STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29562 Based on observation, interview, and record review, the facility failed to respond to a resident's call for help and failed to ensure that the call light was always within reach of the resident. This applies to 1 of 18 residents (R12) reviewed for call light accessibility in the sample of 18. The findings include: Face sheet shows that R12 has multiple medical diagnoses which include cervical disc degeneration unspecified cervical region, spinal stenosis cervical region, spondylosis without myelopathy or radiculopathy cervical region, fusion of spine cervical region, morbid (severe) obesity due to excess calories, other lack of coordination, abnormal posture, reduced mobility, and weakness. Minimum Data Set (MDS) dated [DATE], shows R12 is alert and oriented and is totally dependent of staff for dressing and toileting hygiene. On October 1, 2024, at 10:56 AM, R12 was observed repeatedly yelling for help. V25 (Housekeeper) was outside R12's bedroom cleaning and continued to do her chores despite R12's repeated call for help. R12 was inside her bedroom sitting in her reclining wheelchair. When asked what she needed, R12 stated she needed to get change because she had a bowel movement and was wet with urine. When asked why she was screaming, instead of using her call light, R12 replied she does not know where her call light was. R12's call light was observed on the floor at bedside a few feet behind R12's recliner. On October 2, 2024, at 12:10 PM, V2 (Director of Nursing) stated that everyone (all staff) is responsible to respond for a call for help. The call light is supposed to be always within reach, so that a resident will be able to call for help. Facility's policy and procedure for call light with a review date of June 2024 showed, To respond to resident's request and needs in a timely and courteous manner. The same policy showed under guidelines, 1. All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location. 4. Listen to resident's request. Do not make him or her feel that you are too busy to help. 5. Respond to request. If item is not available, or request questionable, get assistance from charge nurse. Return to resident with prompt reply.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16746 Based on observation, interview and record review, the facility failed to assist residents identified as needing assistance with personal hygiene and grooming. This applies to 7 of 8 residents (R3, R8, R12, R30, R44, R63 and R67) reviewed for ADLs (activities of daily living) in the sample of 18. The findings include: 1. R8 had multiple diagnoses including dementia without behavioral disturbance and age related macular degeneration of both eyes, based on the face sheet. R8's quarterly MDS (minimum data set) dated July 25, 2024, showed that the resident was severely impaired with cognition and required assistance from the staff with personal hygiene. On September 30, 2024, at 10:42 AM, R8 was in bed, alert, verbally responsive but confused. V6 (Certified Nursing Assistance) was in the resident's room and had placed a blanket on the resident. V6 requested R8 to show her hands and fingers. R8's fingernails were long with black substances under most of her nails. During the lunch meal observation on September 30, 2024, at 1:06 PM, R8 was using her fingers to eat her peanut butter and jelly sandwich. R8 was observed licking her fingers to get the peanut butter and jelly off her fingers and nails. R8's fingernails remained long with black substances under most of her nails during this lunch meal observation. On October 1, 2024, at 9:59 AM, R8 was sitting in her wheelchair near the unit nursing station. R8's fingernails were long with black substances under the nails. V2 (Director of Nursing) was present during this observation and acknowledged that R8's fingernails were long and needed cleaning. According to V2, R8 needs the assistance of the staff to trim and clean her fingernails. R8's active care plan initiated on May 5, 2023, showed that the resident has ADL self-care performance deficit related to confusion and dementia. The same care plan showed multiple interventions including one staff assistance with personal hygiene. 2. R44 had multiple diagnoses including dementia without behavioral disturbance and weakness, based on the face sheet. R44's quarterly MDS dated [DATE], showed that the resident was moderately impaired with cognition and required assistance from the staff with personal hygiene. On September 30, 2024, at 10:42 AM, R44 was sitting in her wheelchair inside her room. R44 was alert and verbally responsive. R44's fingernails were long, jagged with black substances under some of the nails. R44 stated that she wanted the staff to trim and clean her fingernails because she cannot do it herself. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On October 1, 2024, at 10:05 AM, R44 was inside her room, sitting in her wheelchair. R44 was alert and verbally responsive. R44's fingernails were long, jagged with black substances under some of the nails. R44 stated that she wanted the staff to trim and clean her fingernails. V2 was present during the observation and stated that R44's fingernails needed to be trimmed and cleaned by the staff because the resident needs the assistance to complete the said task. R44's active care plan initiated on July 28, 2022, showed that the resident has ADL self-care performance deficit. The same care plan showed multiple interventions including one staff assistance with personal hygiene. 3. R63 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and weakness, based on the face sheet. R63's quarterly MDS dated [DATE], showed that the resident was cognitively intact and required maximum assistance from the staff with personal hygiene. On September 30, 2024, at 11:04 AM, R63 was in bed, alert, oriented and verbally responsive. R63 had contracture of her right hand. R63's fingernails were long and jagged with some black substances under the nails. R63 also had accumulation of long, curling chin hair. R63 stated that she would like the staff to clean and trim or file her fingernails to prevent her from scratching herself and she wanted the staff to remove or shave her chin hair. R63 commented when asked if she needed staff assistance with removing her chin hair. R63 responded, yes please, it is embarrassing to have these long and curling chin hairs. On October 1, 2024, at 10:00 AM, R63 was in bed, alert, oriented and verbally responsive. R63's fingernails were long and jagged with some black substances under the nails. R63 also had accumulation of long, curling chin hair. R63 stated that she needs the staff assistance with trimming and cleaning her fingernails and she wanted the staff to remove her chin hair. V2 was present during the observation and heard R63's request. V2 stated that R63's fingernails need to be trimmed and cleaned and R63's chin hair needs to be removed. According to V2, R63 needs the assistance of the staff to trim and clean her fingernails and to remove her facial hair. R63's active care plan initiated on January 29, 2024, showed that the resident has ADL self-care performance deficit related to weakness, and hemiplegia and hemiparesis affecting the right dominant side. The same care plan showed multiple interventions including one staff assistance with personal hygiene. 