STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510156	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY LIVING OF GODFREY	1000 AIRPORT RD 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 Reported Incident -IL200391- 295.4040 a)c) and 295.3000 a)h)3) cited. Facility Reported Incident IL200451- 295.3000 a)h)3) and 295.5000 c)2)3)4) cited. Complaint IL200614 - Unsubstantiated	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 Violation Section 295.3000 Personnel Requirements, Qualifications and Training- a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) h) The establishment shall have sufficient personnel to provide the following for its current resident population: 3) Service to meet the needs of each resident, including 24 hour scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis; Based on observation, interview and record review, the Establishment failed to ensure staff had the adequate skills to prevent medications errors, as well as, follow their Norovirus Policy to prevent a communicable disease outbreak. This	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510156	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY LIVING OF GODFREY	1000 AIRPORT RD 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
A3000	Continued From page 1	A3000		

failure creates a substantial probability of severe harm to a resident or residents.

Findings include:

1. On 3/9/2026 at 12:14 PM, E1, Executive Director, confirmed E3, Caregiver, gave R1, R2's medication and did not report it immediately. E1 stated R1 did experience a change in condition. E1 stated E3 was terminated for not following the establishment's protocol by not reporting the medication error immediately. E1 stated the error occurred at the bedtime medication pass (approximately 7 PM) and the error was not reported until the next morning. E1 stated R1 went to the Emergency Room (ER) for weakness and to be observed. E1 stated R1 had began having issues urinating and that the hospital staff said it could possibly be from the side of effect of the Gabapentin (anticonvulsant medication) that R1 was given.

On 3/9/2026 at 1:12 PM , Z2, R1's daughter, stated R1 told Z1 the Resident Aid (RA/Care Giver) gave R1 medication on Friday (2/20/26) and R1 questioned the RA, saying R1 didn't think the pills were R1's because R1 only gets 5 pills and there was 8 pills. R1 told Z1 the RA told R1, "Go ahead and take them, they're yours". Z1 stated she knows R1 received an antidepressant and a Gabapentin 600 mg pill that "She's not supposed to have". Z1 stated R1 became very lethargic so she was sent to the ER. Z1 stated R1 was admitted for observation, generalized weakness and had trouble urinating, which hospital staff said could have been a side affect of one of the medications.

The establishment provided an Incident Report documenting that on 2/20/26 R1 "was given the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510156	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY LIVING OF GODFREY	1000 AIRPORT RD 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
A3000	Continued From page 2	A3000		

wrong mediations. The medications given belonged to another resident". It continues to document, "When resident exhibited change in condition, 911 was called and the resident was taken to the hospital via ambulance".

The Establishment provided an undated, untitled document that states E1 received a call from RA at 8:07 AM on 2/21/26 that R1 was showing signs of disorientation, raspy voice, and unsteady gait and that the night prior at the 7 PM medication pass, E3 gave R1 another resident's (R2) medication. It continues to document R1 told E6, "I think they tried to overdose me last night" and told E6 she was given pills that did not belong to her. R1 also told E6 she (R1) "felt funny and has never felt like this before".

The Establishment's Incident Witness Statement dated 2/21/26 documents, "Resident is disorientated after being double doses on medications from the night before".

The Establishment's Disciplinary Action Form documents on 2/20/26 E3 gave a resident another resident's medication. E6 did not report this medication error. Resident was sent to the hospital via ambulance due to being disoriented. Medications errors have to be reported immediately. E6 failed to follow policy and procedure.

The Establishment's Medication Errors Policy and Procedures dated 8/30/2024 documents, "When a medication error occurs, the person responsible for the error or designee has the responsibility of completing an Incident Report and notifying all disciplines. It continues to document "Notify the Director of Nursing or Licensed Nurse and Executive Director at the time of the error".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510156	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY LIVING OF GODFREY	1000 AIRPORT RD 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
A3000	Continued From page 3	A3000		

2. On 3/9/2026 at 10:06 AM, E1, Executive Director, stated the establishment had been involved in a Norovirus outbreak for "about 2 weeks" and there were two residents (R3, R4) who were currently experiencing symptoms (nausea//vomiting/diarrhea). At this time, E1 stated she had provided a list of employees and residents who were experiencing symptoms to a contact at the Illinois Department of Public Health (IDPH) but had not been in contact with the local health department.

