 24.</p> <p>Findings include:</p> <p>1. R13's UCIA (Uniform Conviction Information Act) background check dated 12-2-24 documents R13 had a documented "hit" indicating R13 is an identified offender that would require criminal fingerprinting to be requested within 72 hours.</p> <p>R13's Fingerprinting Consent Form documents R13's consent and request to obtain fingerprinting were not obtained until 12-10-24 (eight days after the facility obtained R13's UCIA indicating R13 had a documented hit)."</p> <p>2. R15's UCIA background check dated 12-28-24 documents R15 had a documented "hit"</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 25</p> <p>indicating R15 is an identified offender that would require criminal fingerprinting to be requested within 72 hours.</p> <p>R15's Fingerprinting Consent Form documents R15's consent and request to obtain fingerprinting were not obtained until 1-7-25 (ten days after the facility obtained R15's UCIA indicating R15 had a documented hit)."</p> <p>On 1-13-25 at V16 (Business Office Manager) verified R13 and R15's consents and request for fingerprinting were not done within 72 hours after the facility obtained R13 and R15's UCIA which indicated R13 and R15 had a hit requiring fingerprinting. V16 stated, "(V18/Social Service Director) is responsible for obtaining the consent and request for fingerprinting."</p> <p>On 1-14-25 at 9:35 PM V18 (Social Service Director) stated he was not aware that the facility only has 72 hours to request fingerprinting once a resident has an identified "hit."</p> <p>"C"</p> <p>Statement of Licensure Violations 6 of 8: 300.610a) 300.661</p> <p>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</p>	S9999		

Illinois Department of Public Health

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S9999	Continued From page 26 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 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (225 ILCS 46/15) Sec. 15. Definitions. In this Act: "Initiate" means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health; conducting Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the List of Excluded Individuals and Entities database on the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or conducting similar searches as defined by rule; and having the student, applicant, or employee's fingerprints collected and transmitted electronically to the Illinois State Police.	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 27</p> <p>(225 ILCS 46/33) Sec. 33. Fingerprint-based criminal history records check. (e) When initiating a background check requested by the Department of Public Health, an educational entity, health care employer, workforce intermediary, or organization that provides pro bono legal services shall electronically submit to the Department of Public Health the student's, applicant's, or employee's social security number, demographics, disclosure, and authorization information in a format prescribed by the Department of Public Health within 2 working days after the authorization is secured. The student, applicant, or employee shall have his or her fingerprints collected electronically and transmitted to the Illinois State Police within 10 working days. The educational entity, health care employer, workforce intermediary, or organization that provides pro bono legal services shall transmit all necessary information and fees to the livescan vendor and Illinois State Police within 10 working days after receipt of the authorization. This information and the results of the criminal history record checks shall be maintained by the Department of Public Health's Health Care Worker Registry.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to complete the required background website checks prior to a new employee starting a work schedule for two employees (V21 Certified Nursing Assistant/CNA and V21 CNA) and ensure fingerprints were obtained for one employee (V21 CNA) in the mandated time frames reviewed for employee background checks. This has the potential to affect all 85 residents in the building.</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 28</p> <p>Findings include:</p> <p>The facility's Abuse Prevention and Reporting Illinois Policy, dated 9/2024, documents, "Abuse Prevention: Pre-Employment Screening of Potential Employees- Prior to a new employee starting work schedule, this facility will: Initiate a reference check from previous employer(s), in accordance with facility policy, obtain copy of the state license of any individual being hired for a position requiring a professional license, check the Illinois Health Care worker Registry on any individual being hired for prior reports of abuse, neglect or misappropriation of resident property, previous fingerprint check results, and the sex offender Website links on the registry; and initiate an Illinois State Police live scan fingerprint check for any unlicensed individual being hired without a previous fingerprint check."</p> <p>The facility's Census Log dated 1-12-25 documents 85 residents currently reside within the facility.</p> <p>The facility's Employee Roster documents V20 (CNA) was hired on 11-27-24.</p> <p>V20's Time Report dated 11-27-24 to 12-10-24 documents V20 worked on 11-27-24 and 12-1-24.</p> <p>V20's Illinois Department of Public Health/Health Care Worker Registry, dated 12-2-24, documents the registry checks were completed on 12-2-24 (performed after V20 had already started working).</p> <p>The facility Employee Roster documents V21 (CNA) was hired on 9-10-24.</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 29</p> <p>V21's Illinois Department of Public Health/Health Care Worker Registry, dated 9-13-24, documents the registry checks were completed on 9-13-24 (performed after V21 had already started working). This same Health Care Worker Registry documents "Work Eligibility: Not Yet Determined."</p> <p>V21's Employee File does not contain evidence that V21 has received fingerprinting as of 1-13-2025.</p> <p>V21's Time Reports dated 9-10-24 to 1-13-25 documents V21 started work on 9-10-24 and continued to work to 1-13-25 without fingerprints being obtained and continued to work with no suspension after 10 days of not obtaining her fingerprints.</p> <p>On 1-14-2025 at 11:10AM V1 (Administrator) stated, "Any employee background checks and registry checks should be performed prior to an employee working. (V21 CNA) has been taken off the schedule and is not allowed to work until her fingerprinting is done. I was unaware the fingerprinting was not done on (V21) because (V19 Human Resources) does the employee background checks. Employee fingerprinting is supposed to be done within 10 days of employment." V1 confirmed V20's and V21's (CNAs) registry checks were not performed timely.</p> <p>On 1-14-2025 at 11:30AM V19 (Human Resources) stated, "We (the facility) do not allow a new employee to start until they have had fingerprints and we have received the results. (V21 CNA) got sent to get fingerprinted yesterday. I must have overlooked (V21) not being fingerprinted." V19 also confirmed she did</p>	S9999		

