(X6) DATE

Illinois Department of Public Health

AND DUAN OF CORRECTION INDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		IL6012587	B. WING		03/1	5/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CELEBR	ATE SR LIVING OF M	OLINE 7300 341F	I AVENUE IL 61265			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	First Probationary L	icensure Survey				
S9999	Final Observations		S9999			
	Statement of Licens 300.610a) 300.625j) 300.625k)	sure Violations 1 of 2:				
	a) The facility shall procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory cof nursing and othe policies shall compl The written policies the facility and shall	dvisory physician or the ommittee, and representatives in services in the facility. The ly with the Act and this Part. shall be followed in operating the reviewed at least annually documented by written, signed				
	facility or a decision offender in a facility with the medical dir shall specifically ad an individualized plak) The facility shall Offender Report an identified offender's 2-201.6(f) of the Ac	of an identified offender to a to retain an identified to retain an identified to the facility, in consultation ector and law enforcement, dress the resident's needs in an of care. Incorporate the Identified d Recommendation into the scare plan. (Section				
		,				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

04/05/24 **Electronically Signed** 

TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		-p.   `	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			'	A. BOILDING.			
		IL6012587	E	B. WING		03/1	5/2024
NAME OF	PROVIDER OR SUPPLIER	S	TREET ADDR	RESS, CITY, S	TATE, ZIP CODE		
CELEBR	ATE SR LIVING OF M	OLINE	300 34TH A				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	 ge 1		S9999			
	Based on record re failed to complete a plan for one resider	view and interview the f an Identified Offender ca nt (R85) of five resident ied Offender Status in a	are s				
	Findings Include:						
	The Facility's "Baseline Care Plan" Policy dated 12/06/2022 documents "The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality of care."		velop ch led to e of the				
	The Facility's "Identified Offender Procedure/Protocol" document "Complete an Identified Offender/Behavior Risk Assessment, if one has not already been completed and complete an IO (Identified Offender) Care Plan as soon as possible (within 36 hours is suggested.) Make sure to communicate any high-risk convictions and concerns to Administration/Director of Nursing to address safety issues and risk management."		Plan as sted.)				
	following conviction Trespass to Reside Trespass to Reside Trespass to Reside DUI (Driving under DUI/Alcohol, 5/22/2 10/16/24 DUI Alcoh Aggravated DUI, 11 Property, 11/7/2013 Knowingly Damage Knowingly Damage	ory Report documents to as: 08/09/2018 Criminal ence, 12/17/2018 Criminal ence, 2/10/2020 Criminal ence, 1/21/2014 Aggravathe Influences), 2/ 27/1/2013 DUI Alcohol/Drugs ol/Drugs, 7/14/2015 1/7/2012 Knowingly Dan 2 Resist Peace Officer, Property, 9/10/2012 Property, 11/7/2012 Cry, 1/23/2012 2 counts of	nal al ated 3 , nage 9/8/12				