On 3/9/2026 at 10:15 AM, E4, Director of Plant Operations, stated, "We don't have a nurse. Haven't had one in a while. They don't stay".

On 3/10/2026 at 10:08 AM, E1 stated, "I need help. I've been drowning in clinical and I'm not a nurse. If i miss something I can't be blamed because I've not been trained. I do my best with my experience in the field. I was not aware the local Health Department should have been made aware of the outbreak. If I had a nurse, the nurse would have done that." E1 stated the establishment had not had a nurse since August.

The Establishment's Resident Council Minutes dated 1/27/26 documents, "Where is our nurse? I never received all of my meds (medication). Is the nurse going to be just ours?"

The Establishment's Resident Council Minutes dated 2/18/2026 documents, "Where is our nurse? When will we get one?"

3. On 3/9/2026 at 11:45 AM, two housekeeping carts were inspected with E4 and E5, Housekeeping. At this time, there was a bucket with water and solution, which E5 stated was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510156	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY LIVING OF GODFREY	1000 AIRPORT RD 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
A3000	Continued From page 4 "Eco-Lyzer". E5 stated it is used to clean high touch surfaces. E5 stated the bleach was locked in the supply room. E4 stated, "We only use the bleach in the rooms of the sick residents, but not anywhere else. I don't like the smell. I figure if that (the eco-lyzer) kills HIV (Human Immunity Virus) it'll kill Norovirus." On 3/9/2026 at 10:18 AM, Z1, Health Services Coordinator, Registered Nurse, stated she, nor her co-worker, had been contacted by the establishment regarding their outbreak status. Z1 stated the expectation is that establishments should notify the department of any outbreaks and provide a list of residents affected. Z1 stated the department would provide education to the establishment, such as using bleach products on all surfaces, not just in the apartment of the those experiencing symptoms. The Establishment's Infection Control-Norovirus Policy documents, "The community has safe practices to prevent and address Norovirus outbreaks". It continues, "Upon a suspected outbreak, the following notification steps are taken: e) contact the appropriate county health department for guidance".	A3000		
A4040	Section 295.4040 Communicable Disease Policies This Regulation is not met as evidenced by: Type 2 violation Section 295.4040 Communicable Disease Policies a) The establishment shall meet the Control of	A4040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510156	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY LIVING OF GODFREY	1000 AIRPORT RD 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
A4040	Continued From page 5 Communicable Diseases Code (77 Ill. Adm. Code 690). 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 establishment shall furnish all pertinent information relating to such occurrences. In addition, the establishment shall also inform the Department of all incidents of scabies and other skin infestations. Based on interview and record review, the establishment failed to follow their Norovirus Outbreak policy by not notifying the local health department as well as ensuring the proper sanitizing solution was used to clean surfaces. This failure creates the substantial probability of harm to a resident (or residents). Findings include: On 3/9/2026 at 10:06 AM, E1, Executive Director, stated the establishment had been involved in a norovirus outbreak for "about 2 weeks" and there were two residents (R3, R4) who were currently experiencing symptoms (nausea//vomiting/diarrhea). At this time, E1 stated she had provided a list of employees and residents who were experiencing symptoms to a contact at the Illinois Department of Public Health (IDPH) but had not been in contact with the local health department. On 3/9/2026 at 11:45 AM, two housekeeping carts were inspected with E4, Director of Plant Operations, and E5, Housekeeping. At this time, there was a bucket with water and solution, which E5 stated was "Eco-Lyzer". E5 stated it is used to	A4040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510156	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY LIVING OF GODFREY	1000 AIRPORT RD 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
A4040	Continued From page 6 clean high touch surfaces. E5 stated the bleach was locked in the supply room. E4 stated, "We only use the bleach in the rooms of the sick residents, but not anywhere else. I don't like the smell. I figure if that (the eco-lyzer) kills HIV (Human Immume Virus) it'll kill norovirus." On 3/9/2026 at 10:18 AM, Z1, Health Services Coordinator, Registered Nurse, stated she, nor her co-worker, had been contacted by the establishment regarding their outbreak status. Z1 stated the expectation is that establishments should notify the department of any outbreaks and provide a list of residents affected. Z1 stated the department would provide education to the establishment, such as using bleach products on all surfaces, not just in the apartment of the those experiencing symptoms. The Establishment's Infection Control-Norovirus Policy documents, "The community has safe practices to prevent and address norovirus outbreaks". It continues, "Upon a suspected outbreak, the following notification steps are taken: e) contact the appropriate county health department for guidance".	A4040		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Type 1 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage- c) Supervision of self-administered medication	A5000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510156	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY LIVING OF GODFREY	1000 AIRPORT RD 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
A5000	Continued From page 7	A5000		

