

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 06/17/2025
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 Second Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1of 6: 300.610a) 300.3220k) 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 300.3220 Medical Care k) A resident shall be permitted respect and privacy in his or her medical and personal care program. Every resident's case discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly, and those persons not directly involved in the resident's care must have his or her permission to be present. (Section 2-105 of the Act) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	S9999		

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

Electronically Signed

TITLE

(X6) DATE

06/25/25

STATE FORM

6899

NR4811

If continuation sheet 1 of 15

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S9999	<p>Continued From page 1</p> <p>review the facility failed to ensure personal privacy was provided during wound care for one of one resident (R3) reviewed for dignity in sample of nine.</p> <p>Findings include:</p> <p>The facility's Resident Rights Policy, dated 2/2024, documents "Guidelines: Notice of resident rights will be provided upon admission to the facility. These rights include the resident's right to: Privacy and confidentiality."</p> <p>The Illinois Long-Term Care Ombudsman Resident Rights Booklet, dated 4/2024, documents "You have the right to: Privacy- Your medical and personal care are private."</p> <p>R3's MDS (Minimum Data Set) Assessment, dated 5/25/25, documents R3 is cognitively intact.</p> <p>R3's Wound Assessment Details Reports, dated 6/16/25, documents R3 has pressure ulcers to his left and right ischium.</p> <p>On 6/17/2025 at 11:15 AM, V9 (Infection Preventionist/Licensed Practical Nurse) entered R3's room. V9 began providing wound cares to R3 while R9 (R3's roommate) was in the room and did not pull R3's privacy curtain. V9 verified she did not pull R3's privacy curtain. V9 stated, "I knew I needed to pull the curtain during (R3's) wound cares, but it was already too late."</p> <p>On 6/17/25 at 11:23 AM R3 stated the staff never pull his privacy curtain when they provide his care, and he would like them (facility staff) to.</p> <p>"C"</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Statement of Licensure Violations 2 of 6: 300.670c)</p> <p>Section 300.670 Disaster Preparedness c)Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct fire drills once per shift/per quarter. This has the potential to affect all 88 residents in the building.</p> <p>Findings include:</p> <p>The facility's Census Log dated 6/16/25 documents 88 residents currently reside within the facility.</p> <p>The facility's Fire Drills documented the facility conducted a fire drill on 2/28/25 second shift, 4/30/25 first shift, and 5/29/25 second shift.</p> <p>On 6/16/25 at 2:08 PM V5 (Environmental Services Director) verified the only fire drills conducted this year were the ones on 2/28/25, 4/30/25, and 5/29/25. V5 stated, "We (the facility) did not conduct a fire drill in January 2025 for first shift or in March 2025 for third shift and we should have."</p> <p>"C"</p> <p>Statement of Licensure Violations 3 of 6: 300.610a) 300.1610a)1) 300.1640a)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Section 300.610 Resident Care Policies</p> <p>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 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies</p> <p>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.</p> <p>Section 300.1640 Labeling and Storage of Medications</p> <p>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 storage.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Based on observation, interview, and record review the facility failed to ensure an injectable medication for one resident (R8) was labeled and dated when opened and failed to ensure a multidose tuberculin vial was disposed of after the date of expiration. These failures have the potential to affect all 88 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's Medication Storage Policy, dated 4/2025, 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: Tresiba U (Units)-100 Flex Touch- In-Use Storage: Refrigerate or room temperature for up to 56 days."</p> <p>The Apisol (Tuberculin) Manufacturer's Instructions, un-dated, documents "Storage: Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency."</p> <p>R8's POS (Physician Order Sheet), dated 6/17/25, documents a Physician order for Tresiba 100units/ml (milliliter) Solution pen-injector 24 units subcutaneously in the evening.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>On 6/16/25 at 9:20 AM V6 (Licensed Practical Nurse) opened the refrigerator located in the Hillside medication room. Located in the refrigerator was a vial of Apisol (Tuberculin) 5TU (Tuberculin) units/0.1ml (milliliter). The vial was half full and was labeled with an open date of 4/20/25. V6 verified at this time that the half-opened vial of Apisol, with an open date of 4/20/25, should have been disposed of after 30 days from the open date.</p> <p>On 6/16/25 at 9:24 AM V7 (Registered Nurse) opened the top right drawer of Hillside Long medication cart where residents' vials of opened insulin injector-pens and insulin vials were stored. In this drawer R8's Tresiba 100units/ml insulin pen injector was opened, $\frac{3}{4}$ full, and was not labeled with an open date. V7 verified at this time that R8's Tresiba insulin pen injector was opened and not labeled with an open date and should have been.</p> <p>On 6/17/25 at 11:05 AM V3 (Assistant Director of Nursing) stated, "All opened insulin injector pens and vials should be labeled with an open date and then discarded after the recommended manufacturer's guidelines. The opened Apisol (Tuberculin) vial with an open date of 4/20/25 should have been discarded after 30 days of the open date."