PRINTED: 09/12/2019

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING. C B. WING IL6006761 07/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4343 KENNEDY DRIVE** HOPE CREEK CARE CENTER EAST MOLINE, IL 61244 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES in PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Facility-reported Incident Investigation to incident date of 7-10-2019/IL114220. \$9999 Final Observations S9999 Statement of Licensure Violatons: 300.1210b) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b)The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: d)Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains **Attachment A** as free of accident hazards as possible. All nursing personnel shall evaluate residents to see **Statement of Licensure Violations** that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect

Illinois Department of Public Health

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

Electronically Signed

TITLE

(X6) DATE 08/23/19

STATE FORM

4MHA11

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2; Depth (mm [milli-meter]): 5; Repair method:

R1's "Care Plan History" document, dated

Staples; Number of staples: 5".

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