

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Arcadia Care Morris		STREET ADDRESS, CITY, STATE, ZIP CODE 1095 Twilight Drive Morris, IL 60450	
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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. (continued on next page)		

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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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure that a resident's social security benefits from previous facility were transferred over and processed to the resident's present facility as representative payee of the resident's personal needs allowance (PNA). This applies to 1 of 3 residents (R1) reviewed for personal needs allowance (PNA) in the sample of 5. The findings include: Face sheet showed R1 was admitted to this facility on June 25, 2025. Minimum Data Set (MDS) dated [DATE], showed R1 is alert and oriented. On December 9, 2025, at 12:55 PM, R1 said that she was admitted here in June and since then she had not received her monthly \$60 allowance. R1 approached V5 (Former Business Office Manager) multiple times about it but nothing happened. R1 only found out last week that the transfer of her social security benefit to this facility was not filed and it really upset her. R1 was informed by a staff that V5 did not file the transfer of her social security benefit to this facility. On December 3, 2025, at 2:31 PM, V4 (Regional Financial Coordinator) stated that R1's family brought concern about R1's money (personal needs allowance). However, V4 was not able to talk to R1 about it when she was last here. On December 3, 2025, at 2:37 PM, V1 (Administrator) stated R1's family said that they have concern that R1 has not received her PNA. It was still being sent by social security to the previous facility. According from the family, the previous facility informed them that they were sending R1's Social Security check back. This happened last Thanksgiving November 27. They called the previous facility, and they were informed that when they received the money from a discharge resident, they immediately returned it to the Social Security. V1 spoke to previous Business Office Manager who already step down from her position and she said that they applied for R1's social security to recognize that this facility is now representative payee but there is no response yet. On December 8, 2025, at 4:18 PM, V5 (Former Business Office Manager) stated when residents are admitted to the facility they check with the resident to see if they can manage their own funds. They also check if their family helps with managing their funds. If a resident came from another facility, they reach out to the previous facility about trust fund status. V4 called the previous facility multiple times and tried to get in touch with their business office manager but she was unable to reach anyone. V4 notified R1 that they couldn't get in touch with the facility. R1 said that her daughter was attempting to get in touch too. V4 called Social Security but could not remember if she was able to get in touch with anyone. Usually as soon as the person gets admitted, they start processing the benefits to be the resident's rep payee. On December 8, 2025, at 4:30 PM, V1 (Administrator) stated that they don't have a policy with regards to the representative payee. The Medicaid is paying for R1's stay here. The payment was only partial since her social security benefit has not yet been processed to be transferred over to them. On December 9, 2025, at 2:01 PM, V11 (Regional Director of Operations) stated when the resident admits into the facility, and they have pursued Medicaid support, the resident is given an option for the facility to become representative payee for their social security benefit. Facility is responsible for the transfer of the resident's social security benefits provided that the resident has requested for the facility to manage it for them. As for R1, she was already approved for social security benefits, however, the application for the advance notification of representative payment was only submitted on December 3, 2025. Facility presented a copy for R1's Advance Notification of Representative Payment which was dated December 3, 2025</p>		