</p> <p>"C"</p> <p>Statement of Licensure Violations 4 of 6: 300.610a) 300.696b) 300.696d)1)</p> <p>Section 300.610 Resident Care Policies</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>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 300.696 Infection Prevention and Control</p> <p>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.</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>1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to perform proper indwelling urinary catheter care and keep a urinary indwelling urinary catheter bag off the floor for one (R3) of two resident reviewed for indwelling urinary catheters in a sample of nine.</p> <p>Findings include:</p> <p>R3's Physician Order Sheet, dated 6/17/2025, documents R3 has a Suprapubic Catheter.</p> <p>The facility's "Urinary Catheter Care" policy, dated/revised 04/2025 documents, "Purpose: To establish guidelines to reduce the risk of or prevent infections in resident with an indwelling catheter. Guidelines: 7. Urinary drainage bags and tubing shall be positioned to prevent either from touching the floor directly. May place drainage bag and excess tubing in a secondary vinyl bag or other similar device to prevent primary contact with floor or other surfaces".</p> <p>On 6/17/2025 at 11:05 AM, V12 (Certified Nursing Assistant) prepared to perform R3's urinary catheter care. V12 started emptying R3's urinary catheter collection bag then placed R3's urinary catheter bag on the floor after draining the bag halfway. V12 then walked away from the urinary catheter bag on the floor to dispose of urine. V12 then prepared to perform R3's urinary catheter cares. During R3's catheter care, V12 used a cleansing wipe, and with his right hand cleansed around V12's insertion site but did not cleanse down R3's urinary catheter tubing.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>On 6/17/2025 at 11:10 AM, V12 confirmed he should not have placed R3's indwelling urinary catheter collection bag on the floor after emptying R3's urine. V12 also confirmed he should have wiped R3's urinary catheter tube downward, not just the tube around the insertion site.</p> <p>On 6/17/2025 at 11:11 AM, V9 (Infection Preventionist) confirmed V9, and all staff should never place R3 or any resident's urinary catheter urine collection bags on the floor. V9 also confirmed while staff perform urinary catheter cares that staff should not only clean around the insertion site, but also down the urinary catheter tube as well.</p> <p>"B"</p> <p>Statement of Licensure Violations 5 of 6: 300.610a) 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 300.2100 Food Handling Sanitation Every facility shall comply with the Department's</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>rules entitled "Food Code."</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure refrigerated and frozen foods were labeled with date when opened, prepared refrigerated foods were labeled and dated with an expiration date. The facility also failed to complete and record cool down temperatures for meat that was prepared and stored as leftovers in the facility's refrigerator and failed to ensure meal thermometers were calibrated before use. This has the potential to affect all 88 residents in the building.</p> <p>Findings include:</p> <p>The facility's Census Log dated 6/16/25 documents 88 residents currently reside within the facility.</p> <p>The facility's "Food: Cooling" policy, dated/revised 11/2023 documents, "Policy: Potentially hazardous foods will be cooled properly to prevent food borne illness. Procedure: Foods will be cooled to proper temperatures. A two-stage cooling process will be followed: Stage I: Cool foods from 135° F (Fahrenheit) to 70° F within two hours. Stage II: Cool foods from 70° F to 41° F within four hours (total of six hours). Foods will be labeled, dated, and show time prepared. The time and temperature of food cooling will be documented at two and at four-hour intervals."</p> <p>The facility's "Thermometer Calibration" policy, dated/revised 11/2023 documents, "Policy: Thermometers will be calibrated regularly. Procedure: Thermometers will be calibrated:</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>daily, if used continually, when dropped, before first used, going from one extreme temperature to another".</p> <p>The facility's "Food & Supplies: Storage" policy, dated/revised 1/2024 documents, "Policy: Food and supply storage areas shall be maintained in a clean, safe, and sanitary manner. Procedure: 4. Prepared foods stored in the refrigerator until service will be covered, labeled, and dated with an expiration date. 6. All foods will be covered, labeled, and dated. If there is no expiration date on the package or container, a use by date must be written on the product".</p> <p>The facility's "Cool Down Log" dated 6/1/25 to 6/16/25 and provided by V11 (Regional Dietary Manager) was left blank with no cool down temperatures recorded.</p> <p>On 6/16/2025 at 9:00 AM, a tour was conducted of the kitchen with V11 (Regional Dietary Manager). Located on the kitchen counter was a package of opened undated, English muffins and a loaf of bread (that was left open) undated. In the walk-in cooler there were four sandwich bags with lunch meat sandwiches inside undated, a 4 oz (ounce) container with a creamy white substance undated/labeled, a block of sliced yellow cheese wrapped in saran wrap undated, an opened bag of shredded mozzarella cheese undated, an open stick of butter undated, and opened hamburger meat that was undated. There was also left-over cooked hamburger meat with a red sauce that was undated/labeled. In the walk-in freezer there was opened croissants not labeled, opened bag of waffles not labeled, a bag of hashbrowns that was opened and not dated, a bag of potato wedges opened and not dated, and a bag of diced green peppers opened and not</p>	S9999		