4. R67 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, based on the face sheet. R67's quarterly MDS dated [DATE], showed that the resident was cognitively intact. The same MDS showed that R67 had functional limitation in range of motion to one side of his upper extremity and that he required assistance from the staff with personal hygiene. On September 30, 2024, at 11:33 AM, R67 was sitting in his wheelchair inside the unit activity/dining room. R67's fingernails were long, jagged with black and brown substances under some of the nails. According to R67 he cannot trim and clean his fingernails, and he would like the staff to do it for him. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On October 1, 2024, at 10:07 AM, R67 was sitting in his wheelchair inside his room. R67's fingernails were long, jagged with black and brown substances under some of the nails. V2 was present during the observation and acknowledged that R67's fingernails needs trimming and cleaning. According to V2, R67 needs the assistance of the staff for nail care because the resident cannot do it himself due to his left sided weakness. R67's active care plan initiated on June 3, 2024, showed that the resident has ADL self-care performance deficit. The same care plan had multiple interventions including one staff assistance with personal hygiene. On October 1, 2024, at 10:56 AM, V2 (Director of Nursing) stated that it is part of the facility's nursing care and services to assist all residents needing assistance with ADLs including shaving/removal of unwanted facial hair, especially for female residents and nail care. V2 added that all residents needing assistance with ADLs should be assisted by the staff to ensure and maintain the resident's good hygiene and grooming. 29562 5. On September 30, 2024, at 10:41 AM, R3 was noted to have overgrown facial hair on her chin and long uneven nails, with brownish discoloration on top of the nail bed and underneath the fingernails. R3 said she wanted it to be clipped and wanted her facial hair shaven. R3's MDS dated [DATE], shows that R3 is alert and oriented, and is totally dependent of staff for her hygiene and grooming care. R3's active ADL care plan with a target date of October 14, 2024, shows R3 has an ADL self-care deficit related to musculoskeletal impairment. The same care plan shows multiple interventions which include to check nail length, trim, and clean on bath day and as necessary. 6. On October 1, 2024, at 10:56 AM, R12 was sitting in her reclining chair, alert and oriented. R12 was observed with chunk of dry substance the size of a small fist on the right upper side of her shirt. R12 stated that it was oatmeal which she spilled while eating breakfast in the dining room. It's been there since breakfast (around 8:30 AM). Aside from the chunk of dry oatmeal, her shirt had multiple food debris all over. On October 1, 2024, at 11:12 AM, V19 (CNA) and V5 (Nurse) provided incontinence care to R12. After the provision of incontinence care, V5 also cleaned R12's shirt by removing the chunk of oatmeal from the shirt instead of changing R12's shirt, then V5 and V19 transferred R12 back to the reclining wheelchair in preparation for lunch in the dining room. R12's MDS dated [DATE], shows R12 is alert and oriented and is totally dependent of staff for dressing and toileting hygiene. On October 1, 2024, at 2:35 PM, V33 (Ombudsman) stated she noticed that many of the residents are unkempt and with dirty fingernails during her visits. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On October 2, 2024, at 12:13 PM, V2 stated that nail care and shaving are supposed to be offered during shower days. If the clothes are dirty the staff should assist the resident to change it for resident's dignity. 36567 7. R30's diagnoses on face sheet included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, Alzheimer's disease, unspecified, dysarthria following cerebral infarction, extrapyramidal and movement disorder, unspecified. R30's quarterly MDS dated [DATE], showed that R30 was severely impaired in cognition and required assistance with personal hygiene. R30's care plan revised November 21, 2023, included that R30 has an ADL self-care performance deficit related to above diagnoses. Interventions for the same included that R30 needs 1 (one) assist with personal hygiene and oral care. On September 30, 2024, at 11:03 AM, R30 was seen in her room with her nails long and with some of them jagged and with blackish substance underneath the nails. R30 also had long facial hair on her chin. On October 1, 2024, at 10:34 AM, R30 was in her room and her nails remained long and jagged with blackish substance underneath the nails and R30's long facial hairs were still visible on her chin. This information was relayed to V12 (Registered Nurse) who stated that usually it is taken care of on shower days and that R30's shower days are on Saturdays and Wednesdays.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 16746 Based on observation, interview and record review the facility failed to assess and provide splints to a resident, to prevent further reduction in ROM (range of motion). This applies to 1 of 4 residents (R63) reviewed for range of motion in the sample of 18. The findings include: R63 has multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and weakness, based on the face sheet. R63's quarterly MDS (minimum data set) dated July 25, 2024, showed that the resident was cognitively intact. The MDS showed that the resident had impairment in range of motion on one side of her upper extremity. The same MDS showed that R63 required maximum to total assistance from the staff with her ADL's (activities of daily living). On September 30, 2024, at 11:04 AM, R63 was in bed, alert, oriented and verbally responsive. R63 had weakness on her right arm, and her right hand and wrist appeared contracted. R63 was not able to move her right arm and hand without the help of her left hand. R63 had no splint or positioning device on her right hand and wrist. R63 was asked if she wanted the therapist to assess