

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Hope Creek Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 4343 Kennedy Drive East Moline, IL 61244	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32061</p> <p>Based on interview and record review the facility failed to provide timely incontinence care for one of one resident(R1), reviewed for incontinence care, in a sample of 3.</p> <p>The facility policy, Guidelines for Incontinence Care, dated 9/21/23 documents, It is the policy of the facility to ensure that residents receive as much assistance as needed for cleansing the perineum and buttocks after an incontinent episode or with daily care. Frequency depends on bladder diary results and/or routine minimal every two-hour checks as well as care planning.</p> <p>R1's facility Face Sheet documents that R1 was admitted to the facility on [DATE] with the following diagnoses: Polyneuropathy, Arthritis, Morbid Obesity, Major Depressive Disorder, Lymphedema and Dementia.</p> <p>R1's most recent Minimum Data Set Assessment, dated 10/11/24 documents that R1 is, always incontinent of bowel and bladder.</p> <p>R1s Care Plan in effect on 1/16/2025 documents, (R1) has a functional bowel and bladder incontinence r/t (related to) Impaired Mobility, Physical limitations, Obesity. Interventions include: Check (R1) every 2/hrs (hours) and as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN (as needed) after incontinence episodes.</p> <p>On 1/27/2025 at 8:15 A.M., V4/R1's daughter stated she came to the facility on [DATE] at 11:45 A.M. for a care plan meeting for (R1). V4 further states she went to (R1's) room at approximately 12:15 P.M. and found (R1) lying in a urine saturated bed. V4 states urine was up to (R1's) shoulders, and down to (R1's) knees. V4 states (R1's) gown and all of (R1's) blankets were also urine saturated. (V4) states she put call light on to alert staff, after an unknown amount of time, walked to nurse's station where two nursing employees were seated and voiced concerns with (R1's) need for immediate assistance. The two employees came to room and then V3/Certified Nursing Assistant also came into room and was trying to apologize. V3/CNA states she had come into (R1's) room at 8:00 A.M. to change (R1) before breakfast, but R1 refused the assistance. V3/CNA then stated she had not had time to return to room to provide care for R1, until now.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Hope Creek Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 4343 Kennedy Drive East Moline, IL 61244	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/27/25 at 9:08 A.M., V7/Certified Nursing Assistant stated she frequently works 4100 hall and was present the day of the incident with R1. V7 further states she was one of the staff members who responded to R1's room. States R1 was fully saturated with urine from her shoulders to her knees and all bed linens were also saturated. States she was one of two staff that assisted in giving R1 a shower on that day. Does not recall any pressure wounds present on R1's buttocks on that day.</p> <p>On 1/27/25 at 10:12 A.M., V3/Certified Nursing Assistant (CNA) stated, I have been a CNA for the past seventeen years. I have worked at (facility) since September (2023). I have almost always worked on 4200. When I came in that day (1/16/25), I begged V9/Staffing Coordinator not to schedule me on that floor (4100) because I wasn't oriented to the floor, and I knew that hallway was heavy. I worked there once in November, and I told her not to schedule me there again without some orientation. Well, when I came in that day and was scheduled on 4100, I knew it was going to be a rough day. It's a very heavy hall with two person lifts on it. I started in on the hall, getting people changed and dressed and up for breakfast. By the time I got to (R1), it was 9:30 (AM) or so. When I walked in (R1's) room I said to (R1) I was there to change her and get her set up for breakfast. (R1) told me 'No, I don't want breakfast.' I don't want to be changed. I don't feel well. I want to see the nurse. I wasn't going to argue with (R1) so I told her I would let the nurse (V8/Licensed Practical Nurse) know. I left the room; I was super busy and had more residents to get to. By the time I came back (from break at 12:15 P.M.), my coworker met me at the door and told me (R1's) family member was very upset because I hadn't changed (R1). I was called and talked to about this (incident) and they sent me home for the rest of the day. I haven't been back to 4100 since.</p> <p>On 1/27/25 at 10:53 A.M., V2/Director of Nurses stated she was called to R1's room on 1/16/24 due to R1's daughter being upset about her mom not receiving incontinence care. V2 states R1 was saturated with urine from her shoulders to her knees and that all bed clothing and linens were urine soaked.</p> <p>On 1/28/25 at 8:22 A.M., V12/Certified Nursing Assistant confirmed she worked 4100 the night of January fifteenth (2025). V12 stated, (R1) was my patient that night. That's always the hallway I work. I last (provided incontinence care for R1) between 2 and 3 A.M. (R1) is always a full bed change. (R1) pees a lot. V12 confirmed she did not provide any additional incontinent care for R1 that night.</p> <p>On 1/28/25 at 8:37 A.M., V2/Director of Nurses confirmed the facility policy is to provide incontinence care for incontinent residents every 2 hours and as needed. V2/DON also stated that V3/CNA should have alerted nursing staff when R1 refused incontinence care.</p>		