

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER CHARTER MEMORY CARE OF MOLINE		STREET ADDRESS, CITY, STATE, ZIP CODE 221 11TH 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 Annual Licensure Survey. 295.3000 b) VIOLATION	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Section 295.3000 Personnel Requirements, Qualifications and Training b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. VIOLATION Based on record review and interview, the establishment failed to have a direct care staff person currently certified in CPR on duty at all times. This has the probability to affect all 30 residents residing at the establishment. Findings include: Review of establishment Caregiver's and Licensed Nurse's schedules, noted that on 15 separate night shifts (11 P.M. - 7 A.M.) between the dates of April 1, 2025 and May 28, 2025, there were only two caregivers in the building. Each of those 15 separate nights shifts, neither of the two caregivers were CPR certified. The 15 night shift dates were 4/5/25, 4/6/25, 4/8/25, 4/9/25, 4/17/24, 4/19/25, 4/20/25, 4/25/25,	A3000		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A3000	Continued From page 1 4/28/25, 5/3/25, 5/4/25, 5/8/25, 5/12/25, 5/17/25, and 5/18/25. Schedules note that they rotated three caregivers (E6, E7, and E8) on those dates. Review of establishment CPR certifications, noted that E6, E7, and E8 are not CPR certified. On 5/28/25 at 12:05 P.M., E2 (Wellness Director) confirmed that there was no one in the building CPR certified on third shift on the dates in question.	A3000		