her, to determine the need for a splint or positioning device for her right hand and wrist. R63 agreed. On October 1, 2024, at 10:00 AM, R63 was in bed, alert, oriented and verbally responsive. R63 had weakness to her right arm and her right hand and wrist appeared contracted. R63 had no splint or positioning device on her right hand and wrist. In the presence of V2 (Director of Nursing), R63 was asked to move her right arm or open her right hand. R63 stated that she cannot open her right hand and she cannot lift or move her right arm without the help of her left hand. R63 stated that she would like to be assessed by the therapist for use of any splint or positioning device for her right hand and wrist. R63's OT (Occupational Therapy) evaluation and plan of treatment notes dated October 1, 2024, created by V13 (Occupational Therapist) showed that the resident had contractures on her right hand, right fingers, right wrist and right elbow. The OT notes a showed recommendation for R63 to wear an elbow extension orthosis on the RUE (right upper extremity) as well as a resting hand orthosis on the RUE with finger separators to optimize joint mobility and integrity and to prevent further decline in function. The same OT notes showed in-part under reason for therapy, Due to the documented physical impairments and associated functional deficits, without skilled therapeutic intervention, the patient is at risk for further decline in function. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On October 1, 2024, at 3:54 PM, V13 (Occupational Therapist) stated that he had evaluated R63 on October 1, 2024, at around 1:00 PM. V13 stated that based on his evaluation of R63, the resident's right elbow, right wrist, right hand and all of her right digits (fingers) were contracted. According to V13, he recommended for R63 to wear a right elbow extension orthosis and right hand resting orthosis with finger separators at night, to prevent further contractures. V13 added that the above recommended splints (orthosis) should be worn by R63 for at least one hour to start, and then gradually increase, until able to tolerate for eight hours. V13 further stated that he was also recommending for R63 to receive OT services for donning and doffing of the orthosis and for increase tolerance with the orthosis. On October 2, 2024, at 9:17 AM, V2 (Director of Nursing) stated that she expects the nursing staff to report to her (V2) and/or to V3 (Assistant Director of Nursing) or the therapy department any changes and/or concerns regarding residents' range of motion. This is to ensure that immediate therapy (physical or occupation) evaluation/assessment and implementation of splints or positioning devices or therapy services as needed are applied to maintain, improve or prevent further decline in the resident's range of motion.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29562 Based on observation, interview, and record review, the facility failed to ensure that urinary catheter tubing and bag are always below a resident's bladder to prevent potential urine backflow. This applies to 1 of 2 residents (R3) reviewed for catheter care in the sample of 18. The findings include: Face sheet shows that R3 is [AGE] years-old who has multiple medical diagnoses which include multiple sclerosis, neuromuscular dysfunction of the bladder, personal history of urinary tract infection (UTI), cystostomy, and hydronephrosis. On September 30, 2024, at 10:32 AM, V22 and V23 (both Certified Nursing Assistants) were seen providing care to R3. V22 said they just finished the incontinence care. V22 and V23 were repositioning R3 and straightening her bed linens. R3 has a suprapubic catheter and nephrostomy catheter tube. V23 positioned the suprapubic catheter and nephrostomy catheter tube and bag on top of the pillow that was above R3's bladder. On September 30, 2024, at 4:10 PM, the suprapubic and nephrostomy catheter tubing and nephrostomy bag remained positioned on top of the pillow, above R3's bladder. On October 2, 2024, at 12:06 PM, V2 (Director of Nursing) said that urinary tubing and bag are supposed to be below the resident's bladder to drain properly and prevent backflow which could cause infection. R3's active care plan with a target date of October 14, 2024, shows R3 has indwelling suprapubic catheter due to multiple sclerosis. This same care plan shows multiple interventions including, Position catheter bag and tubing below the level of the bladder. Facility's policy and procedure for urinary catheter with review date of October 2024 showed, To establish guidelines to reduce the risk of or prevent infections in resident with an indwelling catheter. The same policy showed in-part under guidelines, 6. Catheters shall be positioned to maintain a downhill flow of urine to prevent a backflow of urine into the bladder or tubing, during transfer, ambulation, and body positioning.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 36567 Based on observation, interview and record review, the facility failed to provide breakfast meals for a resident who is on dialysis treatment. This applies to 1 of 2 residents (R41) reviewed for dialysis in the sample of 18. The findings include: R41's EMR (electronic medical records) showed that R41 was admitted to facility on August 27, 2024, with diagnoses including Parkinson's disease with dyskinesia, with fluctuations, unspecified acute kidney failure, dependence on renal dialysis and dementia with other behavioral disturbance. R41's MDS (minimum data set) dated September 2, 2024, showed that R41 was moderately impaired in cognition. R1's active POS (Physician Order Sheet) showed Dialysis Treatments 3 (Three) times a Week at 2:30 PM, which was revised to 6:15 AM on October 2, 2024. Facility provided information that R41 switched from afternoon schedule at 2:30 PM to early morning schedule at 6:15 AM for dialysis on September 23,2024. R41's active POS included diet order of Regular diet, Mechanical Soft texture, thin consistency, Renal Diet supervised feeding, cues for 1 bite at a time, small bites; avoid banana, potato, oranges, orange juice; pureed bread, ground meats. Liquid Protein one time a day for dialysis, low albumin 30 ml/milliliters. House Supplement 2.0, 120 ml two times daily added October 1, 2024. R41's care plan revised September 12, 2024, included that R41 has increased nutritional risk related to Parkinson, dementia and advanced age. Interventions for the same included to prepare and serve diet as ordered. R41's EMR recorded the following weights: October 2, 2024 198.2 lbs/pounds September 25, 2024 205.0 lbs September 24, 2024 202.2 lbs September 20, 2024 204.8 lbs September 18, 2024 212.0 lbs September 17, 2024 215.4 lbs September 11, 