STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145811	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arcadia Care Peoria Heights	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by another resident for one (R4) of four residents reviewed for abuse in a sample of four. Findings include: R4's Abuse Risk Assessment, dated 6/5/26, documents that R4 is at high risk for abuse due to history and diagnosis. R4's current care plan documents that R4 is at high risk for abuse/neglect, as noted in the abuse risk assessment. R4's intervention is to provide a safe and secure environment. R4's diagnosis includes Major Depression, Anxiety, Heart Failure, Pain, Seizures, Insomnia, Hemiplegia, Mood Disorder, Chronic Obstructive Pulmonary Disease, Prurigo Nodularis, and Urinary Tract Infections. R3's current care plan documents that R3 has behavior problems, agitation with peers and when in crowded spaces, physical and verbal aggression, agitation with peers, refuses meds, and cares at times. One of R3's interventions for this problem was to encourage (R3) back to the hallway after the smoke break. R3's diagnosis includes intermittent explosive disorder, dementia, unspecified severity with agitation, other mental disorders due to a known physiological condition, and violent behaviors. The facility's Final Abuse Investigation Report, dated 5/5/26, documents that V1 (Administrator) was notified of an alleged physical altercation in the dining room on 5/5/26 between (R4) and (R3). Residents were sitting in the dining room after smoke break, when (R3) was attempting to go back outside, and (R4) told him he could not. (R3) got upset and made physical contact with (R4). The facility nurse immediately separated residents and notified V1. This form documents that (R4) stated that she was trying to block (R3) from going outside. (R3) called me a cripple. (R4) said to (R3), someone said you cannot go outside because you're mean. Then he stood up and tried to choke me. On 6/15/26 at 10:00am, R4 stated that she was trying to stop R3 from going back outside because the smoke break was over. R4 stated that R3 got mad and stood up behind me and started to pull my hair and choke me. R4 stated that staff intervened. R4 stated that R3 is always yelling and fighting with somebody. R4 stated that he is just mean. On 6/16/26 at 11:40am, V8 (Certified Nursing Assistant/CNA) stated that she was walking through the dining room when she heard yelling. V8 stated that she saw R3 standing up behind R4, pulling her hair and choking her. V8 stated that she yelled for help and attempted to separate the two. V8 stated that R4 appeared to have red marks on her face. On 6/16/26 at 2:00pm, V1 (Administrator) stated that multiple interventions have been attempted to prevent R3 from getting into altercations with other residents, but nothing seems to work. V1 stated that R3 is on a new psychotropic medication that seems to be helping his outbursts. The facility's Abuse Prevention and Reporting policy, revised 3/2026, documents that the facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff, or mistreatment. This form documents that physical abuse is the infliction of injury on a resident that occurs other than by accidental means.

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