

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  08/22/2025
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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing.</p> <p>Based on interview and observation, the facility failed to ensure 1 of 4 residents (R1) in the sample of 7 reviewed for visitation rights were allowed to receive their chosen visitors. The findings include: On 8/22/25 at 11:37 AM, V4, Social Services Director, said V13 is R1's significant other/girlfriend. V4 said V13 is not allowed to visit R1 any longer. V4 said V13 calls the facility almost every day trying to come to the facility. V4 said R1's guardians, V9, would go back and forth about allowing V13 to visit R1. V4 said currently the decision to not allow V13 to visit has been made by the facility and the police. On 8/22/25 at 10:32 AM, V3, Receptionist, said V13 is not allowed to visit R1 at all. V3 said V4 came and told all the receptionists not to allow V13 to visit. V3 said she is supposed to ask V13 to leave and if she won't leave, they are supposed to get the police involved. V3 said V13 calls frequently and asks when she can visit again. V3 said she tells V13 to call V9. V3 said the electronic kiosk at the front desk even says, Access denied when V13 tries to check in to visit. On 8/22/25 at 12:35 PM, V1, Administrator, said V13 has not been in the facility since he has been the administrator (eight weeks). V1 said he just got caught up to speed on everything regarding V13 in relation to visiting R1 today since you (IDPH) came in and asked questions. V1 said he would never stop V13 from coming to visit R1. V1 said unless there is an order of protection, they cannot restrict a visitor. V1 said it's the resident's right to have visitors. R1's admission Record dated 8/22/25 shows V13 is his significant other. The facility was unable to provide any legal documents which prohibit V13 from visiting R1. The facility's Visitation Guidelines Policy (reviewed May 2025) shows the facility supports and encourages visitation for all residents in accordance with CMS federal regulations. Residents have the right to receive visitors. Any concerns, incidents, or restriction of visitation must be documented and reported to the Administrator. R1's current care plan provided by the facility does not address any restricted/limited visitation needs.</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  08/22/2025
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>Based on observation, interview and record review the facility to ensure a resident's therapeutic diet was provided. This applies to 1 of 3 residents (R3) reviewed for diets in the sample of 7. The findings include: On 8/22/25 at 12:40 PM, R3 was in the dining room eating his noon meal. R3 was served one corndog, pasta salad, watermelon and cottage cheese. R3's neon colored diet card shows he is on regular diet, low concentrated sweets, no pork and double protein. R3 said he was served one corndog and should receive double protein. On 8/22/25 at 12:54 PM, V6 (Dietary Manager) said R3 is on regular diet, low concentrated sweets and no pork. V6 said the corn dogs are made with turkey and chicken. R3 should receive double protein with each meal and should have received two corn dogs. The cooks in the kitchen are new and she will in-service the staff to ensure residents receive their correct diet. R3's Physician Order Sheets dated through August 2025 shows his diet order is cardiac low concentrated sweets, provide 1/2 portion carbs and double proteins with meals and no pork. The facility's Therapeutic Diets undated Policy states, therapeutic diets are prepared and served as ordered by the attending physician. residents' trays will be clearly identified by a color-coded tray card, The tray card information is to include residents name, diet order and room number.</p>		