

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000280		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/11/2026	
NAME OF PROVIDER OR SUPPLIER ARCADIA CARE MORTON				STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST QUEENWOOD ROAD , MORTON, Illinois, 61550			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	Initial Comments		S0000			03/12/2026	
	Complaint Investigation: 2621580/2736379						
S9999	Final Observations		S9999			03/12/2026	
	Statement of Licensure Violations:						
	300.1020a)						
	300.1020b)						
	300.1020c)						
	Section 300.1020 Communicable Disease Policies						
	a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).						
	b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.						
	c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.						
	These regulations were not met as evidenced by:						
	Based on interview and record review the Facility failed to report to the Local Agency and local State Agency two positive confirmed occurrences (R1 and R2)						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 of a Sarcoptes Scabiei (Scabies) skin infestation. This failure has the potential to affect all 78 Residents residing in the Facility. Findings include: The Facility Infection Surveillance, Tracking and QA (Quality Assurance) Policy, dated 12/2025, documents: identify, monitor, track and report infections and monitor adherence to infection control practice; and reporting of outbreaks or reportable infections to the Local and State Health Department as required; and infection reporting includes but is not limited to reporting of outbreaks or reportable infections to local and state health department as required. The Facility Licensed Nursing Home Administrator Job Description, dated 7/2023, documents to direct the day-to-day functions of the Facility in accordance with current Federal and local standards, guidelines and regulations that govern nursing facilities to ensure the highest degree of quality of care can be provided to Residents. The Resident Census Roster, dated 3/6/26, documents 78 Residents residing in the Facility. The Facility Infection Surveillance Report dated 1/1/26 through 1/31/26, documents R1's Sarcoptes Scabiei (Scabies) medicated treatment and R2's Sarcoptes Scabiei (Scabies) medicated treatment (Permethrin). R1's Face Sheet, dated 3/9/26, documents on 2/20/26 for encounter for screening for other bacterial diseases and contact with and exposure to other bacterial communicable diseases. R1's Nursing Note, dated 1/29/26 at 1:15 pm, documents R1's positive scabies biopsy. R2's Face Sheet, dated 3/9/26, documents on 2/20/26 for encounter for screening for other bacterial diseases and contact with and exposure to other bacterial communicable diseases. R2's Nursing Note, dated 2/11/26 at 10:46 am, documents R2 is currently undergoing treatment for scabies with noted improvement in symptoms. On 3/10/26 at 4:21 pm, V1 (Administrator) stated, "I did not notify the Local Health Agency or State Health Agency. According to our policy we are not in an outbreak unless we have three or more residents and we had two so therefore I did not notify the local County		S9999				

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S9999	Continued from page 2 Health Department or local State Health Agency because according to our policy, we were not in an outbreak." (B)			S9999			