STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510007	A. BUILDING: _____ B. WING _____	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER MEMORY CARE OF MOLINE	221 11TH AVENUE MOLINE, IL 61265

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A 000	Initial Comment Annual Licensure Survey: 295.2040a)c)3)e)g)h) 295.3000a)b)f)1)g) 295.3040 295.4010a)d)e)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 3) Evaluate the effectiveness of disaster plans, procedures and training. e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own	A2040		

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A2040	Continued From page 1	A2040		

evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply.
h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation.

This regulation is NOT MET as evidenced by:

Based on interview and record review, the establishment failed to ensure residents participated in disasters drills and were identified either on drill participation log or resident roster. This failure has the substantial probability to affect all residents in the establishment. This failure creates a substantial probability of severe harm or death to a resident or residents.

Findings include:

Resident roster dated 04/15/2026 showed 38 active residents on premises.

On 04/15/2026 at 10:23 AM, E1 provided disaster and elopement drill logs since last survey showed the following:

Fire drill dated 05/30/2025 (no start time indicated on log) did not indicate name of residents who were present and/or participated in the drill on log or drill evaluation form.

Fire drill dated 07/20/2025 (no start time indicated on log) did not indicate name of residents who were present and/or participated in the drill on log

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A2040	Continued From page 2	A2040		

or drill evaluation form.

Elopement drill dated 08/26/2025 documented "all shifts". No start or end time was indicated on log. No residents who were present and/or participated in drill was included and no evaluation of drill was documented.

Fire drill dated 08/29/2025 at 02:30 PM did not indicate name of residents who were present and/or participated in the drill on log or drill evaluation form.

Fire drill dated 10/24/2025 at 10:30 PM did not indicate name of residents who were present and/or participated in the drill on log or drill evaluation form.

Fire drill dated 10/29/2025 (no start time indicated on log) did not indicate name of residents who were present and/or participated in the drill on log or drill evaluation form.

Elopement drill dated 11/25/2025 (no start time indicated on log) documented "1st - 3rd shift". No residents who were present and/or participated in the drill was indicated on drill log or evaluation form.

Fire drill dated 12/21/2025 at 08:00 PM did not indicate name of residents who were present and/or participated in the drill on log or drill evaluation form.

Fire drill dated 01/22/2026 at 10:30 PM did not indicate name of residents who were present and/or participated in the drill on log or drill evaluation form.

Elopement drill evaluation form dated 02/02/2026

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A2040	Continued From page 3 at 02:00 PM did not indicate name of staff or residents who were present and/or participated in the drill on evaluation form. No drill log was provided for this drill. Tornado drill dated 02/26/2026 at 03:10 PM did not indicate name of residents who were present and/or participated in the drill on log. No drill evaluation form was provided. Tornado drill dated 02/26/2026 at 10:30 PM did not indicate name of residents who were present and/or participated in the drill on log. No drill evaluation form was provided. Tornado drill dated 02/27/2026 at 09:30 AM did not indicate name of residents who were present and/or participated in the drill on log. No drill evaluation form was provided. Elopement drill evaluation form dated 03/26/2026 at 05:00 AM did not indicate name of staff or residents who were present and/or participated in the drill on evaluation form. No drill log was provided for this drill. Fire drill dated 03/30/2026 at 10:30 PM did not indicate name of residents who were present and/or participated in the drill on log or drill evaluation form. On 04/15/2026 at 02:28 PM, E1 said "we have never included resident's in any disaster drills in memory care". Undated Fire Safety and Emergency Plan policy (#AL-48) reads in part: to protect residents, staff, and visitors in the event of an emergency or disaster, [the establishment] educates staff and residents, and promotes practices to avoid	A2040		

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A2040	Continued From page 4 emergency situations and respond safely and appropriately to an emergency ...The administrator and/or Environmental Services Director will be responsible for ensuring simulations and drills are conducted as required by State law and facility policy and procedure ...All simulations and drills will be monitored and evaluated for policy compliance and effectiveness. This evaluation will be documented on the designated forms. The administrator and Environmental Services Director will review the evaluations promptly to determine areas of needed improvement. The administrator will be responsible to ensure the identified improvements are implemented.	A2040		
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) 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	A3000		

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A3000	Continued From page 5 CPR, and who has current certification in CPR. f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 1) Current certification in CPR, if applicable; g) All records required by this Section shall be maintained throughout the individual's employment or service and for at least 12 months after the individual's last date of employment or service, unless required for a longer period of time by State or federal law. This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to ensure at least one direct care staff had cardiopulmonary resuscitation (CPR) training on all shifts for seventeen different days from 02/01/2026 through survey exit; and failed to maintain a previous staff member's records for at least 12 months after last date of employment. This failure has the substantial probability to affect all residents in the establishment. This failure creates a substantial probability of severe harm or death to a resident or residents. The findings include: Resident roster dated 04/15/2026 showed 38 active residents on premises. On 04/15/2026 at 12:42 PM, began review of CPR certification cards and nursing schedules from 02/01/2026 through 04/18/2026 that were provided by E1. At 01:30 PM, E1 provided additional CPR certified cards for current nursing staff. E1 then said all nurses are to be CPR certified and there is a nurse scheduled for every	A3000		

