STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510249	A. BUILDING: _____ B. WING _____	C 04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING OF GODFRY	1373 D'ADRIAN PROFESSIONAL PARK GODFREY, IL 62035

(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 Facility Report Incident Investigation to Incident of 03/09/25 / IL188009. Violations cited: 295.3020 Employee Training.	A 000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.3020 Employee Orientation and Ongoing Training b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: 4) The employee's job responsibilities and limitations; 5) CPR and emergency procedures for medical events, if applicable; and This Regulation is not met as evidenced by; Based on interview and record review; The Establishment failed to ensure the staff were trained to be aware of the residents Individual Service Plan. This failure resulted in staff not being aware R1's Individual Service Plan regarding her Code status. In addition, this failure by the Establishment has the probability to affect all residents at the Establishment as to staff being	A3020		

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A3020	Continued From page 1 untrained of their Individual Service Plans. Findings include; The Individual Service Plan (ISP), dated 02/21/25, identifies R1 as a 97 year old female who resides in Memory Care unit with her primary diagnosis listed as Dementia. This ISP documents R1's mobility is with the use of a walker and staff will assist R1 with her transfers and toileting. Documents confirm that R1 was admitted to this Establishment on 08/14/24. The "State of Illinois Department of Public Health DO-NOT-RESUSCITATE (DNR) PRACTITIONER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) FORM has Do Not Attempt Resuscitation/DNR marked. This form is signed and dated 04/24/23. An Establishment form titled 'Incident Report' date of incident, 03/09/25 7:30 PM, Incident Summary: RA (Resident aide) noticed resident on the floor in the Memory Care bathroom, next to the dining room, in between the toilet and the sink laying on her side with her depend on and her pajama pants down to her ankles. R1 was breathing but not responding to verbal or physical stimuli and RA (Residential Aide) called 911, POA, ED, HWD, and NP notified.' During interviews with E3, Residential Aide, E3 stated that she found R1 in the restroom off of the dining area laying on her right side on the floor. E3 then yelled for assistance from another co-worker. Together they were able to reposition R1 on the restroom floor. R1 did have a faint pulse at that time, and respiration, no response to external stimuli. Then R1 had no pulse found and stopped breathing (CPR). The local Emergency Services (911) was called to the Establishment.	A3020		

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A3020	Continued From page 2 E3 then stated that she started Cardio Pulmonary Resuscitation. I performed three chest compressions on R1 and then I stopped. During interview with E4, Residential Aide, E4 stated she was doing 'rounds' when E3 requested her assistance with R1. When I arrived R1 was on the floor in the restroom, R1 had no response to external stimuli. Then R1 had no heart beat and no breathing upon my arrival. Called for Emergency medical assistance (911). E3 started and stopped Cardio Pulmonary Resuscitation on R1. The local police, sheriff, and fire department arrived. One of them cancelled the Emergency Medical Responders. I was told R1 was declared deceased by the sheriff and coroner at the Establishment. .	A3020		