2024 217.5 lbs September 5, 2024 223.3 lbs (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	September 4, 2024 233.4 lbs September 3, 2024 239.6 lbs August 28, 2024 234.8 lbs (admission weight) The above information showed that R41 lost 36.6 lbs since admission weight which was a significant 15.6% weight loss. On September 30, 2024, at 10:32 AM, R41 was seen seated in his wheelchair in hallway. R41 stated I was at dialysis. I did not eat today. On September 30, 2024, at 10:33 AM, V12, RN (Registered Nurse) stated He goes on dialysis Monday, Wednesday and Friday. Today is the first time he went in the morning when I worked. He just got back. I am not sure if he took anything for breakfast. I start at 6:00 AM in the morning. V14 (CNA/Certified Nursing Assistant) who was in the area stated He did not eat anything this morning as he went out for dialysis really early. He does not eat much anyway. I will give him a Boost (Nutrition Supplement). On September 30, 2024, at 11:47 AM, V17 (Power of Attorney) was at R41's bedside and stated that she visits daily. V17 stated He did lose some weight. I feed him. He drank 1 carton of Boost. A carton of nutrition supplement that was given earlier by V14 was seen at bedside. On September 30, 2024, at 12:46 PM, R41 was seated in dining room with V17 and refused to eat. V17 attempted to feed him and R41 stated I don't want it. Resident was not offered any alternative food options by the staff. On October 1, 2024, at 9:18 AM, R41 was resting in low bed with V17 at bedside. V17 stated I fed him. He only took a few bites of his egg at breakfast. I will give him a drink (Nutrition Supplement). He drinks about 3 of them a day and at least he is getting some nutrition. He is new on Dialysis since (recent) hospital stay. On October 1, 2024, at 10:11 AM, V11 (Dietitian) was informed about R41 leaving for Dialysis without eating (September 30, 2024) and was not offered any meal on return, and R41's poor intake at meals observed. V11 stated that she has not seen R41 yet but did a nutrition note for weight loss (on September 20, 2024) and added liquid protein once a day as his intake is variable and his Albumin is around 3.1. On October 1, 2024, at 11:05 AM, V12 (RN) was also informed about R41's poor intake at breakfast. V12 stated He gets a Boost supplement which family supplies whenever requested by [V17]. We keep it in the refrigerator. On October 1, 2024, at 11:40 AM, V17 stated that she did not ask for nutrition supplement yet. On October 1, 2024, at 12:23 PM, V17 stated that R41 refused to eat at lunch and that she did not ask for a nutrition supplement. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On October 2, 2024, at 10:40 AM, R41 was wheeled to the unit on return from dialysis by V20 (Transporter) and was stationed at the nurse's station. On October 2, 2024, at 10:45 AM, V17 joined him and was seen wheeling R41 to therapy. When asked if he has eaten his breakfast, V17 stated, No, he does not eat anyway. V15 (Registered Nurse) who was in the vicinity was not aware if R41 received a tray or sack meal prior to leaving for dialysis and stated that he did not receive a nutrition supplement prior to leaving for dialysis. V15 added that she will send a note to the kitchen notifying them. R41 was seen at occupational therapy appearing weak and unable to participate in therapy adequately. On October 2, 2024, at 11:52 AM, V16 (CNA) stated that R41 left for Dialysis at 6:20 AM and did not eat breakfast. V16 added The kitchen has not been updated on dialysis schedule as he used to usually takes a lunch with him (during prior dialysis schedule). On October 2, 2024, at 3:05 PM, V30 (Dietary Manager) stated that the facility does not have a policy for Dialysis sacked meals.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. 29562 Based on observation, interview, and record review, the facility failed to ensure that the residents central line insertion sites were visible under a transparent dressing for assessment. The facility also failed to ensure that the central line dressings were clean and intact. This applies to 2 of 2 residents (R124 and R174) reviewed for IV (intravenous) central line in the sample of 18. The findings include: 1. Face sheet shows that R174 has multiple diagnoses which include discitis, unspecified thoracolumbar region, and extradural and subdural abscess. On September 30, 2024, at 11:06 AM, R174 was in her bedroom resting. R174 had an IV central line on her right chest, with the insertion site covered with a non-transparent tape. The edges of the dressing were rolled up and showed brown substances (dirt) that adhered to the rolled up or peeling edges. R174 said that she has discitis osteomyelitis. On September 30, 2024, at 1:23 PM, V12 (Nurse) said R174 has an IV central line, and she changed the dressing on September 26, 2024. On October 2, 2024, at 10:45 AM, R174 was sitting in her wheelchair, alert and oriented, the dressing on her IV central line remained the same. The dressing was curling up on the edge, not properly secured, and the insertion site was covered with non-transparent tape. 2. R124 has multiple medical diagnoses which include osteomyelitis, and non-pressure chronic ulcer of the right heel and mid-foot with bone involvement without evidence of necrosis. On September 30, 2024, at around 3:00 PM, R124 was in his bedroom. R124 had a PICC (peripherally inserted central catheter) line dated 9/30/24 on his left inner upper arm covered with a dressing that was loose on the lower half portion of the dressing. The lower half of the dressing that was open showed about half an inch of the exposed inner catheter of the PICC line. There was also a loose gauze on top of the exposed inner catheter. V26 (Nurse) was notified of the loose dressing. On September 30, 2024, at around 4 PM, V26 stated that she did not change the dressing, but she secured the dressing with a tape. On October 1, 2024, at 9:19 AM, V2 (Director of Nursing) administered Daptomycin 500 mg with 100 ml of 0. 