STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 4: 300.610a) 300.696b) 300.696d)1)17) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 1	S9999		

and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.

d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):

1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections

17) Guidelines for Environmental Infection Control in Health-Care Facilities

This Requirement is not met as evidenced by:

A. Based on observation, interview, and record review the facility failed to place a urinary catheter collection bag and urinary catheter tubing to prevent contact with the floor for one resident (R4) of five residents reviewed for infection control practices in the sample of eight. B. Based on interview, observation, and record review, the facility failed to sanitize/disinfect equipment used for resident care per Center for Disease Control (CDC) Guidelines. This failure has the potential to affect all 36 residents who reside in the facility.

Findings include:

A. Admission Record - Admission Date 1/27/25 indicates R4 has Diagnosis of "Urinary Tract Infection."

On 3/4/25 at 10:15am upon entering R4's room,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 2	S9999		

noted R4's urinary catheter collection bag and tubing directly on the floor next to R4's bed. The collection bag and tubing were not contained in any type of "privacy" bag or other type of device to prevent contact with the floor.

On 3/4/25 at 10:20am V7, LPN (Licensed Practical Nurse) entered R4's room and was asked about R4's catheter and collection bag placement. V7 stated the bag and tubing should not be on the floor. At that time R4 stated "(The urine) won't drain if the bag is hooked on the bedframe. I wanted it where it is - on the floor." At that time R4 agreed to placing the bag and tubing onto a towel placed on the floor.

On 3/5/25 at 1:30pm R4's catheter collection bag and tubing were laying directly on the bare floor with no barrier between the bag and contact with the floor.

No documentation was found or presented to demonstrate the facility had addressed R4 wanting to keep his catheter bag and tubing on the floor.

R4's current Care Plan does not address keeping R4's urinary catheter bag and tubing directly on the floor or identify interventions attempted to increase compliance with Infection Control policies and protocols.

Facility Policy/Urinary Catheter Care dated 10/2024 documents:
Purpose: To establish guidelines to reduce the risk of or prevent infections in residents with an indwelling catheter. Guidelines: Urinary drainage bags and tubing shall be positioned to prevent either from touching the floor directly. May place drainage bag and excess tubing in a secondary

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 3	S9999		

vinyl bag or other similar device to prevent primary contact with floor or other surfaces.

B. On 3/4/25 at 10:20 AM, V5 (Certified Nurse Aide/CNA) and V6 (CNA) donned gloves then transferred R7 from the wheelchair to the bed via mechanical lift. V5 and V6 rolled R7 from side to side to remove the sling used during the transfer, remove R7's brief and place on the bedpan. V5 and V6 removed the mechanical lift from R7's room and placed in the hallway with the same gloves donned. V5 reentered R7's room, rolled R7 to her side, removed the bedpan, removed soiled brief, cleaned R7's perineum, put brief back on then removed gloves. V5 and V6 then took the same mechanical lift used on R7 into R1's room. V5 and V6 donned gloves and transferred R1 from wheelchair to bed via mechanical lift. V5 and V6 rolled R1 from side to side to remove the sling used during the transfer, remove R1's brief and place on the bedpan and placed in the hallway with the same gloves donned. The mechanical lift was not disinfected or sanitized after each resident use.

On 3/5/25 at 2:30 PM, V3 (Regional Nurse Consultant) stated the facility's expectation is that each piece of equipment used for resident care is to be disinfected between resident use and prior to exiting the resident's room.

Facility Resident Census Roster and Facility Matrix/802, dated 3/4/25, were reviewed. The Census Roster documented 36 Residents resided in the Facility.

Guidelines for Environmental Infection Control in Health-Care Facilities
Recommendations of CDC and the Healthcare Infection Control

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 4	S9999		

Practices Advisory Committee (HICPAC)
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention (CDC)
Atlanta, GA 30329
2003
Updated: July 2019
"E. Environmental Services 1. Principles of Cleaning and Disinfecting Environmental Surfaces non-critical medical equipment (e.g., stethoscopes, blood pressure cuffs, dialysis machines, and equipment knobs and controls) usually only require cleansing followed by low- to intermediate-level disinfection, Ethyl alcohol or isopropyl alcohol in concentrations of 60%-90% (v/v) is often used to disinfect small surfaces (e.g., rubber stoppers of multiple-dose medication vials, and thermometers) and occasionally external surfaces of equipment a. touched frequently by gloved hands during the delivery of patient care. b. likely to become contaminated with body substances."

