

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Arcadia Care Peoria Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1629 East Gardner Lane Peoria Heights, IL 61616	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on observation, interview, and record review the facility failed to prevent resident to resident abuse for 2 residents (R24, R44) of 2 reviewed for abuse in a total sample of 40 residents. The Facility Reported Incident with finalization date of 12/31/25 documents on 12/25/25 at 5:55 PM V6, V8 (both Licensed Practical Nurses/LPN) and V9 (Certified Nursing Assistant/CNA) heard yelling coming from R44's room. When V6, V8, and V9 entered the room, R24 and R44 were hitting each other. The two residents were separated and assessed for injuries. R24 and R44 did not have any injuries. The Facility Reported Incident documents that R24 and R44 are both cognitively intact. On 1/6/26 at 10:12 AM R44 reported R24 was disrespectful to him and would not go into further detail. On 1/6/26 at 10:20 AM R24 reported R44 had his music loud and R24 asked R44 to turn it down. R44 did not turn his music down and R24 turned music off. R24 stated R44 then hit him in the face twice, but did not cause any injury. R24 stated he was then moved to a different hall. On 1/7/26 8:39 AM V6 (LPN) stated she heard a commotion and went to R44's room and separated residents. R44 and R24 were both in their wheelchairs at the time. V6 was not sure if R44 had his music loud. V6 verified R44 and R24 were not roommates at the time, but did live on the same hallway. On 1/7/26 at 10:16 AM V8 (LPN) reports when she entered R44's room, R44 and R24 were each in their wheelchairs and were punching each other. V8 reports she did not hear R44's music playing prior to incident.</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
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