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A3000	Continued From page 6 eight hour shift. She added that caregivers are highly encouraged to obtain CPR certification but is not required per the regulations. On 04/16/2026 at 01:00 PM, E1 provided CPR cards for four agency staff and another current staff member. E1 said there should be CPR coverage on each shift per the regulation, then indicated she did not have any previous employee's CPR card that were on the schedules for February through April 2026. E1 stated she would try to obtain these records. On 04/16/2026, surveyor completed CPR certification and schedule review from 2/1/2026 - 04/18/2026 that revealed on seventeen separate days and on various shifts, the establishment did not have a CPR certified staff member or agency staff working. Findings are as follows: 2026: 02/04, no coverage for third shift; 02/06, no coverage for second shift; 02/10, no coverage for part of second shift; 02/13, no coverage for second or third shift; 02/14, no coverage for second shift; 02/17, no coverage for second shift; 02/24, no coverage for second shift; 02/27, no coverage for third shift; 02/28, no coverage for second or third shift; 03/01, no coverage for second shift; 03/06, no coverage for second shift; 03/07, no coverage for second or third shift; 03/10, no coverage for part of second shift; 03/13, no coverage for third shift; 03/25, no coverage for second shift; 03/27, no coverage for third shift; and on 04/10, no coverage for third shift. Note: The establishment did not provide any additional CPR certification cards for review upon survey exit.	A3000		

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A3040	Continued From page 7	A3040		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 2 Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. Section 955.145 Employment Verification a) Each health care employer or its designee shall provide an employment verification and update the demographic information for each employee and each contracted or subcontracted worker no less than annually. (Section 33(i) of the Act) This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to provide a date for a staff member's healthcare worker background check to ensure the search was conducted prior to date of hire. This failure has the substantial probability to affect all residents in the establishment. This failure creates a substantial probability of harm to a resident or resident. The findings include: On 04/15/2026, requested employee roster with hire dates and staff requirement documents for E5 (Licensed Practical Nurse), E6 (Caregiver), E7	A3040		

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A3040	Continued From page 8 (Concierge), E8 (Housekeeping), E9 (Cook), E10 (Dietary Server). Review of employee roster with hire dates provided by E1 (Executive Director) on 04/15/2026 and healthcare worker background check documents provided on 04/16/2026 by E1 revealed the following: E5's date of hire was 10/01/2025. Healthcare worker background check authorization form was signed by E5 on 09/02/2025. E5's healthcare worker registry check documents were undated, and no inmate or sex offender check documents were provided. E6's date of hire was 04/01/2026. Healthcare worker background check authorization form was signed by E6 on 03/26/2026. E6's healthcare worker registry check was undated. Inmate and sex offender checks were dated 04/15/2026 at 05:08 PM (after requested by surveyor). E7's date of hire was 01/12/2026. Healthcare worker background check authorization form was signed by E7 on 12/16/2026. E7's healthcare worker registry check was undated. Inmate and sex offender checks were dated 04/15/2026 at 05:08 PM (after requested by surveyor). E8's date of hire was 03/18/2026. Healthcare worker background check authorization form was signed by E7 on 03/13/2026. E8's healthcare worker registry check was undated. Inmate and sex offender checks were dated 04/15/2026 at 05:10 PM (after requested by surveyor). E9's date of hire was 07/31/2025. Healthcare worker background check authorization form was signed by E9 on 07/15/2025. E9's healthcare	A3040		

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A3040	Continued From page 9 worker registry check was undated. Inmate and sex offender checks were dated 04/15/2026 at 04:58 PM (after requested by surveyor). E10's date of hire was 03/11/2026. Healthcare worker background check authorization form was signed by E10 on 02/26/2026. E10's healthcare worker registry check was undated. Inmate and sex offender checks were dated 04/15/2026 at 04:53 PM (after requested by surveyor). On 04/16/2026 at 12:30 PM, E1 said she requested healthcare worker background check dates from Human Resources, then indicated the checks were all were run yesterday (4/15). E1 added that the checks should be completed before hire. Last employment verification checks on the healthcare worker registry website (Section 955.145 Employment Verification) showed no date for E2 (Health and Wellness Director), E3 (Dining Room Director), E4 (Memory Care Director), or E5-E10. E1 indicated on 04/16/2026 that she was not aware this needed to be done or how to input the required information.	A3040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan	A4010		

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A4010	Continued From page 10 a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to ensure fall interventions were updated and service plans were individualized for three (R1, R3, R4) of four residents reviewed for falls in the sample of four. This failure has the substantial probability to affect all residents in the establishment. This failure creates a substantial probability of harm to a resident or resident. The findings include: 1. R1's medical record indicated a move-in date of 01/13/2026 with a past medical history not limited to dementia, hypertension, and congestive heart failure. Service plan dated 01/13/2026 reads in part: fall risk, keep frequently used items within reach,	A4010		

