STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510265	A. BUILDING: _____ B. WING _____	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VISTA RETIREMENT LIVING	1451 20TH AVENUE EAST MOLINE, IL 61244

(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. 295.4000 b)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. VIOLATION Based on record review and interviews, the establishment failed to complete an annual physician's assessment on one of six sampled residents. (R1) Findings include: Review of R1's records note that the last physician's assessment was completed on 8/2/23 just prior to her admission on 8/5/23. On 5/30/25 at 10:52 A.M., E1 (Executive Director) confirmed that R1's annual physician's assessment has not been done as required. E1 stated that they have been having problems getting these completed on time with certain physician's.	A4000		