means assisting the resident with self-administered medication using any combination of the following. Supervision of self-administered medication by unlicensed personnel shall be under the direction of a licensed health care professional.
2) Confirming that residents have obtained and are taking the dosage as prescribed;
3) Reading the medication label to residents;
4) Checking the self-administered medication dosage against the label of the medication;

Based on interview and record review, the establishment failed to ensure residents correct medications were taken as prescribed and their medication error policy was implemented. This failure creates a substantial probability of severe harm to a resident or residents.

Findings include:

On 3/9/2026 at 12:14 PM, E1, Extive Director, confirmed E3, Care Giver, gave R1, R2's medication and did not report it immediately. E1 stated R1 did experience a change in condition. E1 stated E3 was terminated for not following the establishment's protocol by not reporting the medication error immediately. E1 stated the error occurred at the bedtime medication pass (approximately 7 PM) and the error was not reported until the next morning. E1 stated R1 went to the Emergency Room (ER) for weakness and to be observed. E1 stated R1 had began having issues urinating and that the hospital staff said it could possibly be from the side of effect of the Gabapentin (anticonvulsant medication) that R1 was given.

On 3/9/2026 at 1:12 PM , Z2, R1's daughter, stated R1 told Z1 the Resident Aid (RA/Care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510156	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY LIVING OF GODFREY	1000 AIRPORT RD 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
A5000	Continued From page 8	A5000		

Giver) gave R1 medication on Friday (2/20/26) and R1 questioned the RA, saying R1 didn't think the pills were R1's because R1 only gets 5 pills and there was 8 pills. R1 told Z1 the RA told R1, "Go ahead and take them, they're yours". Z1 stated she knows R1 received an antidepressant and a Gabapentin 600mg pill that "She's not supposed to have". Z1 stated R1 became very lethargic so she was sent to the ER. Z1 stated R1 was admitted for observation, generalized weakness and had trouble urinating, which hospital staff said could have been a side affect of one of the medications.

The establishment provided an Incident Report documenting that on 2/20/26 R1 "was given the wrong mediations. The medications given belonged to another resident". It continues to document, "When resident exhibited change in condition, 911 was called and the resident was taken to the hospital via ambulance".

The Establishment provided an undated, untiled document that states E1 recieved a call from RA at 8:07 AM on 2/21/26 that R1 was showing signs of disorientation, raspy voice, and unsteady gait and that the night prior at the 7 PM medication pass, E3 gave R1 another resident's (R2) medication. It continues to document R1 told E6, "I think they tried to overdose me last night" and told E6 she was given pills that did not belong to her. R1 also told E6 she (R1) "felt funny and has never felt like this before".
The Establishment's Incident Witness Statement dated 2/21/26 documents, "Resident is disorientated after being double doses on medications from the night before".

The Establishment's Disciplinary Action Form documents on 2/20/26 E3 gave a resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510156	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY LIVING OF GODFREY	1000 AIRPORT RD 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
A5000	Continued From page 9 another resident's medication. E6 did not report this medication error. Resident was sent to the hospital via ambulance due to being disoriented. Medications errors have to be reported immediately. E6 failed to follow policy and procedure. The Establishment's Medication Errors Policy and Procedures dated 8/30/2024 documents, "When a medication error occurs, the person responsible for the error or designee has the responsibility of completing an Incident Report and notifying all disciplines. It continues to document "Notify the Director of Nursing or Licensed Nurse and Executive Director at the time of the error".	A5000		