STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510006	A. BUILDING: _____ B. WING _____	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING OF MOLINE	900 43RD 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: 295.2040a)c)3)e)g)h) 295.3000a)b) 295.3040 295.4010a)d)h)	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, failed to consistently identify staff who participated in disaster drills, and failed to consistently evaluate disaster drills. 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:

On 04/22/2026, reviewed disaster and elopement drill logs for the last six months that showed the following:

Elopement Drill evaluation form dated 03/26/2026 at 06:00 AM did not include a drill log or the name of staff members who participated.

Fire & Disaster Drill report dated 03/25/2026 at 02:30 AM did not include an evaluation of the fire drill.

Elopement Drill evaluation form dated 02/25/2026

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A2040	Continued From page 2 at 02:00 PM did not include a drill log or the name of staff members who participated. Fire & Disaster Drill report dated 02/25/2026 at 07:00 PM did not include an evaluation of the fire drill and did not indicate the name of residents who participated in drill. Fire & Disaster Drill report dated 02/20/2026 at 06:30 AM did not include an evaluation of the tornado drill and did not indicate the name of residents who participated in drill. Fire & Disaster Drill report dated 02/19/2026 at 04:30 PM did not include an evaluation of the tornado drill and did not indicate the name of residents who participated in drill. Fire & Disaster Drill report dated 02/18/2026 at 11:00 AM did not include an evaluation of the tornado drill and did not indicate the name of residents who participated in drill. Fire & Disaster Drill report dated 01/28/2026 at 12:30 PM did not include an evaluation of the fire drill and did not indicate the name of residents who participated in drill. Fire & Disaster Drill report dated 12/17/2025 at 11:00 PM did not include an evaluation of the fire drill and did not indicate the name of residents who participated in drill. Fire & Disaster Drill report dated 11/18/2025 at 08:00 PM did not include an evaluation of the fire drill and did not indicate the name of residents who participated in drill. On 04/22/2026 at 03:21 PM, E1 (Executive Director) said moving forward and as of annual	A2040		

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A2040	Continued From page 3 findings for memory care community the previous week, community will include an evaluation for fire and tornado drills and include the name of residents who participate in these drills; will use a dated resident roster. E1 added that with elopement drills, will include a log that indicates the staff members who participated.	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 CPR, and who has current certification in CPR. 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 for every shift on eleven separate	A3000		

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A3000	Continued From page 4	A3000		

days in a three month period. 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:

On 04/22/2026, reviewed nursing schedules from 02/01/2026 through survey exit and the provided cardiopulmonary resuscitation (CPR) certification cards that showed the following:

On 02/08 and 02/12/2026, there was no CPR coverage from 7:00 PM to 11:00 PM.

On 02/23/2026, there was no CPR coverage from 11:00 PM to 07:00 AM.

On 02/28/2026, there was no CPR coverage from 7:00 PM to 07:00 AM.

On 03/01/2026, there was no CPR coverage from 7:00 PM to 11:00 PM.

On 03/05/2026, there was no CPR coverage from 11:00 PM to 07:00 AM.

On 03/12/2026, there was no CPR coverage from 7:00 PM to 11:00 PM.

On 03/16 and 03/17/2026, there was no CPR coverage from 7:00 PM to 11:00 PM.

On 03/26 and 03/31/2026, there was no CPR coverage from 7:00 PM to 11:00 PM.

On 04/22/2026 at 02:46 PM, E3 (Health and Wellness Director) said there should always be at least one person working every shift who is CPR

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A3000	Continued From page 5 certified.	A3000		
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. This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to ensure a staff member's complete healthcare worker background check 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 04/21/2026, E1 (Executive Director) provided undated staff roster with name, title, and department. E1 also provided staff roster with dates of hire that was dated 04/17/2026. On 04/22/2026 at 11:42 AM, staff requirements review initiated for nine sampled staff with the following findings regarding healthcare worker registry checks:	A3040		

