

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  04/22/2026
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure resident equipment is kept clean for one resident (R1) of four residents reviewed for cleanliness of resident medical equipment, in a total sample of four. Findings include: Facility policy, entitled Cleaning &amp; Sanitizing-Wheelchairs and Other Medical Equipment, effective 01/2026, document Medical equipment/devices will be cleaned and sanitized weekly or more often if needed, when used by the same resident. R1's Electronic Medical Record/EMR document R1's diagnosis to include: Gout, Hypertension, Gastro-esophageal Reflux Disease, Major Depressive Disorder, Stress Incontinence, Psychosis, Hyperlipidemia, Diabetes Mellitus Type II, Benign Prostatic Hyperplasia, Chronic Respiratory Failure, Cerebral Infarction, Muscle Wasting, and Chronic Obstructive Pulmonary Disease. R1's Minimum Data Set/MDS, dated [DATE], document R1's Brief Interview for Mental Status/BIMS as 12/15-indicating cognition is moderately impaired. On 4/17/26 R1 was observed sitting in lounge by the dining room. His seated walker was in front of him and was noted to be sticky with dust covering the frame, splatter of a white substance on the black seat and thick mud-like substance to all 4 wheels. R1 stated that his walker has never been cleaned and agreed it could use it. On 4/17/26 V7 (Licensed Practical Nurse) stated that 3rd shift staff are assigned on the daily staffing sheet to clean all equipment (wheelchairs, walkers etc.) nightly. On 4/17/26 V1 (Administrator) stated that equipment cleaning such as walkers and wheelchairs are scheduled on 3rd shift and each room has their equipment cleaned weekly per the schedule. (R1's) room is scheduled for Tuesday nights. V1 stated that she has never had concerns brought to her from R1's son regarding his walker needing cleaned. V1 verified that R1's walker was dirty and needed clean and agreed that it did not appear that it had been done on Tuesday night. It's dirty. We'll clean this right now. V1 also housekeeping has two schedules one staff member is scheduled 6a-2p and is assigned the common areas starts in dining room, then main hallway and bathrooms then branch out to the hallways to clean the floors. Then other staff scheduled 8a-4p to clean resident rooms.</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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