The Cleaning-Sanitizing Bedside Equipment policy dated 11/2012 indicated resident bedside equipment shall be washed and rinsed after each use.

(C)
Statement of Licensure Violations 2 of 4 :
300.610a)
300.1610a)1)
300.1610d)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 5 Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1610 Medication Policies and Procedures a) Development of Medication Policies 1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. d) All medications administered shall be recorded as set forth in Section 300.1810. Medications shall not be recorded as having been administered prior to their actual administration to the resident. This Requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that medications were documented when administered for one resident (R4) of five residents reviewed for medications in the sample of eight.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 6	S9999		

Findings include:

On 3/4/25 at 10:15am upon entrance to R4's room noted a medication cup with several pills inside the cup on R4's bedside stand. At that time, R4 confirmed those were his medications and stated, "I'm going to take them." V7, LPN (Licensed Practical Nurse) stated that she brought the medications to R4 this morning and thought R4 had taken them. V7 stated "He had them in his hand when I left the room. I thought he took them, or I wouldn't have left them there." V7 acknowledged that she documented the time R4's medication were administered "earlier."

(MAR) Medication Administration Record dated March 2025 indicates the following medications that were in the cup found at 10:15am at R4's bedside were given at the following times:
9:14am Vitamin C (supplement)
9:15am Vitamin D (supplement)
9:16am Ferrous Sulfate (supplement),
9:15am Multivitamin with Mineral (supplement)
9:16am Folic Acid (Supplement)
9:17am Baclofen (anti-spasmodic)
9:17am Gabapentin (anticonvulsant)
9:15am Saccharomyces DF (Probiotic)

Facility Policy/Medication Administration Policy dated 10/2024 documents:
Documentation of medication administration is recorded on the Medication Administration Record (MAR) or Treatment Record and includes the date, time and initials of the licensed nurse. Residents may self-administer medication if the interdisciplinary team has determined that this practice is safe.

(C)
Statement of Licensure Violations 3 of 4:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 7 300.610a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. This Requirement was not met as evidenced by: Based on interview, observation, and record review, the facility failed to ensure respiratory equipment was maintained per policy for two of two residents (R6, R8) reviewed for oxygen equipment in a sample of eight. Findings include: The Oxygen & Respiratory Equipment-Changing/Cleaning policy dated 9/2016 provided guidelines to employees for changing all disposable respiratory supplies, ensure safety of residents by providing maintenance of all disposable respiratory supplies and to minimize the risk of infection. The oxygen humidifiers should be changed weekly or as needed and will be dated when changed. 1. R6's Minimum Data Set (MDS) Assessment Section I documented R6 was admitted on 2/1/24	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 8	S9999		

with diagnoses of Obstructive Sleep Apnea, Diabetes Mellitus, Shortness of Breath, and Nicotine Dependence.

R6's Physician Order dated 11/21/24 documented to administered oxygen at two liters as needed and at nighttime. A Physician's Order dated 11/10/25 documented to change R6's oxygen/nebulizer tubing every Sunday on night shift.

On 3/4/25 at 10:00 AM, R6's oxygen tubing nor the oxygen humidifier were dated to indicate when they were last changed.

2. R8's MDS Assessment Section I documented R8 was admitted on 8/6/12 with diagnoses of Cerebral Vascular Accident, Cardiac Pacemaker, and non-Alzheimer's Dementia.

R8's Physician Order dated 11/21/24 documented to administer oxygen at two liters at nighttime.

On 3/4/25 at 10:10 AM, R8's oxygen tubing nor the oxygen humidifier were dated.

On 3/5/25 at 11:10 AM, V5 (Certified Nurse Aide) verified R6 and R8's oxygen humidifier nor oxygen tubing were dated. V5 stated "Third shift should be changing the water bottle (oxygen humidifier) and tubing every week and date them with a (black marker)."

