

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Accolade Healthcare of Peoria		STREET ADDRESS, CITY, STATE, ZIP CODE 5600 Glen Elm Drive Peoria, IL 61614	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe and comfortable environment. This has the potential to affect all 132 residents living in the facility. Findings include: R36's MDS/Minimum Data Set, dated [DATE], documents R36's diagnoses include Alzheimer's Dementia, is severely impaired for cognition, uses a manual wheelchair, and dependent for cares. R36's current care plan documents R36 is a high risk for falls. R50's MDS, dated [DATE], documents R50's diagnoses include Non-Alzheimer's Dementia, is severely impaired for cognition, uses a wheelchair, and is dependent for care. R50's current care plan documents R50 is a high risk for falls. On 2/17/26 at 9:45am, R12's bathroom had two ceiling tiles with a brown substance on two of the corners that spread out towards the center on approximately 1/4 of each tile, and one tile was sagging down from the ceiling. The wall across from R12's bed has blue construction tape on the wallpaper where the wallpaper has been ripped down the center of the wall from the floor to approximately four foot up the wall. The floor trim is loose and pulled out from the wall where the drywall is crushed/missing in a three-foot length by six-inch-tall section of the wall where it is exposing the insulation and wood studs in the wall. Rooms 2XX-2XX hallway has one tile in the hallway where over one half of it is covered in a brown substance and cracked down the center. 300 hallway has two tiles where over one half of them are covered in a brown substance down the center. R36 and R50's room has one wall where the whole baseboard trim on the wall was pulled away from the wall. Approximately two foot of the trim was pulled away from the wall (the rest was attached to the wall) and was laying on the floor in the center aisle between the foot of R36 and R50's beds and the wall where the staff and residents have to walk by to get into their beds and get resident supplies. On 2/17/26 at 10:20am, V4 Project Manager stated There was a leak in the roof where one residents room (room [ROOM NUMBER]XX- empty) had to have the drywall removed, replaced, and repainted along with the baseboard flooring in the bathroom because of mold. There is another resident's room (R12) that needs redone for the same reason. On 2/18/26 at 8:50am, R12 was alert and oriented, in bed, and stated The wall has been like that, they fixed the other side of the wall but not mine, and I would like the wall to be fixed so I don't get sick. On 2/18/26 at 9:50am, a tour of the facility was conducted with V12 Maintenance Assistant due to the Maintenance Director off of work. At that same time, V12 stated the following: We have an app called 'Tels' that the whole facility staff has access to where they send us work requests from their computers. There was a line leak on the roof from the air/heat unit above room [ROOM NUMBER]XX and R12's room. It leaked into the rooms (at that time V12 verified R12's room needed the wall/trim/ceiling tiles fixed). I was unaware of the trim coming off the wall in R36 and R50's room, I do not have a maintenance request for that, and that is a tripping hazard. I was unaware of the ceiling tiles needing replaced on 200 and 300 halls. Facility Maintenance Director Job Description, undated, documents The Maintenance Director includes the overall maintenance/upkeep of the facility and grounds</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 145039	If continuation sheet Page 1 of 2

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>including preventative maintenance, repairs, and inspections. Primary Responsibilities: Ensure all aspects of the facility are in a good state of repair. Facility room roster, dated 2/17/26, documents 132 residents reside in the facility.</p>		