STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510050	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHVA LIVING OF EAST DUBUQUE	430 SIDNEY STREET EAST DUBUQUE, IL 61025

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A 000	Initial Comment Annual Survey Conducted Technical Infraction: 295.9040k) Environmental Requirements Based on observation, interview, and record review, the establishment failed to ensure all cleaning compounds are stored in locked cabinets or rooms. This failure was corrected on site during the survey. Violations: 295.3000a)b) Personnel Requirements, Qualifications and Training 295.3040 (955.145) Health Care Worker Background Check 295.4000a)b) Physician's Assessment	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 2 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)	A3000		

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A3000	Continued From page 1 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. This requirement has not been met, as evidenced by: Based on interview and record review, the establishment failed to have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training and who has current certification in CPR. This failure creates a substantial probability of harm to residents. Findings include: During an interview with E7(HR/ Payroll) on 4/20/2026 at 1:57 PM they stated, "[E5](Direct Care Worker) No longer works here and I don't have her CPR card." During an interview with E7 on 4/20/2026 at 2:00 PM they stated, "[E6](Direct Care Worker), I don't have a CPR for her. She just started not too long ago." During an interview with E7 on 4/20/2026 at 2:05 PM they stated, "I just heard from [E6]. She can't attend the CPR training tomorrow. She's having surgery so we will have to catch her on the next training." During record review on 4/20/2026 at 2:03 PM CPR certifications were compared with staffing schedules, and it was found that the	A3000		

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A3000	Continued From page 2 establishment had no CPR coverage for 4/5/2026 on the 10:30 PM to 6:45 AM shift.	A3000		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Violation- REPEAT 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 no less than annually. (Section 33(i) of the Act) 1) The health care employer or its designee shall log into the Health Care Worker Registry through a secure login in a method prescribed by the Department. (Section 33(i) of the Act) 2) The health care employer or its designee shall indicate employment and termination dates (separation dates) within 30 days after hiring or terminating an employee. (Section 33(i) of the Act) 3) The health care employer shall provide the employment category and type. (Section 33(i)	A3040		

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A3040	Continued From page 3 of the Act) This requirement was not met, as evidenced by: Based on record review and observation the facility failed to comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code by failing to provide an employment verification and update the demographic information for each employee no less than annually. This failure involves 3 of 3 employees reviewed for this requirement (E2, E3, & E4). Findings include: During record review on 4/20/2026 at 10:30 AM it was found that the establishment's last annual survey was conducted on 6/10/2025-6/11/2025. The establishment was cited for violation of 295.3040- Health Care Worker Background Check. During record review on 4/20/2026 at 12:43 PM E4's (Direct Care Worker) employee file was reviewed. E2 has a hire date of 7/19/2023. E2's employee file showed no employment verification for the last 12 months. During observation of the Illinois Department of Public Health's (IDPH) Healthcare Worker Registry live on-line portal on 4/20/2026 at 12:44 PM it was found that E2's Employment Verification was blank. During record review on 4/20/2026 at 12:50 PM E3's (Direct Care Worker) employee file was reviewed. E3 has a hire date of 11/14/2023. E3's employee file showed no employment verification.	A3040		

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A3040	Continued From page 4 During observation of the Illinois Department of Public Health's (IDPH) Healthcare Worker Registry live on-line portal on 4/20/2026 at 12:52 PM it was found that E3's Employment Verification was dated 4/8/2025. This date is outside of the annual employment verification requirement. During record review on 4/20/2026 at 12:56 PM E4's (Direct Care Worker) employee file was reviewed. E4 has a hire date of 11/19/2024. E4's employee file contained no background check. During observation of the Illinois Department of Public Health's (IDPH) Healthcare Worker Registry live on-line portal on 4/20/2026 at 12:59 PM it was found that E4's Employment Verification was blank.	A3040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis	A4000		

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A4000	Continued From page 5 Code. At the time of admission, the physician's assessment must reflect the resident's current condition. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to ensure that physician assessments were completed by a physician. This failure involves 2 of 3 residents reviewed for this requirement (R2 & R3). Findings include: During record review on 4/21/2026 at 11:32 AM it was found that R2's physician assessment, dated 2/3/2026, was completed by Z1 (Nurse Practitioner). During record review on 4/21/2026 at 11:49 AM it was found that R3's physician assessment, dated 2/9/2026, was completed by Z2 (Nurse Practitioner). During an interview with E1 (Executive Director/ Director of Nursing) on 4/21/2026 at 10:37 AM they stated, "One of the residents that you pulled does have a physician assessment done by a nurse practitioner. But, I honestly didn't know that nurse practitioners couldn't do it. It's a learning experience."	A4000		