Illinois Department of Public Health

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S9999	Continued From page 30 V20 and V21's (CNAs) registry checks late. "C" Statement of Licensure Violations 7 of 8: 300.610a) 300.696b) 300.696d)2)17) 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 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.	S9999			

Illinois Department of Public Health

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S9999	<p>Continued From page 31</p> <p>d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):</p> <p>2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>17) Guidelines for Environmental Infection Control in Health-Care Facilities</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, observation and record review, the facility staff failed to change gloves and perform hand hygiene between tasks. The facility also failed to transport linen in an effective manner to avoid contaminating items for one of four residents (R2) reviewed for infection control in the sample of 24.</p> <p>Findings Include:</p> <p>The facility's Incontinence Care Policy, dated 10/2024, documents "Procedure: 8. Using the final rinse cloth, from front washing, wash and rinse the peri-anal area. Paty dry. 9. Change gloves and perform hand hygiene. 10. Apply clean incontinence brief or incontinence pad. 11. Empty basin, clean and dry. Place soiled cloths in linen plastic bag. 12. Assist resident to a comfortable position and place call light within reach. Do not touch any clean surfaces while wearing soiled gloves. Rationale/Amplification: Use plastic bag to transporting wet, soiled items down hallways."</p> <p>The facility's Infection Precaution Guidelines</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 32</p> <p>Policy, dated 10/2024, documents "Guidelines: It is the policy of this facility to, when necessary, prevent the transmission of infections within the facility through the use of Isolation Precautions. Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, mucous membranes may contain transmissible infectious agents. Standard precautions consist of a group of infection prevention practices that apply to all residents, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include hand hygiene; use of glove, gown, mask, eye protection or face shield, depending on the exposure; and safe injection practices. Standard precaution will be employed by all personnel for all residents at all times. Points to remember: Handwashing (hand hygiene) is the single most important precaution to prevent transmission of infection from one person to another. Wash hands with soap and water before and after each resident contact, and after contact with resident belongings and equipment. Alcohol-based hand rub may be used if hands are not visibly soiled. Dispose of any soiled water or body fluids in the toilet in the room. If soiled linen must be removed from the room for rinsing, transport the soiled linen in a plastic bag to prevent contamination of the environment. Linens soiled with blood, body fluids secretions, and excretions will not be placed on the floor or other resident equipment."</p> <p>On 1-14-25 at 9:30 AM V25 (Certified Nursing Assistant/CNA) and V26 (CNA) provided incontinence care to R2. V25 and V26 placed gloves on and rolled R2 to her right side. V26 tucked one side of the soiled brief under R2's</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 33</p> <p>buttock along with the soiled sheet on R2's bed. V26 provided incontinence care and then V25 and V26 turned R2 onto her left side. V26 then removed the soiled sheet and brief from the bed and placed them on R2's floor. After V26 completed the incontinence care, with the same gloves V26 placed a clean brief on R2, helped cover R2 up in bed, and repositioned R2 in the bed. V26 then grabbed the soiled linen off the floor, and without changing her gloves, grabbed the door handle with her right hand and proceeded into the hallway with soiled gloves and soiled linen.</p> <p>On 1-14-25 at 9:40 AM V26 (CNA) verified she should have removed soiled gloves after providing incontinence care, performed hand hygiene, and applied new gloves prior to placing a clean brief on R2 or performing any other care to R2. V26 also verified she should have placed R2's dirty linen in a bag and not on the floor and the soiled linen should have been bagged prior to carrying it down the hallway. V26 stated, "I know I am supposed to wash my hands and change gloves in between clean and dirty, I just got in a hurry. I normally would have put the soiled linen in a dirty utility barrel, but we don't have enough here. I should have bagged the soiled linen prior to carrying it down the hallway."</p> <p>On 1-14-25 at 11:05 AM V2 (Director of Nursing) stated, "The staff should always wash their hands between dirty and clean and the soiled linen should have been bagged prior to it being carried down the hallway to the dirty utility room and placed in a bin. The staff should be aware of that."</p> <p>"B"</p>	S9999			

