

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008668	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/14/2025
NAME OF PROVIDER OR SUPPLIER SMITH SQUARE		STREET ADDRESS, CITY, STATE, ZIP CODE 7401 34TH AVENUE MOLINE, IL 61265		
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Z 000	COMMENTS Annual Licensure Survey - 350.625e), 350.1225, 350.1440a), 350.1440i), 350.1450a), 350.3220h)1)	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 1 of 5: 350.625e) Section 350.625 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons seeking admission to the facility. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. These requirements were not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of the required screening within 24 hours after admission of a criminal history background check, potentially impacting all 14 individuals residing at the facility, (R1 - R14). Findings include:	Z9999		

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

TITLE

(X6) DATE

07/14/25

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Z9999	<p>Continued From page 1</p> <p>Facility roster, provided on 7/7/2025, documents R1-R14 as individuals who reside within the facility.</p> <p>Facility Identified Criminal/Sex Offender policy, dated 6/2024, includes, 'Procedure, D. The home performs a criminal history check pursuant to the Uniform Conviction Information Act on all current and prospective individuals.'</p> <p>R1's admission paperwork includes an admission date of 11/4/2024 and previous address (R1's parent's address). R1 and E7/Direct Support Person confirmed (R1) moved to (facility) from (R1's) parents' house.</p> <p>R1's CHIRP/Criminal History Information Response Process includes a date of 5/11/2022.</p> <p>Electronic correspondence between E5/Clerk and E12/Systems Administrator LTC (Long Term Care) Support Services, dated 7/8/2025, includes, 'E5 asking E12 if anything further for background check was completed for R1 before moving in to (facility)'; 'The one provided is dated 2022'; and E12 replying 'Nope, I can't find where one was requested.'</p> <p>Facility unable to provide evidence of R1's required screening within 24 hours after admission of a criminal history background check (CHIRP) being completed.</p> <p>On 7/10/25 at 9:46 am, E1/Administrator/Executive Director confirmed no further background information is available for (R1). (C)</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>2 of 5</p> <p>350.1225</p> <p>Section 350.1225 Tuberculin Skin Test Procedures</p> <p>Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to perform Tuberculosis screening for R1 upon admission to the facility, potentially impacting all residents currently residing at the facility, (R2-R14).</p> <p>Findings include:</p> <p>Facility roster, provided on 7/7/2025, documents R1-R14 as individuals who reside within the facility.</p> <p>Facility policy titled, "Tuberculosis Control and Prevention", dated 5/2019, includes, "Individuals Screening and Monitoring, 1. All individuals shall be screened for Tuberculosis Infection upon admission. Each individuals admitted shall receive a Two-Step TB (Tuberculosis) Mantoux Skin Test within 90 days prior to or within 7 days of admission. Two-Step TB Mantoux Skin Test results are documented on the Individual's Immunization Record (GN-46)."</p> <p>R1's Admission record includes an admission date of 11/4/2024.</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>Physician's Orders for R1, dated 12/27/24, includes, Immunizations/Skin Tests, 2. Two-step TB Mantoux Test upon admission and may repeat as required by Public Health.</p> <p>R1's Immunization record, includes, Vaccine: Tuberculin Purified Protein, Site: Arm Lower Left, Date: 11/4/24, Results Date: 11/6/24, Results/Comments: Negative. R1's Immunization record does not contain a second Tuberculosis screening.</p> <p>Facility unable to provide evidence of R1's second Tuberculosis screening.</p> <p>On 7/9/25 at 11:59 am, E4/Regional RN (Registered Nurse) Trainer, confirmed R1 did not have a second Tuberculosis screening completed. (C)</p> <p>3 of 5</p> <p>350.1440a)</p> <p>Section 350.1440 Labeling and Storage of Medications</p> <p>a) All medications for all residents shall be properly labeled and stored at or near the nurses' station in a locked cabinet, in a locked medication room, or in one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this Section.)</p> <p>350.1450a)</p> <p>Section 350.1450 Control of Medications</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on nterview, the facility failed to ensure medications were stored in a locked compartment, and the med room was secured, impacting one of three individuals inside the sample of three (R2) and one individual (R8) outside the sample. This has the potential to impact two of three individuals in the sample of three (R1 and R3) and ten individuals outside the sample, (R4-R7 and R9-R14).</p> <p>Findings include:</p> <p>Facility roster, provided on 7/7/25, identifies R1-R14 as individuals who reside in facility.</p> <p>Facility Storage, Disposal, and Labeling of Medications policy, dated 8/2023, includes, 'B. All medications shall be stored in locked compartments or within the locked medication container, cabinet, or closet. All controlled medications shall be locked and stored within the locked medication container cabinet, or closet. C.</p> <p>Access to medications shall be limited to those licensed and ADSP's (Authorized Direct Support Persons). Each home shall maintain an up to date list of ADSP's.'</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>On 7/7/25 at 5:50 am, lanyard with keys on it hanging on back of dining room chair seated next to the medication room door. R1-R5, R7, R8, R10, and R12 present in dining room. No staff present. At 6:04 am, E6/DSP (Direct Support Person) picked up the lanyard and used the keys on it to open the medication room door.</p> <p>On 7/7/25 at 5:10 pm, E9/DSP with metal cabinet containing clear tote bins of medication cards unlocked and doors open walked out of medication room, through dining room and into a storage closet leaving R8 in the medication room</p> <p>On 7/7/25 at 5:40 pm, lanyard with keys on it hanging on doorknob of medication room door. R1-R7, R9-R12 and R14 present in dining room. No staff present. E9/DSP confirmed lanyard contained keys for medication room door and (E9) left it hanging on the doorknob stating "(E9) took it off (R10's) wheelchair and hung them there."</p> <p>On 7/8/25 at 8:26 am, a black and silver metal lockbox is observed to be sitting unlocked with lid open on seat of a red four-wheeled walker beside medication room door, one medication card is sitting inside the lockbox. R3-R5, R7, and R10 present in living room. No staff present. At 8:30 am, R8 came to living room with R3-R5, R7, and R10. No staff present. At 8:31 am, E7/DSP and R2 came out of medication room. (E7/DSP) confirmed open and unlocked lockbox sitting on four-wheeled walker had one medication card in it, was left unattended, medication and lockbox belonged to (R2). E7 then confirmed medication should not be left unsecured.</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>On 7/8/25 at 3:53 pm, E9/DSP confirmed (E9) left (R8) in medication room alone with metal cabinet containing clear tote bins of the individual's medication cards unlocked and open.</p> <p>On 7/9/25 at 11:59 am, E4/Regional Registered Nurse Trainer confirmed medications should always be kept secure, no individuals should be left alone in medication room, and keys to medication room should be kept secure stating 'Keys should be secure on person or in a lockbox that only med (medication) authorized staff have access to the code.'</p> <p>(C)</p> <p>4 of 5</p> <p>350.1440i)</p> <p>Section 350.1440 Labeling and Storage of Medications</p> <p>i) The medications of each resident shall be kept and stored in their originally received containers. Medications shall not be transferred between containers, except that a licensed nurse, acting as the agent of the resident, may remove previously dispensed medication from original containers and place it in other containers to be sent with a resident when the resident will be out of the facility at the time of scheduled administration of medication. When medication is sent out of the facility with the resident, it shall be labeled by the nurse with the name of the resident, name and strength of the medication, instructions for administration and any other appropriate information.</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to identify medications up to the point of administration for three of three individuals (R4, R5, and R6) outside of the sample whose medications were observed dispensed prior to administration.</p> <p>Findings include:</p> <p>Resident roster, provided on 7/7/25, identifies (R4, R5 and R6) as individuals who reside at facility.</p> <p>Facility Storage, Disposal, and Labeling of Medication policy, dated 8/2023, includes, 'Procedure, F. All medications shall be stored in their original containers.'</p> <p>Observation of medication pass on 7/7/25 includes, E6 (DSP/Direct Support Person), passing medications from counter in medication room with medications dispensed in multiple medication cups. At 6:05 am, E6 administered medication from an unlabeled medication cup taken from counter to R4. At 6:06 am, E6 administered medication from an unlabeled medication cup taken from counter to R5. At 6:08 am, E6 administered medication from an unlabeled medication cup taken from counter to R6.</p>	Z9999		