Illinois Department of Public Health

STATE FORM 6899 NFCV11 If continuation sheet 2 of 11

PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  CELEBRATE SR LIVING OF MOLINE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE)  (X5) COMPLIANCE  (X5) COMPLIANCE  (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE)		II 6042597		B. WING		02/4	E/2024
CELEBRATE SR LIVING OF MOLINE  7300 34TH AVENUE MOLINE, IL 61265  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE).	NAME OF		1	1	274TF, 7ID 00DF	03/1	5/2024
CELEBRATE SR LIVING OF MOLINE  MOLINE, IL 61265  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE).			7300 34TI		STATE, ZIP CODE		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLI	CELEBI	RATE SR LIVING OF N	AOLINE				
TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE
Resist Peace Officer, 11/21/2011 Resist Peace Officer, 10/30/2011 Resist Peace Officer, 11/23/2012 Resist Peace Officer, 10/30/2011 Resist Peace Officer, 10/30/2011 Resist Peace Officer, 10/30/2011 Resist Peace Officer, 11/23/2012 Resist Peace Officer, 9/21/2011 Retail Theft, 9/21/11 Retail Theft, 9/21/11 Retail Theft, 12/29/10 Criminal Trespass to land and Domestic Battery/Physical Contact, 11/27/2010 Criminal Trespass to Building, 11/29/2010 Criminal Trespass to Land and 12/27/2010 Criminal Trespass to Land.  R85's Criminal History Analysis Security Recommendation Report completed by the State Police on 10/23/23 documents "The resident requires closer supervision and more frequent observation than standard or routine for most residents in an open facility. Regular monitoring should be attentive to behavioral changes that may signal a need for closer observation or sustained visual monitoring on a time-limited basis." "His compliance with psychiatric/medical treatment and abstinence from alcohol/drug use should be closely monitored. In view of his alcohol/drug abuse history and extensive criminal history, a moderate risk supervision status is recommended."  R85's current Care Plan dated 01/12/24 shows an admission date of 9/28/23 and does not include any information about R85's identified offender status, or how frequently R85 should be monitored.  On 3/13/24 at 1:50 PM V1 (Administrator) confirmed that there was no mention of R85's criminal history in his care plan and there should be.  "C"	\$9999	Resist Peace Office Officer, 1/23/2012 I 10/30/2011 Resist Resist Peace Office Theft/Merchandise Theft, 9/21/11 Reta Trespass to land at Contact, 11/27/201 Building, 11/29/201 and 12/27/2010 Crit R85's Criminal Hist Recommendation Police on 10/23/23 requires closer sup observation than st residents in an ope should be attentive may signal a need sustained visual me basis." "His compliat treatment and abst should be closely nalcohol/drug abuse history, a moderate recommended."  R85's current Care admission date of Sany information abstatus, or how frequencing the firm of the criminal history in his be.	er, 11/21/2011 Resist Peace Resist Peace Officer, Peace Officer, 1/23/2012 er, 9/21/2011 Retail eless than \$150, 8/11/21 Retail ail Theft, 12/29/10 Criminal nd Domestic Battery/Physical 0 Criminal Trespass to 10 Criminal Trespass to Land iminal Trespass to Land iminal Trespass to Land iminal Trespass to Land.  tory Analysis Security Report completed by the State documents "The resident pervision and more frequent tandard or routine for most en facility. Regular monitoring e to behavioral changes that for closer observation or onitoring on a time-limited ance with psychiatric/medical tinence from alcohol/drug use monitored. In view of his e history and extensive criminal e risk supervision status is  e Plan dated 01/12/24 shows an 9/28/23 and does not include out R85's identified offender uently R85 should be				

Illinois Department of Public Health

STATE FORM 6899 NFCV11 If continuation sheet 3 of 11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '		(X3) DATE SURVEY COMPLETED			
		A. BUILDING:					
IL6012587			B. WING		03/1	5/2024	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CELEBR	ATE SR LIVING OF M	OLINE	7300 34TI MOLINE,	H AVENUE IL 61265			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
\$9999	Continued From participal Statement of Licens 300.610a) 300.1210a) 300.1210b) 300.1210d)3)  Section 300.610 Rea a) The facility shall procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conformed and other policies shall composition of nursing and policies shall composition of nursing and Person and dated minutes.  Section 300.1210 Constitution of Nursing and Person and Comprehensive facility, with the participation of the resident's guardian resident's comprehensive carricludes measurable meet the resident's and psychosocial in resident's comprehensive carricludes measurable for discharges and psychosocial in resident's comprehensive setting be a provided for discharges the active participation of the provide for discharges the provide for discha	esident Care Policical have written policical and processing all services propolicies and processident Care Policical and reprint services in the fact of the meeting.  Seneral Requiremental Care Policical Action of the meeting.  Seneral Requiremental Care Policical Care and Care are Resident Care and Care are Resident Care Policical and care are lactical and implementation of the resident or representatively and implementation of the resident are identification of the resident attain or maintain independent function of the reside senent shall be deviction of the resident of the resident shall be deviction of the resident shall be deviction of the resident	es ies and ovided by the edures shall licy or the resentatives acility. The this Part. in operating ast annually itten, signed ents for an. A sident and cive, as ent a sident that imetables to and mental tified in the at, which a the highest ioning, and least int's care eloped with and the	S9999			

