STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510006	A. BUILDING: _____ B. WING _____	C 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING OF MOLINE	900 43RD AVENUE MOLINE, IL 61265

(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) COMPLETE DATE
A 000	Initial Comment Original investigation of FRI IL 186429 and FRI IL 186433. FRI IL 186429 - 295.6000 a) 1) FRI IL 186433 - No violations cited.	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect; VIOLATION Based on record review and interviews, the establishment failed to treat one of three sampled residents with consideration and respect. (R1) Findings include: R1's current service plan notes that R1 is a 94 year old resident admitted to the facility on 12/19/24. Service plan notes that R1 requires	A6000		

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A6000	Continued From page 1	A6000		

assistance of one staff to transfer R1 from bed to wheelchair.

On 2/27/25 at 8:30 P.M., E4 (Caregiver) stated that on 1/24/25 around 11:30 P.M., she had walked into R1's room to answerer her call light. E4 stated as she walked in she witnessed E3 (Caregiver) yanking R1 up out of the bed by her arm. E4 stated that E3 was being very rough with R1. E4 stated that she immediately walked out of the room. E4 stated she then went back into R1's room about 10 minutes later when R1 was back in bed. E4 stated that she asked R1 if she was ok and about E3 being so rough with her. E4 stated that R1 seemed to be ok, so then R1 went and called her supervisor (E7 Past Wellness Director) to let her know what E3 had done. E4 stated that E7 came in immediately after call and sent E3 home.

On 2/28/25 at 10:25 A.M., R1 stated that on the day in question (1/24/25) E3 was assisting her to the bathroom. R1 stated that when E3 was getting her up out of bed, E3 was roughly jerking her up by her arm. R1 stated that it did hurt but she didn't say anything to E3. R1 stated that she doesn't think E3 was purposely trying to hurt her but she should not be so rough with elderly residents. R1 stated that she did tell another staff person what E3 had done.

On 2/27/25 at 9:50 A.M., E1 (Executive Director) stated that E7 had received the call from E4 the night of this incident. E7 had sent E3 home pending the investigation. E1 stated that after the investigation was complete, E3 was terminated from employment for inappropriate behavior and handling R1 so roughly.

Facility "Employee Termination Statement" dated

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A6000	Continued From page 2 1/28/25 notes that E3 was terminated from employment for "physically handling residents (R1) in a harmful manner".	A6000		