9% Sodium Chloride to R124 through his PICC line. The Insertion site of the PICC line was covered with a gauze and dated 9/30/24. On October 2, 2024, at 2:35 PM, R124 was resting in bed, he remained with the old PICC line dressing dated 9/30/24, with the gauze covering the insertion site and the tape that was securing the lower half of the loose dressing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On October 2, 2024, at 2:05 PM, V3 (Assistant Director of Nursing) stated that central line dressing should be a transparent dressing which means clear dressing, so that the insertion site will be visible for assessment, for monitoring of any signs and symptoms of infection, and to ensure that catheter is intact. If the edges of the dressing were curled up, the dressing should be replaced or changed as needed. On October 2, 2024, 2:22 PM, V2 said if there's a gauze dressing on the central line, they should change it daily. If the edges are rolled or non-intact, it should be changed as needed. In addition, on October 2, 2024, at 3:20 PM, V2 also stated that the PICC line should be measured during dressing change to ensure that the catheter is still in place and not dislodge. The arm circumference should be measured to ensure that it is not swollen and there is no fluid build-up. R124's Progress Notes from September 13, 2024, through October 1, 2024, showed no evidence of assessment of the arm circumference and length of the IV catheter. There was one documentation of IV dressing change on September 19, 2024, however, there was no documentation of the required measurements to determine if the catheter migrated or moved at the insertion site. Facility's policy and procedure for central venous catheter dated February 2009 showed in-part under procedure, 15. Apply transparent occlusive dressing. 16. Secure the dressing edges with tape as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45303 Based on interview and record review, the facility failed to ensure a resident did not receive antipsychotic medications without indications for use. This applies to 1 of 5 residents (R43) reviewed for psychotropic medications in the sample of 18. The findings include: The EMR (Electronic Medical Record) showed R43 was admitted to the facility on [DATE], with multiple diagnoses including chronic obstructive pulmonary disease, congestive heart failure, and dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. R43's MDS (Minimum Data Set) dated August 29, 2024, showed R43 had severe cognitive impairment. The MDS continued to show R43 did not have any behavioral symptoms. R43's Order Summary Report dated October 2, 2024, showed Risperidone (Antipsychotic medication) oral tablet 1 mg (milligram), give half tablet by mouth four times a day for restlessness. R43's anti-psychotic medication care plan date June 21, 2023, showed The resident is receiving anti-psychotic medications related to restlessness. The care plan continued to show multiple interventions dated June 21, 2023, including Monitor/Document/Report as needed for following adverse effects of antipsychotic therapy: daytime drowsiness, confusion, loss of appetite in the morning, increased risk for falls and fractures, dizziness. R43's Behavior Monitoring and Interventions from September 3, 2024, to October 2, 2024, showed R43 has one episode of grabbing others on September 27, 2024. The documentation did not show R43 had any behaviors of agitation or restlessness. On October 2, 2024, at 12:28 PM, V2 (Director of Nursing) said R43 is receiving risperidone for dementia, restlessness, and agitation. V2 continued to say those are not diagnoses for the use of an antipsychotic medication. V2 said an antipsychotic should not be used for restlessness. R43's Consultant Pharmacist Recommendations to Physician dated September 3, 2024, showed .Please also specify diagnosis for antipsychotic usage as it's currently listed as restlessness . A progress note dated August 28, 2024, at 8:40 PM, by V29 (Hospice Doctor) showed .The patient has intermittent episodes of restlessness, but is able to be redirected . The patient sleeps for 14 to 16 hours per day . A progress note dated September 11, 2024, at 10:41 AM, by V32 (Hospice Doctor) showed .She has periods of lethargy and sleeps for 20 to 22 hours per day .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36567 Based on observation, interview and record review, the facility failed to serve mechanical soft consistency mushrooms and potatoes and failed to serve pureed consistency chicken and vegetables for residents on mechanical soft and pureed diets. This applies to 9 of 9 residents (R1, R6, R10, R15, R24, R26, R30, R41 and R224) reviewed for mechanically altered diets in the sample of 18. The findings include: 1. On September 30, 2024, at 12:07 PM, during meal temperature monitoring of prepared foods prior to meal service, the pureed chicken on the tray line appeared grainy. On taste testing, there were parts of the pureed chicken that were not able to be swallowed without being chewed. V8 (Regional Dietary Certified Manager) who was in the vicinity was notified and was informed that the item was not safe to serve. V8 also taste tested the product and agreed with the consistency and stated that the pureed meat should not be uneven and should be like mashed potatoes. On October 1, 2024, at 11:53 AM, during tray line service for the lunch meal, V10 (Cook) was platting the food. The pureed vegetables were noted to have visible small pieces of carrots in it. On taste tasting, the carrots remained in small whole pieces which were unable to be swallowed without chewing. V9 (Contract Dietary Consultant) who was in the vicinity was showed the pureed vegetables and V9 agreed that the product should be pureed further. The vegetables that were pureed were identified as 'vegetable blend' that included carrots. When asked what the consistency should be like, V9 pointing to V10 and stated Ask him. V10 responded that the product should be like mashed potatoes. Facility guidelines (Dining Service Menu Guide, 2022) for pureed foods included to process hot or cold items in a food processor until they are fine and homogenous in texture. Add measured amounts of hot liquid for cooked food and cold liquid for cold foods (if required) and process until there is a smooth, pudding-like or smooth mashed potato consistency . Facility diet order listing showed that R1, R6, R10, R15 and R24 were on pureed consistency diets. 2. On September 30, 2024, starting at 12:09 PM, during tray line service, V10 was platting the food. R26, R30, R41 and R224 who had an order of dental soft diet on their meal ticket, received ground meat topped with whole sauteed mushroom slices and gravy and roasted potatoes with skin, with their meals. Menu diet spreadsheet for Monday, week 2 lunch meal showed to serve ground baked chicken and mushroom with sauce and mashed potatoes. Recipe for Ground Baked Chicken and Mushroom with Sauce included as follows: 1. Arrange chicken in a baking dish or steam table pan coated with cooking spray. Sprinkle with paprika. Bake, uncovered at 350 F (Fahrenheit) for 15 minutes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Meanwhile in a large skillet, saute mushrooms in butter or margarine for 5 minutes. Add broth or [NAME], green onions, garlic, salt and pepper. Bring to boil. Pour over chicken. 3. Bake 10-15 minutes longer or until a final internal temperature of 165 F is reached. 