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A3040	Continued From page 6 E7's (Resident Assistant) date of hire was 01/14/2026. E1 provided undated background check documentation that did not show the check was conducted prior to date of hire. No national sexual offender registry check documentation was provided. E1 also provided documents that showed a registry check was performed on 04/19/2026 that indicated all background checks were completed including the national sexual offender registry check. E8's (Resident Assistant) date of hire was 03/09/2026. E1 provided documentation that showed background checks and fingerprints were conducted prior to date of hire but no national sexual offender registry check documentation was provided. E1 also provided documents that showed a registry check was performed on 04/19/2026 that indicated all background checks were completed including the national sexual offender registry check. E9's (Maintenance Director) date of hire was 09/24/2025. E1 provided documentation that showed background checks and fingerprints were conducted prior to date of hire but no national sexual offender registry check documentation was provided. E1 also provided documents that showed a registry check was performed on 04/19/2026 that indicated all background checks were completed including the national sexual offender registry check. E10's (Housekeeping) date of hire was 04/30/2025. E1 provided documentation that showed background checks and fingerprints were conducted prior to date of hire but no national sexual offender registry check documentation was provided. E1 also provided documents that	A3040		

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A3040	Continued From page 7 showed a registry check was performed on 04/19/2026 that indicated all background checks were completed including the national sexual offender registry check. On 04/22/2026 at 03:25 PM, E1 said all staff should have sex offender checks performed as part of their complete healthcare worker background check and should be done prior to hire.	A3040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation-Repeat Section 295.4010 Service Plan 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) h) The service plan shall include all support services provided or arranged for by the establishment.	A4010		

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A4010	Continued From page 8 This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to ensure a resident's service plan was individualized to include interventions following a fall incident, support services and wound care received through home health, and/or staff assistance with medication administration. This failure affects two (R2, R4) of four residents reviewed for the requirement. This failure creates a substantial probability of harm to a resident or resident. The findings include: On 04/21/2026, E1 (Executive Director) provided resident roster and undated lists of resident care areas that showed R2 uses oxygen, can self-medicate, and receives home health services but did not indicate the services provided. R4 receives home health services for physical and occupational therapy (PT/OT) and is a high risk for falls. Care lists also showed there are no current residents with a wound or pressure ulcer. 1. R2's medical record showed a move-in date of 03/16/2026 with a past medical history not limited to multiple myeloma. Nurse's Note dated 04/02/2026 at 3:30 PM documented "[home health] nurse here to see resident. noted resident has stage two wound to left upper buttocks 0.7x.6x0.1 no drainage noted partial thickness. dressing applied. monitor for placement ...additional visits planned, 4-6-26 next visit. dressing currently is foam dressing. working on orders and supplies". Service Plan dated 04/03/2026 reads in part:	A4010		

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A4010	Continued From page 9 legally blind; no cognitive impairment; resident will safely self-administer medications-nurse will fill pill reminder for resident; able to self-manage inhalers, chamber cleaning and storage; resident is able to self-manage all aspects of managing oxygen per medical order, including management of oxygen equipment and tubing changes. Service plan did not indicate that R2 receives home health services for wound care or therapy services. Nurse's Note dated 04/08/2026 at 2:39 PM documented [home health] therapy here for PT eval, plan addressing strength, balance, mobility, skin integrity, fall prevention. he could benefit from having assist to get in bed for pressure relief/ pressure ulcer. needs assist with [oxygen] line, due to impaired vision. Continue POT". Nurse's Note dated 04/14/2026 at 1:43 PM documented "Nurse from [Home Health] here to do wound treatment to buttock. Wound has decreased in size ...Nurse will return on Friday for wound care". Nurse's Note dated 04/16/2026 at 1:37 PM documented "[home health] therapy here to see resident, OT eval done. OT x 4-6 [times] over 8 weeks. OT for strength, balance, low vision and safety during [activities of daily living] and transfers". Nurse's Note dated 04/17/2026 at 3:08 PM documented "[home health] here to change wound dressing to buttocks, wound has improved. resident encouraged to stand frequently using walker to relieve pressure. transfer weight often when in recliner. boost protein drinks for wound healing. increase fluid intake".	A4010		