Illinois Department of Public Health

STATE FORM 6899 NFCV11 If continuation sheet 4 of 11

AND DIAN OF CODDECTION I IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
IL6012587			B. WING		03/1	5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
CELEBR	ATE SR LIVING OF M	IOI INF	H AVENUE IL 61265			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 4	S9999			
	and services to atta practicable physica well-being of the re each resident's complan. Adequate and care and personal dresident to meet the care needs of the red) Pursuant to sub care shall include, a and shall be practic seven-day-a-week  3) Objective or resident's condition emotional changes determining care refurther medical evaluations and shall be practiced to the condition of the conditio	section (a), general nursing at a minimum, the following ced on a 24-hour, basis: observations of changes in a particular mental and paying and an equired and the need for alluation and treatment shall be aff and recorded in the	•			
	This REQUIREMENT is not met as evidenced by:					
	Based on observation, interview and record review the facility failed to comprehensively assess pain and effectively manage pain for one resident (R67) of three residents be reviewed for pain. This failure has resulted in ineffective pain management and ongoing expression of moderate to severe pain by R67.					
	Findings include:					
	3/26/21 documents	Management" Policy dated :: It will be the standard of this sidents and attempt to provide				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6012587		B. WING		03/1	5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CELEBR	ATE SR LIVING OF M	OLINE 7300 34TH MOLINE, I	I AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	effective pain and of Residents may add quarterly, annually, upon resident report observed non-verbareceiving intervention the clinical record, a Implement/update a care related to pain appropriate.  R67's Hospital Discindicates R67 report pain score "10/10" mild pain; 4 to 7 = r is severe pain) five Acetaminophen 65 generalized and but and "10/10" twice p (analgesic). Follow administration of Tr "1 to 4/10" indication R67's Admission N12/31/23 at 3:19pm was experiencing gindicates R67's pain management and reports Physician Nowas previously bed Note indicates R67 hands, knees, and reports severe pain is done and reports indicates R67 report joints.	comfort management. itionally be screened for pain upon change of condition or it of new pain or newly al signs and symptoms of going monitoring of residents ons should be completed in as indicated. a person-centered care plan of management as is  charge Note dated 12/31/23 rted generalized and buttock (scale 0 = no pain; 1 to 3 = moderate pain; and 8 or above times prior to receiving Omg (milligrams) and reported ttock pain of "6/10" three times rior to receiving Tramadol up pain relief/response to amadol was documented as g effectiveness of medication.  ursing Note Pain Screen dated indicates R67 indicated she eneralized pain "7/10." Note in is relieved by medication	S9999			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IL6012587		B. WING		03/1	5/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CELEBR	ATE SR LIVING OF M	OLINE 7300 34TH MOLINE, I	I AVENUE IL 61265			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	has a Stage 4 sacra thickness.	al pressure wound, full				
	R67 states that she any kind of transitic that R67's mood is lying still related to "(R67) has pretty si of the large coccyx  On 3/13/24 at 9:35a side to receive sacidistressed with faciguarding, and repobody. While on her continued to intermoried out and whim Nurse) removed the inside R67's sacral sacral wound and it sponge into R67's sconsole R67 during R67 replied "No, you that time V4 remind a "Norco (opioid)" e	the dated 2/16/24 indicates a continues to have pain with aning or rotation in bed and fine when she is otherwise her arthritis. Note indicates gnificant pains and discomfort wound."  The matter of the wound care in the wound care. R67 was all grimacing, stiffening, rting pain throughout her lower side during wound care R67 ittently complain of pain. R67 pered when V4 (Wound e wound vac sponge from wound, cleaned inside R67's inserted a new wound vac sacral wound. V4 attempted to the wound treatment to which all don't know. It's horrible." At led R67 that she had received earlier in the morning (7:40am) in. R67 replied that the pain				
	arthritis everywhere feet. My knees are night sometimes, I uncomfortable. The because I'm tired fr worse pain is in my Even the slightest rused to ask for the became really cons	om R67 stated "I have chronic e, particularly my knees and throbbing right now. I'm up all can't sleep because I'm en I sleep on/off during the day om not sleeping at night. The coccyx, then knees and feet. movement is severe pain. I Norco in the evening, but I stipated. It was like having a lalso causing pressure and				

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STATE FORM 6899 NFCV11 If continuation sheet 7 of 11