Illinois Department of Public Health

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S9999	Continued From page 34 Statement of Licensure Violations 8 of 8: 300.610a) 300.1610a)1) 300.1640a) 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 300.1610 Medication Policies and Procedures a) Development of Medication Policies 1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. Section 300.1640 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 35</p> <p>storage.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on interview, observation and record review, the facility failed to label multidose insulin pens and vials with the date once opened for five of 24 residents (R11, R16, R19, R21, and R22) reviewed for labeling of medications in the sample of 24.</p> <p>Findings include:</p> <p>The facility's Medication Storage Policy, dated 10/2024, documents, "Purpose: To ensure proper storage, labeling and expiration dates of medications, biologicals, syringes and needles. Guidelines: 5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened.</p> <p>The facility's Insulin Reference Guide, dated 2/2024, documents "Insulin Brand: Fiasp U (Units)-100 Flex Touch- In-Use Storage: Refrigerate or room temperature for up to 28 days. Do not refrigerate refill cartridges, Humalog U-100 Kwik Pen- In-Use Storage: Room temperature for up to 28 days. Do not refrigerate pens or refill cartridges, Lantus U-100 Vial- Refrigerate or room temperature for up to 28 days, Lantus U-100 Solo Star- In-Use Storage: Room temperature for up to 28 days. Do not refrigerate, Toujeo U-300 Solo Star/Max Solo- In-Use Storage: Room temperature for up to 56 days. Do not refrigerate."</p>	S9999			

Illinois Department of Public Health

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S9999	Continued From page 36 R11's current POS (Physician Order Sheet) documents a Physician order for Fiasp FlexTouch 100 UNIT/ML (Milliliter) Solution pen-injector-Inject 12 units subcutaneously three times a day. R16's current POS documents a Physician order for Toujeo SoloStar 300 UNIT/ML Solution pen-injector-Inject 30 units subcutaneously in the evening. R19's current POS documents a Physician order for Humalog Junior KwikPen Subcutaneous Solution Pen-injector 100 UNIT/ML-Inject 5 unit subcutaneously before meals. R21's current POS documents a Physician order Lantus Subcutaneous Solution Pen-injector 100 UNIT/ML-Inject 10 units subcutaneously one time a day. R22's current POS documents a Physician order for Lantus Subcutaneous Solution 100 UNIT/ML-Inject 60 units subcutaneously every morning and at bedtime. On 1-12-25 at 9:50 AM V3 (Registered Nurse/RN) opened the top right drawer of the medication cart where residents' vials of opened insulin injector-pens and insulin vials were stored. In this drawer R11's Fiasp 100 unit/ml insulin pen injector was opened, ¼ full, and was not labeled with an open date, R16's Toujeo SoloStar 300 unit/ml insulin pen injector was opened, ¼ full, and not labeled with an open date, R21's Lantus 100 unit/ml insulin pen injector was open, ½ full, and not labeled with an open date, and R22's Lantus 100 units/ml insulin vial was open ½ full, and not labeled with an open date. V3 verified R11's insulin pen, R16's insulin pen, R21's insulin pen, and R22's insulin vial had no label with the	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE PEORIA HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 EAST GARDNER LANE PEORIA HEIGHTS, IL 61616		
(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 37</p> <p>date opened.</p> <p>On 1-12-25 at 10:04 AM V24 (Licensed Practical Nurse/LPN) opened the top right drawer of the medication cart where residents' opened insulin injector-pens were stored. In this drawer R19's Humalog 100 units/ml insulin pen injector was opened, ¼ full, and not labeled with an open date. V24 verified R19's insulin pen had no label with the date opened.</p> <p>On 1-14-2025 at 2:21PM V2 (Director of Nursing) stated, "When the nurses open any insulin vials or insulin pens, they should label them with the date opened and then follow the facility's reference guide regarding how many days the insulin is good for after it is opened. If the insulin was opened and was not labeled with an open date, the insulin should be discarded at that time and a new insulin should be open and labeled."</p> <p>B. Based on interview, observation and record review, the facility failed to ensure medicated ointments and powders were kept in a secured area for one of 24 residents (R2) reviewed for medication storage in the sample 24.</p> <p>Findings include:</p> <p>The facility's Medication Storage Policy, dated 10/2024, documents, "Purpose: To ensure proper storage, labeling and expiration dates of medications, biologicals, syringes and needles. Guidelines: 3. General Storage Procedures: 2. Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors."</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE PEORIA HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1629 EAST GARDNER LANE PEORIA HEIGHTS, IL 61616		
(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	Continued From page 38 On 1-12-2025 at 10:32 AM an open container of antifungal powder with miconazole nitrate 2% (percent) and an open container of zinc oxide 20% were lying on top of R2's right bedside stand. On 1-12-2025 at 10:37 AM V3 (Registered Nurse) confirmed the open containers of antifungal powder with miconazole nitrate 2% and zinc oxide 20% were lying on R2's right bedside stand. V3 stated, "Any prescription medication should not be located in a resident's room. Medications should be locked in a medication cart or a treatment cart and not accessible to residents." V3 proceeded to remove the open topical medications from R2's room. On 1-14-2025 at 2:21PM V2 (Director of Nursing) stated prescription powders and creams should not be left at any resident's bedside. V2 stated, "All prescription powders and creams should be locked up in the treatment cart." "B"	S9999		