4. Remove needed portions and place in a clean and sanitized food processor and grind to size and texture of fine hamburger. Place into a clean steam table pan On September 30, 2024, at 12:16 PM, V8 was notified that the above residents on mechanical soft diets received ground meat topped with whole sauteed mushroom slices and roasted potatoes with skin. V8 stated that the spread sheet for mechanical diet and recipe for ground baked chicken should have been followed. Facility guidance (Long Term Care Diet Manual, 2022) for Dental soft (Mechanical Soft) Diet showed that all vegetables should be chopped or diced into bite sized pieces (1/2 inch or smaller). Foods allowed included peeled cooked potatoes and that potato skins should be excluded. Facility diet order listing showed that R26, R30 and R224 were on mechanical soft, ground meat diet and that R41 was on mechanical soft diet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45303 Based on observation, interview, and record review, the facility failed to follow their water management plan for legionella. The facility also failed to follow their policy for enhanced barrier precautions, transmission based precautions, and hand hygiene during provisions of care. This applies to all 72 residents residing in the facility. The findings include: 1. The facility's Long-Term Care Facility Application for Medicare and Medicaid dated September 30, 2024, showed the facility's census was 72 residents. On October 1, 2024, at 3:18 PM, V27 (Environmental Services Director) said he does not keep documentation of the temperatures of the hot water boiler/storage tanks, the thermostat of the mixing valve, eye wash station inspections and flushing, ice machine inspections and cleaning, and cooling tower inspections. On October 2, 2024, at 9:40 AM, V27 provided the water temperatures he has documented from July 1, 2024, to present. V27 said these are the only water temperatures he records for the facility. The facility's Logbook Documentation did not show water temperatures were collected the week of July 8, 2024, September 16, 2024, and September 23, 2024. The facility does not have documentation to show the temperatures in the kitchen and laundry room were collected for the month of August and September. On October 2, 2024, at 10:11 AM, V27 said he is unsure if the facility has mixing valves. V27 continued to say the maintenance staff try to check the cooling tower every other week, depending on the weather. On October 2, 2024, at 10:46 AM, V1 (Administrator) said the expectation is V27 should be following the facility's water management plan for legionella and documenting the preventative maintenance as shown in the water management plan. The facility's policy titled Water Management Program for Prevention of Legionella Growth, dated May 2024, showed, Purpose: To identify and reduce the risk of Legionella growth and spread. Guidelines: Definition: Legionella is found naturally in [NAME] environments, like lakes and streams, but generally the low amounts in [NAME] do not lead to disease. Legionella can become a health problem in building water systems. To pose a health risk, Legionella first has to grow (increase in numbers). Then it has to be aerosolized so people can breathe in the small, contaminated water droplets. Factors internal to buildings that can lead to Legionella growth: . Preventative maintenance will be performed as applicable: The following will be verified and documented at least once weekly: The domestic hot water boiler/storage tanks verified to be set between 140 to 160 degrees Fahrenheit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Thermostat indicating the temperature of water entering the circulating system at the mixing valve is 120 degrees Fahrenheit or above. Eye was stations will be inspected and flushed weekly. Ice machines will be inspected and cleaned internally at least every three to six months and as needed for leakages or contamination. Cooling tower (if applicable) will be inspected at least weekly to ensure proper functioning and chemical distribution. Weekly sanitizing of medical devices such as CPAP (Continuous Positive Airway Pressure), hydrotherapy, etc. Environmental Services will monitor the identified areas of risk per guidelines above and implement corrective action as indicated . The facility does not have documentation to show the domestic hot water boiler/storage tanks were verified to be set between 140 to 160 degrees Fahrenheit, the thermostat at the mixing valve was 120 degrees Fahrenheit or above, the eye wash stations were inspected and flushed weekly, the ice machines were inspected and cleaned at least every three to six months, the cooling tower will be inspected at least weekly to ensure proper functioning and chemical distribution, and weekly sanitizing of medical devices. 2. The EMR (Electronic Medical Record) showed R27 was admitted to the facility on [DATE], with multiple diagnoses including type 2 diabetes mellitus with diabetic chronic kidney disease, pressure ulcer of the sacral region, UTI (Urinary Tract Infection), and ESBL (Extended Spectrum Beta Lactamase) Resistance. R27's MDS (Minimum Data Set) dated July 1, 2024, showed R27 was cognitively intact. The MDS continued to show R27 could independently wheel 150 feet in her wheelchair. R27's order summary report dated October 2, 2024, at 12:22 PM, showed an order dated September 30, 2024, for Contact isolation for ESBL in the urine. R27's UTI care plan dated September 30, 2024, showed The resident has a UTI. The care plan continued to show multiple interventions dated September 30, 2024, including Contact isolation. On September 30, 2024, at 1:20 PM, R27 was sitting in her wheelchair in her room. The sign outside of R27's room showed Contact Isolation. R27 said no one has worn a gown when coming into her room to provide care, and R27 is allowed to leave her room whenever she would like. R27 said she has not been told she has to stay in her room. On October 1, 2024, at 11:15 AM, R27 propelled herself using her motorized wheelchair into the hallway. V26 (LPN/Licensed Practical Nurse) and V7 (Staffing Coordinator) stopped R27 and assisted R27 with repositioning her legs in her wheelchair and adjusting the cushion on R27's wheelchair. V26 and V7 were not wearing gloves or gowns when assisting R27. R27 continued to propel down the hallway, away from her room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On October 1, 2024, at 11:41 AM, V3 (Assistant Director of Nursing/Infection Preventionist) said residents on contact isolation are allowed outside of their rooms while on isolation. V3 continued to say the facility follows CDC (Centers for Disease Control and Prevention) guidelines for contact