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A4010	Continued From page 10 Physician's order report dated 04/21/2026 provided by community showed that R2 self-administers the following: budesonide 0.5mg (milligram) vial via nebulizer twice daily mixed with "brovana" and inhale contents; formoterol 20/2ml (milliliter) vial mixed with one vial of budesonide on nebulizer cup and inhale contents twice daily; ipratropium/albuterol solution inhale one vial via nebulizer by mouth daily as needed. Nurse's note dated 04/22/2026 at 02:08 PM documented "[home health] here to see resident for OT. Low vision training and getting to/from toilet with decreased falls. Continue OT". On 04/22/2026 from 09:46 - 10:00 AM, R2 said he can self-administer his medications except for the breathing treatments. R2 said he can't see the names on the vials so the nurses empty the vials into the nebulizer cup, attach the cap and mouthpiece then hand it to him. R2 said he can handle turn off the machine when the breathing treatment is complete. R2 then said "an excise person" comes a few times a week and works with him. R2 also said he has a "wound" to his tailbone and a "home health nurse" comes several times a week to change the dressing". 2. R4's medical record showed a move-in date of 08/02/2024 with a past medical history not limited to lumbar fracture, hypertension, and osteoarthritis. Service Plan dated 06/18/2025 documented fall risk intervention: uses walker & wheelchair; assure appropriate footwear; remind to use pendant change position slowly (sitting to standing); uses approved bed assistive device;	A4010		

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A4010	Continued From page 11 shower bench; safety checks twice each shift ... "Resident has had a recent fall at home resulting in a lumbar fracture and is currently wearing a back brace, no other previous fall history noted. Resident has had multiple falls since admitting to facility with no injuries. Most recent fall 11/21/22. Staff to make sure resident is wearing properly fitted shoes, Staff to make sure that when resident is sitting in recliner that he backs up enough to wear his lower legs touch the base of recliner before sitting, Staff to make sure that resident to reaching back for his recliner before sitting to verify location and placement. Resident to use call pendant if assistance is needed. Please allow resident to be as independent as possible and only provide assistance when needed. Staff to report any decrease in functional ability to DON. Fall noted on 6/13/2025 trying to get to walker. Intervention: make sure walker is within reach at all times. Fall noted 1/9/26 no injuries noted. 3/9/26 Fall at kitchenette- Encourage staff to set up breakfast for him as needed. 4-13-26 Fall coming from bathroom- continue current interventions". Service Plan does not document an intervention after the 01/09/2026 fall and did not indicate that R4 receives home health services for therapy. Review of incident reports provided by E3 (Health & Wellness Director) showed one fall/intervention (11/15/25) that was not documented in R4's service plan. Incident report dated 11/15/2025 at 04:30 PM indicated R4 pressed pendant and staff found him sitting on floor in front of wheelchair. denied hitting head. No injuries noted. On 04/22/2026 from 09:58 AM - 10:15 AM, R4 said his last fall was a few months ago then stated it's getting harder for him to get around by	A4010		

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A4010	Continued From page 12	A4010		

himself. R4 added that home health therapy has been working with him for a few weeks and still come weekly.

On 04/22/2026 at 02:28 PM, E3 (Health & Wellness Director) said she was not aware that R2 had a stage two pressure ulcer to his buttocks, then indicated it should be on his service plan. E3 then said she was aware R2 had a PT eval on 04/08/2026 and an OT eval on 04/16 but she did not know he was receiving therapy services. He had first OT visit today. E3 then said it should be in service plan, and she will update service plan with OT for 8 weeks. R2 had no PT visits as of current but will update when services begin. At 02:40 PM, E3 said R2's service plan should include the different types of nebulizer treatments and if staff set up the treatment and give it to resident, that should be indicated on the service plan. At 02:56 PM, E3 said when R4 started to have an increase in falls, she started updating interventions. Last fall prior to the 11/15/25 fall was in 06/25 and was not added in the service plan due to length of time between. At 03:04 PM, E3 said interventions should be reviewed/updated post fall to ensure they are still effective or if the intervention needs to be revised to prevent further falls.

Assessments and Service Plans policy (#HW-001) last revised 07/2022 and provided by establishment on 04/22/2026 reads in part: ...Resident assessments and service plans will be completed as per regulatory guidelines and/or as set forth by establishment ...Those persons responsible for completing these assessments and service plans are the Health and Wellness Director (HWD), Executive Director (ED) and/or designee ... A comprehensive assessment will be completed, and a service plan, will be developed,

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A4010	Continued From page 13 in ALIS, at move-in and updated at least annually, or more often as the resident's condition, preferences, or service needs change. The assessment and service plan will be updated immediately after a change in the resident's physical, cognitive, or functional condition ...	A4010		