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S9999	<p>Continued From page 11 dated.</p> <p>On 6/16/2025 at 9:15 AM, V11 (Regional Dietary Manager) confirmed all the foods found on the kitchen counter, walk in cooler, and walk in freezer should have been labeled with an open dated. V11 stated, "The left-over hamburger meat was cooked the day before on 6/15/25. It should have been labeled and dated and a cool down temperature should have been recorded." V11 verified there was no cool down temperature recorded on the cool down log for the cooked hamburger meat and that staff have not been recording anything on the cool down logs.</p> <p>On 6/17/2025 at 11:50 AM, V13 (Cook) began checking the food temperatures for lunch. V13 did not calibrate the thermometer prior to taking the food temperatures. V13 verified he should have calibrated the thermometer first prior to taking the food temperatures.</p> <p>On 6/17/2025 at 1:10 PM V11 (Regional Dietary Manager) stated the facility could not provide thermometer calibration logs for the month of June 2025 prior to June 16th, 2025.</p> <p>"C"</p> <p>Statement of Licensure Violations 6 of 6: 300.610a) 300.2220a)1)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</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>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 300.2220 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> <ul style="list-style-type: none"> 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. 2) Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents' rooms were clean and homelike for three (R1, R2, R3) of seven residents reviewed for a clean environment in a sample of nine.</p> <p>Findings include:</p> <p>The facility "Housekeeper Job Description Summary" dated/revised 07/2023 documents, "The primary purpose of the Housekeeper is 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 directed by the Administrator,</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 06/17/2025
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE PEORIA HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1629 EAST GARDNER LANE PEORIA HEIGHTS, IL 61616		
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S9999	<p>Continued From page 13</p> <p>and/or the Director of Environmental Services, as to assure that our facility is maintained in a clean, safe, and comfortable manner. Essential duties and responsibilities: ensure that work/cleaning schedules are followed as closely as practical. Coordinate daily housekeeping services with nursing services when performing routine cleaning assignments in resident living and/or residential areas. Clean, wash, sanitize, and/or polish fixtures, ledges, room heating/cooling units, bathroom fixtures etc. Clean floors including sweeping, dusting, damp/wet mopping, stripping, waxing, buffing, disinfecting etc."</p> <p>The facility "Room Cleaning Checklist," undated, documents "Bathrooms; sweep; and mop. Bathrooms once in the morning and once in the afternoon."</p> <p>On 6/16/2025 at 1:10 PM, R3's room had sticky floors upon entering the room leading to R3's bed. R3's bathroom had sticky floors, and the toilet had a thick black substance around the toilet edges on the floor. The bathroom had a musty smell. R3 stated "The cleaning in this place could be a lot better, it is always like this."</p> <p>On 6/16/2025 at 1:20 PM, R1's room had sticky floors upon entering the room leading to R1's bed. R1's bathroom had sticky floors, the toilet seat had brown smears on the 12 o'clock, 3 o'clock, and 9 o'clock areas. The toilet edges on the floor had a thick black substance, the bathroom had a musty smell.</p> <p>On 6/16/2025 at 1:25 PM, V12 (Certified Nursing Assistant) confirmed there was brown smears on R1's bathroom toilet seat and identified it as fecal matter. V12 also confirmed the floors were sticky and the bathroom had an unpleasant smell.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>On 6/16/2025 at 1:40 PM, R2 was in her room, R2's room had sticky floors upon entering the room leading to R2's bed. R2's bathroom had sticky floors and had a musty smell. R2 stated she hardly sees cleaning staff mopping or cleaning the bathroom.</p> <p>On 6/17/2025 at 1:50 PM, V5 (Environmental Services Director) stated he has three staff members scheduled to clean the entire building on each shift including all resident rooms. V5 stated resident rooms are to be cleaned at least once a day, and if housekeeping staff finish all resident rooms on their designated areas, housekeeping staff are supposed to go back through resident rooms to spot clean. V5 stated resident bathrooms are to be cleaned twice a day, and if bodily fluids are on or around the toilets, housekeeping staff are to let nursing staff know. V5 stated housekeeping staff are to get a nursing staff member to clean any bodily fluids that are visible, then clean up after the nursing staff. V5 also stated he has to schedule more staff due to a lot of call offs and a lot of staff refuse to do their job. V5 stated that "since we are a union, it is much harder to let go or discipline staff for not doing their jobs. Most of the time I am here I am doing their jobs because they will either be standing around talking or say they do not know how to do it and refuse to clean something."</p> <p>"C"</p>	S9999		