isolation. On October 2, 2024, at 11:09 AM, V3 said the CDC guidelines show a resident on contact precautions should be kept in their room unless medically necessary. V3 continued to say V26 and V7 should have been wearing gowns and gloves while repositioning R27 in her wheelchair. The facility's policy titled Infection Prevention and Control Program, dated March 2024, showed, Purpose: To comply with a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement. To comply with the core elements of Antibiotic Stewardship to reduce the unnecessary use of antibiotics. Guidelines: .18. Contact precautions in addition to standard precautions will be initiated as specified in the specific isolation policy. Precautions should be the least restrictive possible for the resident under the circumstances. (Refer to CDC Recommended Precaution Guidelines by Organism) . The CDC's Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions, dated September 20, 2024, showed MDROs (Multidrug-Resistant Organisms) including ESBL should be on contact and standard precautions. The CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, dated September 2024, showed Contact Precautions: Use Contact Precautions as recommended in Appendix A for patients with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission . Patient transport: In acute care hospitals and long-term care and other residential settings, limit transport and movement of patients outside of the room to medically-necessary purposes . 36567 3. R41's face sheet included diagnoses of Parkinson's disease with dyskinesia, with fluctuations, acute kidney failure, unspecified, dependence on renal dialysis, urinary tract infection, site not specified, sepsis, unspecified organism, dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance. R41's active POS (Physician Order Sheet) showed an order for contact isolation for VRE (Vancomycin-Resistant Enterococci) in the urine. R41's care plan revised on September 27, 2024, showed that R41 has a urinary tract infection related to VRE with interventions including contact isolation. R41's room entrance had posting for contact isolation with directions including, wearing gown and gloves before room entry and discard the gloves and gown before exit. On October 1, 2024, at 10:40 AM, R41 was wheeled to the unit on return from Dialysis by V20 (Transportation) and stationed near the nurse's station. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On October 1, 2024, at 10:45 AM, V17 (Power of Attorney) joined him and was seen wheeling R41 to the common therapy room at a different area of the facility. V21 (Certified Occupational Therapy Assistant) was seen working with R41 in the therapy room. Multiple other residents were also seen in the therapy room. V21 put a gait belt around R41 and was assisting him at the stand up bars and with placing objects in a container, stating that it is helping him with his fine motor skills. V21 was called aside and asked whether she knew if R41 was on contact precautions based on information from R41's POS, and V21 responded that she was not aware of the same. V21 stated that she would have put on gloves and gown if she knew R41 was on contact precautions. On October 1, 2024, at around 12:00 PM, V2 (Director of Nursing) stated that for residents on contact isolation precautions, therapy should have been done in the resident's room with therapist wearing gloves and gown. 29562 4. On September 30, 2024, at 10:32 AM, during initial rounds of the facility, it was observed that R3 was on Enhanced Barrier Precaution (EBP) for her suprapubic catheter and nephrostomy catheter. Upon entering the bedroom, V22 and V23 (both CNA) were seen providing care to R3. V22 said they just finished the incontinence care and were repositioning R3 and straightening her bed linen. Both staff were wearing gloves, but they were not wearing isolation gown as part of the PPE (personal protective equipment). The Enhanced Barrier Precaution (EBP) signage shows: Providers and Staff must also: Wear gloves and a gown for the following high-contact resident care activities such as dressing, changing linens, and changing briefs. The device care use includes urinary catheter. 5. On September 30, 2024, at 1:13 PM, V18 rendered incontinence care to R38 who had a bowel movement and was wet with urine. V18 cleaned R38's perineum from front to back, she placed a new incontinence brief and helped repositioned R38 while wearing the same soiled gloves. After repositioning R38, V18 removed her gloves, she picked the soiled items from garbage bin then she tied the plastic bag to close it, and without hand hygiene, she picked up R38's drinking water and placed it within reached. 6. On October 1, 2024, at 10:30 AM, R50 was receiving wound care when he started having a bowel movement. V22 and V24 (both CNAs) provided the incontinence care. V22 cleaned R50's perineum from front to back, and while using the same gloves, V22 applied a barrier cream to R50's buttocks. On October 2, 2024, at 11:53 AM, V2 (Director of Nursing) stated that staff must perform hand hygiene and don gloves before they start providing the care. They should change gloves and do hand hygiene from dirty to clean task, and before leaving the bedroom. If the resident is on EBP, the staff are expected to wear gown and gloves when providing direct care to resident. These are all done to prevent the spread of infection. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	16746 7. R124 was admitted to the facility on [DATE], with multiple diagnoses including osteomyelitis, type 2 diabetes mellitus with foot ulcer and non-pressure chronic ulcer of the right heel and midfoot with bone involvement without evidence of necrosis, based on the face sheet. R124's order summary report dated September 19, 2024, showed an order for enhanced barrier precautions every shift, related to wounds and PICC (Peripherally Inserted Central Catheter) line. On October 1, 2024, at 9:19 AM, a posted sign on the wall by the outside door of R124's room was observed. The posted sign showed EBP (Enhanced Barrier Precautions) with instructions for the providers and staff to wear gloves and a gown for high-contact resident care activities, including device care or use of central line. During this observation, V2 (Director of Nursing) prepared and administered R124's IV (intravenous) antibiotic via PICC line on the left inner upper arm. While wearing only gloves, V2 performed the following: spiked R124's IV antibiotic solution bag using the IV infusion set, primed the IV infusion set, placed the IV infusion line in the IV pump, cleaned the end of the PICC line lumen with an alcohol swab, attached the 10 ml syringe to the end of the PICC line lumen then flushed