On 3/5/25 at 2:30 PM, V3 (Regional Nurse Consultant) stated a Physician's Order to change the oxygen humidifier and oxygen tubing each week should be obtained. The nurse should change the oxygen humidifier and tubing weekly and date them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 9 (C) Statement of Licensure Violations 4 of 4: 300.610a) 300.2030 300.2100 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.2030 Hygiene of Dietary Staff Food service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming. (Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989) Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Code." (Source: Amended at 49 Ill. Reg. 760, effective December 31, 2024) This Requirement was not met as evidenced by: C. Based on interview, observation and record	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 10	S9999		

review, the facility failed to ensure kitchen staff appropriately donned hair coverings to keep hair from contacting exposed food and equipment while staff prepared resident food trays. This failure has the potential to affect all 36 residents who reside in the facility. D. Based on interview, observation and record review, the facility failed to ensure dishware was sanitized per policy. This failure has the potential to affect all 36 residents who reside in the facility.

Findings include:

C. On 3/5/25 at 12:03 PM, V9 (Cook) was in the kitchen preparing food trays for residents and had non restrained hair exposed on both sides of her face.

On 3/5/25 at 2:30 PM, V3 (Regional Nurse Consultant) stated anyone in the kitchen should have all their hair covered.

The Dietary-Staff Hygiene/Hair Nets policy dated 9/2023 documented hairnets or coverings shall be worn at all times in the Dietary Department and applied appropriately to keep hair from contacting exposed food, clean utensils and single-service/use items, if unwrapped.

Facility Resident Census Roster and Facility Matrix/802, dated 3/4/25, were reviewed. The Census Roster documented 36 Residents resided in the Facility.

D. The Sanitizing Bucket Chemical Log dated December 2024 had 74 out of 93 ppm concentration levels less than 200 ppm and one level not conducted; January 2025 log had 45 out of 93 ppm concentration levels less than 200 ppm, three levels greater than 200 ppm and two

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 11	S9999		

levels not conducted; February 2025 log had 4 out of 84 ppm concentrations less than 200 ppm and 33 out of 84 ppm concentration greater than 200 ppm ; March 2025 had 4 out of 13 ppm concentrations greater than 200 ppm. The logs also had multiple entries of specific ppm concentrations levels between 120 and 129 ppm and 250 ppm, although the color-coded label on the test strips did not identify specific concentration levels or a 250 ppm concentration level. The ppm concentration levels greater than 200 ppm ranged from 225 ppm to 450 ppm.

On 3/5/25 at 10:45 AM, the Quaternary Ammonium test strips' label documented "Immerse for 10 seconds Compare when wet." The test strip should be compared to the label which was color coded to indicate the parts per million concentrations (0 ppm, 150 ppm, 200 ppm, 400 ppm or 500 ppm).

On 3/5/25 at 10:45 AM, V10 (Cook) stated the sanitizer's ppm concentration levels should be 200 ppm and stated the test strips should be immersed in the sanitizer for 10 seconds and compared to the color-coded indicators on the Quaternary Ammonium test strips label.

On 3/5/25 at 12:30 PM, V4 (Dietary Manager) stated the sanitizer's solution concentration (before dilution) is 400 ppm and when the sanitizer is mixed with water, the concentration should be 200 ppm. V4 stated "I just tell my staff to add water until it (sanitizer concentration) reaches 200 parts per million." V4 demonstrated how to use the test strips to measure the ppm concentration. V4 immersed the test strip in the sanitizer for three seconds and the test strip read 400 ppm. V4 then added more water to the sanitizer and conducted the test again which then

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008205	A. BUILDING: _____ B. WING _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT QUAD CITIES	1403 9TH AVENUE SILVIS, IL 61282

(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
S9999	Continued From page 12	S9999		

read 150 ppm. V4 stated the Sanitizing Bucket Chemical Logs ppm concentration levels were not accurately documented.

On 3/5/25 at 2:30 PM, V3 (Regional Nurse Consultant) stated "That (sanitizing solution) process seems completely broken."

The Kitchen Sanitation Manual dated 2/2022 documented "Manual Ware Washing Proper dishwashing is an important part of a good sanitation program. Correct dishwashing involves five steps: 1. Scraping 2. Washing 3. Rinsing 4. Sanitizing 5. Air Drying What should be used? Quaternary Ammonium: 200 ppm (parts per million) Concentrations below these levels are not effective and concentrations above these levels can be toxic. To ensure the correct amount, always read the label directions and use test strips to check the concentrations."

Facility Resident Census Roster and Facility Matrix/802, dated 3/4/25, were reviewed. The Census Roster documented 36 Residents resided in the Facility.

(C)