AND DUAN OF CORRECTION IN IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		IL6012587	B. WING		03/	15/2024
	PROVIDER OR SUPPLIER	OLINE 7300 34T	DDRESS, CITY, ST H AVENUE IL 61265	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	pain in my coccyx. she became tearful not to complain. Ref. 10" out of 10 during feels like they are pthe Norco she rece care) did not really the edge off."  R67's current Physindicates R67 has chydrocodone-Aceta (milligrams), Give opain - to be given of treatment. Hydroco 5-325mg every six pain. Acetaminopheneded for general R67's MAR (Medicated 2/1/24 to 2/25 indicates R67 recei Hydrocodone-Aceta prior to wound care pain level 8/10 seven and 10/10 seven tir Hydrocodone-Aceta 2/3, 2/4, 2/5, 2/6 and reports of pain "6 - R67's MARs indicated "Acetaminopain level of "4/10" "9/10."	While R67 described her pain and expressed how she tries of stated her pain was "9 or a wound treatments stating, "It willing my skin off." R67 stated ived at 7:40am (prior to wound help much and barely takes dician Order Summary Report orders for:  aminophen 5-325mg one tablet every day shift for the half hour prior to wound done-Acetaminophen hours as needed for moderate en 650mg every six hours as discomfort.  ation Administration Record) 20/24 and 3/1/24 to 3/13/24 ved aminophen 5-325mg for pain and MARs indicate R67 reported en times, 9/10 twelve times to the wound care.  2/1/24 to 2/29/24 indicates R67 d" aminophen 5-325mg on 2/1, d 2/7/24 in the evenings for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
			A. BOILDING.			
	IL6012	2587	B. WING		03/1	5/2024
NAME OF PROVIDER OR SUPP	ER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CELEBRATE SR LIVING	F MOLINE	7300 34TH MOLINE,	H AVENUE IL 61265			
PREFIX (EACH DEFIC	STATEMENT OF DE NCY MUST BE PRE PR LSC IDENTIFYIN	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
shift on every of though R67 har pain medication.  Weekly Wound 2/22/24 and 2/2 of "10/10" during above dates. Note indicate R67 has indicated R67 has indicated general expressions (i.e., clenched, striking consolability [sing console).  R67's Weekly Note 3/6/24 indicated during wound of vocalizations.  On 3/14/24 at 1 Nursing/DON) R67's every shifted pain lead and pain score usually "6-10". Further assessing pain "10/10" during R67's NP (Nursing R67's NP (Nursing R67's NP) (Nursing	and scored "zelly from 2/1/24 to expressed pair on the above of Progress Notes 2/24 indicates Figure 3 sacral wound attest dated 2/22/21 to the following in Negative voong, crying, calling, grimacing, from the sellowing in the	n and received dates listed.  s dated 2/15/24, R67 reported pain care on all the /24 and 2/29/24 non-verbal calizations (i.e., ing out) Facial own, sad) Body ed, pacing, fists alled up, guarding) ed, unable to  s Note dated pain level of "5/10" ed negative  ctor of a not explain why is "zero" yet R67 uring wound care reatment was here was no ain after reporting ed.  note dated 3/13/24 is of coccyx and dicates R67 is seen d uncontrollable	S9999			