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Z9999	<p>Continued From page 8</p> <p>On 7/7/25 at 6:10 am, E6/DSP confirmed medications were not in their original packaging from the pharmacy, were already dispensed in the medication cups and were sitting on counter in medication room prior to administration for R4, R5 and R6.</p> <p>On 7/8/25 at 8:48 am, E6/DSP confirmed it is (E6's) normal routine to dispense the 6 am medications into medication cups and have them sitting on the counter in the medication room before administering them to the individuals. E6 stated 'I figured I would get talked to about it.'</p> <p>On 7/9/25 at 11:59 am, E4/Regional Registered Nurse Trainer confirmed "medication is to be dispensed from medication cards provided by pharmacy and are only to be dispensed at time of administration and no medications are to be dispensed ahead of time and left sitting in multiple medication cups on the counter in medication room."</p> <p>(C)</p>	Z9999		

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Z9999	Continued From page 10 5 of 5 350.3220h)1) Section 350.3220 Medical and Personal Care Program h) Cancer screening. Cancer screening for women shall include the following: 1) A periodic Pap test. The frequency and administration of Pap tests shall be according to the Guidelines for Women's Health Care, published by the American College of Obstetricians and Gynecologists; and These requirements were not met as evidenced by: Based on record review and interview, the facility	Z9999		

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Z9999	<p>Continued From page 11</p> <p>failed to ensure a pap smear was completed for one of two individuals (R1) in the sample of three who required cervical cancer screening.</p> <p>Findings include:</p> <p>R1's POS (Physician Order Sheet), dated 12/27/24, includes, "Screenings/Annual Exams; 2. (Females) PAP (Papanicolaou test/Pap test/Pap Smear) every 2 years per ACOG (American College of Obstetricians and Gynecologists) guidelines or as ordered by physician,"</p> <p>R1's POS, dated 7/1/25, includes, "Females PAP every 2 years per ACOG (American College of Obstetricians and Gynecologists) guidelines or as ordered by physician," "D.O.B. (Date of Birth): 10/15/2002," and "Admission date: 11/4/24."</p> <p>Facility unable to provide evidence of R1's pap smear being completed.</p> <p>On 7/10/2025 at 9:49 am, E4 (Regional Registered Nurse Trainer) confirmed no record of R1's pap smear being completed. E4 stated "I don't see anything in (electronic health record) to indicate when (R1's) last PAP smear was completed." (C)</p>	Z9999			