

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145248	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2025
NAME OF PROVIDER OR SUPPLIER Arcadia Care Morton		STREET ADDRESS, CITY, STATE, ZIP CODE 190 East Queenwood Road Morton, IL 61550	
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)		
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on record review and interview, the facility failed to document all complaints and/or concerns voiced in resident council meeting. This failure has the potential to affect all 82 residents that currently reside in the facility. Findings Include: The Facility's Resident Council policy dated 02/2025 documents The purpose of the Resident Council is to allow the residents the opportunity to express their thoughts and ideas in a safe and confidential manor. Additionally, the council serves to promote improvement and control concerning the quality of life at the facility. The Facility's Grievances policy dated 09/2017 documents The purpose is to ensure prompt resolution of all grievances with respect to care and treatment which has been furnished as well as that which has not been furnish, the behavior of staff and of other residents, and other concerns regarding their stay at this campus. Grievances maybe filed orally (meaning spoken), in writing, or anonymously. Every effort shall be made to resolve all grievance in a timely manner, usually within 5 business days. On 11/20/25 R4 stated she had concerns that she did not receive the right medicine. She stated that she counts the number of pills she takes and sometimes it is not right. When I say something to the nurses, they get very crabby about it, so I just take them. But I really don't think I get the pills I should. I have talked to a lot of the staff about it. I have brought it up in resident council multiples times and I asked (V5/Activity Director) one time to actually check, and she came back and said she did, I do not think she did. I am pretty worried about medicine. Resident Council from September to November 2025 do not document any complaints or concerns about R4 or anyone else getting the right medicines. On 11/21/25 R7, R8 and R9 who are frequently on the attendance list for Resident Council confirm that they have heard other residents complain about their medications. On 11/21/25 at 1:00 PM V6 (Ombudsman) stated I come to this Resident Council Meeting every month. I have heard residents complain about not getting the right medications, getting them late or not getting them at all. All of that has been voiced multiple times in the past three months for sure. On 11/21/25 at 2:00 PM V5 (Activity Director) confirmed that all concerns voiced during Resident Council Meeting minutes should be treated like a grievance, with a written form for investigating and tracking the complaint to its conclusion. At the beginning of the conversation V5 denied ever hearing any residents complain about not getting the right number of medications, getting medications late or not getting medications at all. However, V5 stated that when that happens, I just go ask the nurse. V5 stated she couldn't remember specifics of any one resident complaining or what it was about, but she does remember checking with nurses when residents do complain. V5 confirmed that she did not document via a grievance form any time she might have been asked about medications and did not inform the Director of Nursing or the Administrator. On 11/21/25 at 2:30 PM V1 (Administrator) stated that her expectation is that all concerns that are voiced during Resident Council have a grievance form so the appropriate Manager can investigate and improve whatever the situation is. The managers can't fix problems they do not know about, it is very important that all concerns are recorded and documented. The Facility Census Listing dated 11/20/25 documents 82 residents currently reside in the facility		

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
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