the PICC line with normal saline, connected the IV infusion line to the PICC line lumen and then started the IV antibiotic. V2 did not use a gown during this high contact care procedure. On October 1, 2024, at 10:33 AM, R124's IV antibiotic was completed. With her gloved hands V5 (Registered Nurse) removed the IV infusion line from the PICC line lumen, cleaned the end of the PICC line lumen using an alcohol swab, attached the 10 ml syringe to the end of the PICC line lumen then flushed the PICC line with normal saline. V5 did not use a gown during this high contact care procedure. On October 1, 2024, at 10:45 AM, both V2 and V5 acknowledged that they only used gloves and did not use gown during the administration of antibiotic to R124 via PICC line and during the PICC line care. V2 stated that they should have used the required enhanced barrier precaution equipment including gown and gloves when they handled R124's PICC line. According to V2, gown and gloves should be used to protect the resident from infection, to prevent cross contamination and to ensure that infection control was maintained. R124's active care plan initiated on September 19, 2024, showed that the resident was on EBP related to PICC line and wounds. The same care plan showed multiple interventions including using gown and gloves during high-contact resident care and to follow enhanced barrier protocol. The facility's policy regarding EBP last revised on March 2024 showed, Enhanced Barrier Precautions (EBP): recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. The policy showed in-part that EBP may be considered and implemented for indwelling medical devices including central line. The same policy showed, Standard Precautions must be followed with all cares. Additionally, gown and gloves must be worn when providing the following care: . Medical Device Care. 41855 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	8. R6's EMR (Electronic Medical Record) showed R6 was admitted to the facility on [DATE], with diagnoses that included cerebrovascular disease, dementia, benign prostatic hyperplasia with lower urinary tract symptoms, other obstruction reflux uropathy, and urinary retention. R6's MDS (Minimum Data Set) dated July 18, 2024, showed R6's cognition was severely impaired. R6 was dependent on staff for all ADLs (Activities of Daily Living). R6's care plan showed R6 has an ADL self-care performance deficit related to activity intolerance, confusion, dementia, fatigue, and difficulty walking. R6 has bladder incontinence with a long history of UTIs (urinary tract infections), urinary retention, chronic kidney disease, and history of chronic indwelling urinary catheter that was removed. Interventions included staff to clean peri-area after each incontinence episode. On October 2, 2024, at 10:30 AM, V18 (CNA/Certified Nurse Assistant) and V19 (CNA) gathered supplies needed to provide R6 incontinence care. V18 washed her hands and put on gloves, V19 was already in the room with the mechanical lift and was wearing gloves. Together they used a mechanical lift and placed R6 back into his bed. V18 removed R6's pants and V19 unfastened R6's incontinence brief. V18 used a disposable wipe and cleaned the left groin from front to back, folded wipe in half and wiped the right groin front to back, and folded wipe in half again to clean R6's penis. V18 removed her gloves and put on new gloves without washing hands with soap and water or using hand sanitizer. V19 turned R6 onto his side. V18 used a new wipe and cleaned his buttock from front to back removing a small amount of stool. V18 removed her gloves and without washing her hands with soap and water or using hand sanitizer, put on a new pair of gloves. V19 placed a new incontinence brief under R6 and with V18, they repositioned R6 onto his back, his pants were pulled up, V19 connected the mechanical lift sling to the mechanical lift while V18 removed her gloves and went into the bathroom to wash her hands with soap and water. V18 controlled the mechanical lift while V19 remained next to R6 until he was seated back into his chair. V18 pushed R6 out of the room in his high backed wheelchair, and V19 removed his gloves and pushed the mechanical lift out of the room without washing his hands with soap and water or using hand sanitizer. On October 2, 2024, at 11:45 A, V2 (DON/Director of Nursing) said when providing incontinence care, the staff should gather supplies, wash hands with soap and water or use hand sanitizer, and then put on gloves. V2 said after cleaning the front area, the staff member should remove their gloves, clean hands with soap and water or use hand sanitizer and put on new gloves before turning resident onto their side. The staff member should use a new washcloth or wipe, to clean the buttocks from front to back. V2 said it is ok to fold a wipe in half once to use the other side, but after that they need to use a new wipe to continue to clean the resident. After cleaning the back side of the resident, the staff member can remove the soiled incontinence brief and/or soiled linen from under the resident wearing the same gloves, but they need to remove those gloves, wash hands with soap and water or use hand sanitizer and put on new gloves before placing a new brief and/or linen under a resident. Once resident is repositioned, the staff need to remove gloves wash hands with soap and water or use hand sanitizer before leaving the room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145623	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Morris	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility's policy titled, Enhanced Barrier Precautions with the last revision date of March 2024, showed Statement of Purpose: Enhanced Barrier Precautions (EBP): recommendations now include the use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status .Personal Protective Equipment: Gown and gloves . Personal Protective Equipment: Standard precautions must be followed with all cares. Additionally, gown and gloves must be worn when providing the following cares: providing hygiene, changing linens, incontinence care Facility's policy titled, Hand Hygiene/Handwashing with effective date of March 2024, Definition: Hand hygiene means cleaning your hands by using either handwashing (soap and water), antiseptic hand wash, or antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel) .Examples of When to Perform Hand Hygiene (Either Alcohol Based Hand Sanitizer or Handwashing): After contact with blood, body fluids or excretions, mucous membranes, non-intact skin or wound dressings If hands will be moving from a contaminated-body site to a clean-body site during patient care, before glove placement, after glove removal .