STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145269	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hope Creek Nursing & Rehab	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview and record review the facility failed to provide a clean, comfortable, homelike environment for 1 of 5 residents (R1) reviewed for physical environment in the sample of 13.The findings include:R1's current care plan showed R1 had a colostomy in place to his abdomen. R1's colostomy allowed R1's stool to drain into a bag through a stoma (surgical opening) from R1's abdomen. On 6/15/26 at 9:23 AM, a moderate amount of a dried brown substance was noted on the handles of R1's walker. When R1 was asked what the substance was on his walker, R1 stated, That's poop. I tried to change the bag on my colostomy the other day. On R1's windowsill, directly next to his bed, dried stool was noted on a washcloth, a pair of scissors, and a box of colostomy bags. Multiple dried brown stains were noted on the privacy curtain next to R1's bed. When R1 was asked when his room was last cleaned, R1 stated, A guy (housekeeper) was just here this morning. He mopped and emptied my garbage. My stuff really needs to be washed down. That curtain has been dirty for a while. On 6/15/26 at 12:04 PM, V19 (Family of R1) stated, (R1's) room is filthy. I have come in and he has poop on his tables. That (privacy) curtain has been dirty for a long time. On 6/15/26 at 11:35 AM, V17 Housekeeping Director stated all resident rooms are to be cleaned daily which included wiping down resident tables, beds, chairs, and equipment. V17 stated privacy curtains should be assessed by housekeeping staff and replaced if soiled. The facility's Resident Room Cleaning and Sanitation policy (undated) showed, Resident rooms shall be cleaned and sanitized routinely and as needed to promote resident safety, comfort, dignity, and infection prevention. The policy showed resident nightstands, tables, and chair arms/handrails will be cleaned daily. The policy showed, Equipment visibly soiled with blood or bodily fluids shall be cleaned and disinfected immediately.

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

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents that were dependent on staff with toileting were provided Activities of Daily Living (ADL) for 2 of 8 residents (R7 and R6) reviewed for ADL care in the sample of 13. The findings include:1.R7's electronic face sheet shows R7 has diagnosis that includes dementia with psychotic disturbances and anxiety.R7's facility assessment dated [DATE] shows R7 was always incontinent with bladder functions.On 6/15/26 at 9:52 AM, V4 (Certified Nursing Assistant-CNA) toileted R7 after breakfast. R7 was noted to be wearing 2 incontinent pads (double diapered) R7's incontinent pad was saturated with urine. V4 said she did not get up R7, (V5 CNA did). V4 stated R7 should not wear two diapers, R7 just needed to be toileted more often at least every two hours and as needed.R7's care plan dated 3/25/22 documents I have functional bladder incontinence r/t (related to) Dementia, Impaired Mobility, Physical limitations with intervention to include, Check the resident q (every) 2 hours and as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN after incontinence episodes.2. R6's electronic face sheet shows R6 has diagnoses that include dementia and hypertension.R6's facility assessment dated [DATE] show R6 is always incontinent of urine. On 6/15/26 at 10:15 AM, V5 (CNA) toileted R6 after breakfast. R6 was noted to have 2 incontinent pads (double diaper) R6 was totally soaked with urine. V5 said R6 leaks when wearing only one incontinent pad. V5 said the Dementia Unit also gets to be too busy.R6's care plan dated 6/16/25 shows R6 has functional bladder incontinence related to Dementia toilet with appropriate staff assistance every 2 hours as needed.On 6/15/26 at 1:30 PM, V3 (License Practical Nurse-LPN) said applying two incontinent pad (double diaper) was not allowed at all the facility. The staff have been educated not to do these. {Double diaper} traps moisture, it causes infection and skin breakdown. If a resident has frequent urinary incontinence, the resident should be checked and changed more often rather than placing two incontinent pads. (Double diapers.)The facility Policy entitled Guidelines for Incontinence Care (undated) show, it is the policy of the facility to ensure that residents receive as much assistance as needed for cleaning the perineum and barracks after an incontinent episode or with routine daily care.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. Based on observation, interview and record review the facility failed to maintain the resident call light system in working order for 4 of 5 residents (R1, R2, R8, R13) reviewed for call lights in the sample of 13.The findings include:1.On 6/15/26 at 9:25 AM, R1 and R2 were seated in bed in their room. R1's call light hung on the wall behind R1's bed. R1 stated, My call light hasn't worked in weeks. R1's call button was pressed. R1's call light was not functioning as it did not light up or beep. R2's call light hung on the wall behind R2's bed. R2 stated, My call light doesn't work either. Mine hasn't worked in a long time. R2's call button was pressed. R2's call light did not work as it did not light up or beep. At 9:36 AM, the call light in R1 and R2's shared bathroom was tested and found to be not working.On 6/15/26 at 10:37 AM, V13 Licensed Practical Nurse (LPN) stated that when a resident's call light is pressed, staff are alerted by the computer at the nurse's station on the unit. V13 stated the computer screen will show the room number of the resident needing assistance. V13 stated the computer screen will also beep until the resident's call light is answered. At 10:39 AM, R1's call light button was pressed. The computer monitor at the nurse's station was observed by the surveyor and V13 LPN. The monitor display did not show R1's call light was activated. The monitor did not beep. V13 stated, (R1's) light probably doesn't work. We need a new call light system. This happens a lot. If his call light was working, it would show up on the computer screen.On 6/15/26 at 11:43 AM, V18 Maintenance Director stated all facility staff are responsible for ensuring the call light system is in working order.2. On 6/15/26 at 10:15 AM, R13 stated that her call light was not working, she knew because she activated her call light last night and none of the staff responded. This morning R13 said she informed the nurse (V13 LPN) that her call light was not functioning. At 10:30 AM, V13 (LPN) confirmed that R13 reported that her call light was not working however she had not had a chance to check or to report the issue to Maintenance. V13 showed this Surveyor a monitor located in the Nurses station to show when residents call lights were on, their room number lights up in the monitor. This surveyor asked R13 to activate her call light. R8's (R13's roommate) call light was also pressed. The call light monitor in the Nurse station did not light up. The monitor did not show that R13 or R8's call lights had been activated. V13 said call light should be in good order so that staff can be notified of and respond to residents' needs.The facility's Call Lights: Accessibility and Timely Response policy (undated) showed, The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response.