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A4010	Continued From page 11 encourage proper use and maintenance of mobility aids, use grab bars in bathroom (all undated); resident utilizes a walker. Fall log from January 2026 to current and incident reports showed R1 had falls on: 04/13/2026 at 10:14 PM: found lying on floor on right side under kitchen table. 04/07/2026 at 01:30 AM: observed on floor in room by end of bed, abrasion to left elbow 04/06/2026 at 06:27 AM: observed sitting on bedroom floor. 03/22/2026 at 5:55 PM: attempted to stand up from dining room chair and lost balance. Bleeding to right ear. Sent out emergently for further evaluation. 02/14/2026 at 06:22 PM: was heard by staff falling to the floor while seated at dinner. 01/22/2026 at 09:30 PM: observed sitting on floor next to bed. Skin tear to left elbow. 2. R3's medical record indicated a move-in date of 06/01/2025 with a past medical history not limited to diabetes mellitus, hypertension, and osteoarthritis. Service plan dated 06/01/2025 reads in part: fall risk prevention. has not experienced any falls recently but has had falls prior to admitting in her home. Undated Fall risk intervention: promote safe mobility while being able to maintain independence; uses wheelchair and remind to use pendant. E2 provided additional service plan on 04/16/2026 that was dated 02/16/2026 and reads in part: fall risk. Undated Intervention to observe resident for changes in gait, balance, cognition, or medications that may increase fall risk.	A4010		

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A4010	Continued From page 12 Fall log from January 2026 to current and incident reports showed R3 had falls on: 02/25/2026 at 4:30 PM: fall in bathroom with caregiver present. Sustained laceration to left side of head. Sent out emergently due to head injury. 01/06/2026 at 04:35 PM: per caregiver, resident lost balance while standing next to walker and fell backwards hitting her head. No injuries. Complained of back pain 20 minutes later but refused to go to emergency room for evaluation. 3. R4's medical record indicated a move-in date of 02/13/2026 with a past medical history not limited to Lewy Body dementia, Parkinson's disease, hypertension, and history of falls. Service Plan dated "05/13/2026" (signed 04/03/2026) reads in part: moderate cognitive impairment; receives psychotropic medications; high fall risk. Undated interventions included observe for changes in gait, balance, cognition, or medications that may increase fall risk; encourage use of call pendant and remind resident to wait for assistance when needed; offer routine toileting schedules to reduce urgency-related falls. Fall log from January to current and incident reports (04/13/2026 & 03/15/2026 not received) showed R4 had falls on: 04/13/2026 at 07:05 AM: loud crash heard, observed on dining room floor. 04/01/2026 at 01:30 PM: observed sitting Indian-style next to table in dining room. 03/29/2026 at 04:20 AM: found on floor in the shower, redness & abrasion to back side of neck. 03/15/2026 at 06:26 PM: found sitting on floor near side of bed in room.	A4010		

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CHARTER MEMORY CARE OF MOLINE	221 11TH AVENUE MOLINE, IL 61265

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A4010	Continued From page 13 03/11/2026 at 06:45 PM: found sitting on buttocks on side of recliner in room. 02/24/2026 at 11:00 AM: wife found resident on floor in front of recliner in room and alerted staff. Abrasion to side of left eye. 02/19/2026 at 10:00 AM: found sitting on floor outside of bathroom. 02/16/2024 at 02:20 AM: observed on floor outside of bathroom with water running from the shower, redness to right forearm and right side of body. On 04/16/2026 at 03:10 PM, E2 (Health & Wellness Director) said she updates the service plans. She added that service plans were done every six months but will now be done fifteen and thirty days after admission, quarterly and with a change of condition. E2 then said for falls, can now add fall incident date, description of incident and can add new, dated interventions. E2 said regarding service plans, if fall dates and/or dated interventions are not documented including for R1, then service plan was not updated but should have been. At 3:26 PM, E2 added that multiple falls would not be a change in condition unless it affects them returning to their baseline and/or affects multiple areas. At 03:30 PM, E2 said R3's service plan should have been updated to reflect that she had current falls. On 04/16/2026, during exit conference at approximately 04:00 PM, E1 and E2 both indicated that a resident's service plans should be updated and reflect their current status including their interventions. Fall Prevention policy (#HW-015) last revised 10/2021 provided by establishment on 04/16/2026 reads in part: each associate will assist with creating a culture of safety ...A post fall	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510007	A. BUILDING: _____ B. WING _____	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A4010	Continued From page 14 investigation form should be completed in "ALIS" by the supervisor within 24-hours of the event and attached to the related incident report. Appropriate interventions identified will be documented in the resident individual service plan. Evaluations and Service Plans policy (#HW-001) provided by establishment on 04/16/2026 reads in part: ...Resident evaluations and service plans will be completed as per regulatory guidelines and/or as set forth by establishment. The evaluation and service plan will be considered interdisciplinary tools that are utilized to determine the needs of the resident or applicant and provide guidance on care using individualized approaches. The overall compliance of the evaluation and service plan will be the responsibility of the Health and Wellness Director and/or Executive Director or designee per state regulations ...Service plans are to be updated as needed based on resident needs and changes.	A4010		