

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 03/20/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain a clean and homelike environment for four residents (R1, R2, R3) reviewed for clean and homelike rooms in a sample of four. Findings include: R1 voluntarily chose to discharge home with a family member on 1/24/26 and no longer resides in the facility. R2 was admitted to the facility on [DATE]. R2 currently resides in the same room R1 occupied prior to discharge. On 3/20/26 at 12:50pm R2 stated his room is not cleaned very often and the toilet has not been cleaned for 5 days, there are (feces) smears on the seat. On 3/20/26 at 12:55pm debris was obvious on the floor and near the baseboards, numerous dirty spots were present on the floor, and a dark grey substance clung to a large area in the toilet bowl, and three dried smears of dark brown substance was note in and on the shared toilet between R2 and R3's room. On 3/20/26 at approximately 1:20pm V1 (Administrator) stated the condition of R2's room and the toilet between R2 and R3's rooms needed to be cleaned and did not appear to have been cleaned recently. On 3/20/26 at 3:15pm V4 (Housekeeping Supervisor) stated, due to short staffing, the rooms are just getting a very light cleaning, and the toilet between R2 and R3's room probably had not been cleaned. V4 stated deep-cleaning of the residents' rooms is normally scheduled for Fridays and due to short-staffing, the deep-cleaning has not been done regularly. The facility's Housekeeper Job Description Summary documents the following under Essential Duties and Responsibilities: Clean, wash, sanitize, and/or polish fixtures, ledges, room heating/cooling units, bathroom fixtures, etc. and Clean floors including sweeping, dusting, damp/wet mopping, stripping, waxing, buffing, disinfecting, etc.</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
---	-------	-----------