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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 03/11/2026
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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on observation, interview and record review the Facility failed to employee a full-time Director of Nursing. This failure has the potential to affect all 78 Residents residing in the Facility.Findings include:The Facility Assessment Tool, dated 1/6/26, documents: V9 (Former Director of Nursing/DON) as the Director of Nursing; a Director of Nursing to provide resources needed to provide competent support and care for Resident population every day and during emergencies; and the Administrator identifies team members including the Director of Nursing.The Resident Census Roster, dated 3/6/26, documents 78 Residents residing in the Facility.V2's Professional Regulation License Lookup, printed 3/8/26, documents V2's active Licensed Practical Nursing status as active on 1/26/25.V9's Employee File, printed 3/9/26, documents a start date of 12/22/25 and a termination date of 1/26/26.The Facility Director of Nursing Job Description, dated 7/2023, requires a Registered Nurse with a current encumbered state license and must direct the overall operation of the Nursing Department in accordance with current State and Federal standard guidelines.On 3/8/26, V1 (Administrator) could not provide a Director of Nursing license. V1 stated, We do require a full-time Director of Nursing for our Facility. We have not had a full-time Director of Nursing since 1/26/26. I had to terminate (V9) Former Director of Nursing, We do not have a Registered Nurse as a Director of Nursing, (V2) is our Assistant Director Nursing and has been acting as our DON, even though (V2) is only a Licensed Practical Nurse.

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the Facility failed to use Enhanced Barrier Precautions while providing indwelling urinary catheter care for one of three Residents (R7) reviewed for indwelling urinary catheter care. This failure has the potential to affect 22 additional Residents residing in the Facility (R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R20, R31, R32, R44, R34) and failed to maintain a sanitary homelike environment for two of eight Residents (R11 and R12) reviewed for physical environment in a sample of 34.Findings include:1.The Facility Infection Surveillance, Tracking and QA (Quality Assurance) Policy, dated 12/2025, documents: identify, monitor, track and report infections and monitor adherence to infection control practice; direct observations and adherence to hand hygiene and proper use of PPE (Personal Protective Equipment), monitor the availability of PPE; monitor to ensure that proper precautions are initiated as appropriate; reporting of outbreaks or reportable infections to the Local and State Health Department as required.The Facility Licensed Nursing Home Administrator Job Description, dated 7/2023, documents to direct the day-to-day functions of the Facility in accordance with current Federal and local standards, guidelines and regulations that govern nursing facilities to ensure the highest degree of quality of care can be provided to Residents.The Facility Resident Census Roster documents R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R20, R31, R32, R44, R34 residing on A Wing Hallway (room [ROOM NUMBER] through 25).R7's Physician Order Sheet/POS, dated 3/9/26, documents R7's diagnoses including Urogenital Implants, Benign Prostatic Hyperplasia with lower urinary tract symptom impairments and Retention of Urine. R7's current Care Plan documents: enhanced Barrier Precautions related to indwelling urinary catheter; and gown and glove during high contact Resident care activities such as providing hygiene or device care/use.On 3/9/26 at 9:48 am, V12 (Licensed Practical Nurse/LPN) entered R7's room and performed indwelling suprapubic urinary catheter care. V12 did not wear a gown or mask during the indwelling suprapubic urinary catheter care.V12 stated, I am assigned to this entire Hallway (A Wing- room [ROOM NUMBER] through 25). V12 verified that V12 did not wear a gown or mask during R7's indwelling urinary catheter care.On 3/9/26 at 10:30 am, V1 (Administrator) stated, Our nurses should always wear a gown, gloves and mask when providing catheter care. They should know that EBP (Enhanced Barrier Precautions) is required.2.The Facility Infection Surveillance, Tracking and QA (Quality Assurance) Policy, dated 12/2025, documents: identify, monitor, track and report infections and monitor adherence to infection control practice.The Facility Licensed Nursing Home Administrator Job Description, dated 7/2023, documents: directs the day-to-day functions of the Facility in accordance with current Federal and local standards, guidelines and regulations that govern nursing facilities to assure the highest degree of quality of care can be provided to Residents; and ensure that the Facility is maintained in a clean and safe manner for Resident comfort.The Facility Housekeeper Job Description, dated 7/2023, documents: directs the day-to-day functions of the Facility in accordance with current Federal , State and local standards, guidelines and regulations governing our Facility; and ensure work/cleaning schedules are followed; coordinate daily housekeeping services with nursing services and perform routine cleaning assignments in Resident living areas; clean floors; and discard waste/trash in proper containers.On 3/7/26 at 10:32 am, in room [ROOM NUMBER], a soiled (wet) incontinence brief, approximately eight-inch area of brown matter on a white bath towel, soiled (wet) maroon sweatpants, soiled (wet) brown sweatshirt and yellow non-skid socks were laying on the floor in front of R11's and R12's commode. On 3/7/26 at 1:09 pm, in room [ROOM NUMBER], a soiled (wet) incontinence brief, approximately eight-inch area of brown matter on a white bath towel, soiled (wet) maroon sweatpants, soiled (wet) brown sweatshirt and yellow non-skid socks were laying on the floor in front of R11's and R12's commode. On 3/8/26 at 8:15 am, in room [ROOM NUMBER], a clear bag contained soiled maroon sweatpants, soiled brown sweatshirt and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	yellow non-skid socks were laying on the floor in front of R11's and R12's sink.On 3/9/26 at 10:30 am, V1 (Administrator) stated, The soiled clothing and towel, and dirty incontinence brief are unacceptable to remain on the bathroom floor that long.