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B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  7300 34TH AVENUE MOLINE, IL 61285  [XM] ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  S9999  Continued From page 9  release Tylenol scheduled every 8 hours. Note indicates an additional Hydrocodone (narcotic) with Acetaminophen in the evening for severe pain if she needs and if she allows it to be given. Note indicates and additional options for constipation were also discussed. Note indicates Roral Additional prior for constipation were also discussed. Note indicates Roral Additional prior for constipation were also discussed. Note indicates Roral From pain medications.  R67's Care Plan (date initiated 12/31/23) documents "Potential/Actual pain related to Arthritis. Interventions include Monitor and Report signs and symptoms of pain, worsening of pain; notify physician if resident does not state/demonstrate relief or reduction of pain with current pain management regimen.  This same care plan does not include history of R67 refusing pain medications, locations/characteristics of pain or non-pharmacologic interventions to assist in alleviating pain.  On 3/14/24 at 1:30pm V2 (DON) stated R67 has had a history of refusing pain medications. V2 was unable to provide a comprehensive assessment of R67's pain (after admission assessment) and/or documentation/assessments of R67's refusal of pain medications offered.  On 3/14/24 at 1:30pm V9 (Nurse Practitioner) stated she was unaware R67 had been taking (as needed) Norco every evening and abruptly stopped (on 2/8/24) due to becoming constipated.							
CELEBRATE SR LIVING OF MOLINE  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY TAG  CONFIDENCY MUST BE PRECEDED BY FULL TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY  S9999  Continued From page 9  release Tylenol scheduled every 8 hours. Note indicates an additional Hydrocodone (narcotic) with Acetaminophen in the evening for severe pain if she needs and if she allows it to be given. Note indicates and additional options for constipation were also discussed. Note indicates R67 has a history of refusing narcotic pain medications.  R67's Care Plan (date initiated 12/31/23) documents "Potential/Actual pain related to Arthritis. Interventions include Monitor and Report signs and symptoms of pain, worsening of pain; notify physician if resident does not state/demonstrate relief or reduction of pain with current pain management regimen.  This same care plan does not include history of R67 refusing pain medications, locations/characteristics of pain or non-pharmacologic interventions to assist in alleviating pain.  On 3/14/24 at 1:30pm V2 (DON) stated R67 has had a history of refusing pain medications. V2 was unable to provide a comprehensive assessment of R67's pain (after admission assessment) and/or documentation/assessments of R67's refusal of pain medications offered.  On 3/14/24 at 1:30pm V9 (Murse Practitioner) stated she was unaware R67 had been taking (as needed) Norco every evening and abruptly stopped (on 2/8/24) due to becoming constipated.			IL6012587	B. WING		03/1	5/2024
CALLEBRATE SR LIVING OF MOLINE   CALLEBRATE SR LIVING OF MOLINE	NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PRÉÉIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 9  release Tylenol scheduled every 8 hours. Note indicates an additional Hydrocodone (narcotic) with Acetaminophen in the evening for severe pain if she needs and if she allows it to be given. Note indicates and solicituse pain medications.  R67's Care Plan (date initiated 12/31/23) documents "Potential/Actual pain related to Arthritis. Interventions include Monitor and Report signs and symptoms of pain, worsening of pain; notify physician if resident does not state/demonstrate relief or reduction of pain with current pain management regimen.  This same care plan does not include history of R67 refusing pain medications, locations/characteristics of pain or non-pharmacologic interventions to assist in alleviating pain.  On 3/14/24 at 1:30pm V2 (DON) stated R67 has had a history of refusing pain medications. V2 was unable to provide a comprehensive assessment of R67's refusing pain in dications/assessments of R67's refusing pain in dications/assessments of R67's refusing of pain (after admission assessment) and/or documentation/assessments of R67's refusing of pain (after admission assessment) and/or documentation/assessments of R67's refusing of pain (after admission assessment) becoming constipated.	CELEBR	ATE SR LIVING OF M	MOLINE				
release Tylenol scheduled every 8 hours. Note indicates an additional Hydrocodone (narcotic) with Acetaminophen in the evening for severe pain if she needs and if she allows it to be given. Note indicates additional options for constipation were also discussed. Note indicates R67 has a history of refusing narcotic pain medications.  R67's Care Plan (date initiated 12/31/23) documents "Potential/Actual pain related to Arthritis. Interventions include Monitor and Report signs and symptoms of pain, worsening of pain; notify physician if resident does not state/demonstrate relief or reduction of pain with current pain management regimen.  This same care plan does not include history of R67 refusing pain medications, locations/characteristics of pain or non-pharmacologic interventions to assist in alleviating pain.  On 3/14/24 at 1:30pm V2 (DON) stated R67 has had a history of refusing pain medications. V2 was unable to provide a comprehensive assessment of R67's pain (after admission assessment) and/or documentation/assessments of R67's refusal of pain medications offered.  On 3/14/24 at 1:30pm V9 (Nurse Practitioner) stated she was unaware R67 had been taking (as needed) Norco every evening and abruptly stopped (on 2/8/24) due to becoming constipated.	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
for scheduled Tylenol and an additional Hydrocodone as well as review of bowel medications to address R67's constipation.	S9999	release Tylenol schindicates an addition with Acetaminophe pain if she needs a Note indicates addined were also discusse history of refusing reliable. R67's Care Plan (discuments "Potent Arthritis." Interventions include and symptoms of physician if resident relief or reduction of management regime.  This same care plate R67 refusing pain relocations/character non-pharmacologicalleviating pain.  On 3/14/24 at 1:30 plant and a history of refusion provides a sessment of R67 assessment of R67 assessment) and/of R67's refusal of On 3/14/24 at 1:30 plant stated she was unaneeded) Norco every stopped (on 2/8/24 V9 stated that as of for scheduled Tyler Hydrocodone as well as the state of the	neduled every 8 hours. Note onal Hydrocodone (narcotic) on in the evening for severe and if she allows it to be given. itional options for constipation of the indicates R67 has a narcotic pain medications.  Itate initiated 12/31/23) tial/Actual pain related to de Monitor and Report signs of pain, worsening of pain; notify at does not state/demonstrate of pain with current pain nen.  In does not include history of medications, ristics of pain or a interventions to assist in the pain (after admission or documentation/assessments pain medications offered.  In the pain with current pain nen.  In the pain with current pain nen.  In the pain with current pain nen.  In does not include history of medications, ristics of pain or a comprehensive of pain medications of pain (after admission or documentation/assessments pain medications offered.  In the pain with current pain nen.				

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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: B. WING \_ IL6012587 03/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7300 34TH AVENUE CELEBRATE SR LIVING OF MOLINE MOLINE, IL 61265** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY)

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