

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2026
NAME OF PROVIDER OR SUPPLIER St Anthony's Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 767 30th Street Rock Island, IL 61201	
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to maintain resident room temperatures at a comfortable, safe level for three of seven residents (R1, R5 and R7) reviewed for comfortable room temperatures, in a sample of seven. The facility policy, Emergency Procedures for Heat Loss, dated September 2017 directs staff, The inability to heat the facility can be a critical issue in many parts of the country. The loss of the heating system should be assessed quickly to determine if the situation can be remediated while temperatures remain steady in the facility. If not, partial or full building evacuation may be necessary. On 01/26/2026 at 8:20 A.M., R1 was seated in a wheelchair in his room, on the facility second floor, wearing multiple layers of clothing and a knitted hat. The room temperature in R1's room measured 62.4 degrees via an infrared thermometer laser temperature gun. At that time R1 stated he was cold and stated it had been cold in his room for the past week. On 01/26/2026 at 8:26 A.M., R5 was seated in an easy chair in his room with multiple layers of clothing on, and a coat and a hat. At that time R5 stated he was cold. The room temperature in R5's room measured 61.1 degrees via an infrared thermometer laser temperature gun. On 01/26/2026 at 8:32 A.M., R7 was seated on his bed with multiple layers of clothing on. At that time R7 stated it's cool in here. The room temperature in R7's room measured 59.9 degrees via an infrared thermometer laser temperature gun. The facility Resident Room Temperature Logs dated 01/18/2026 to 01/25/2026 document random occupied resident room temperatures ranged from 54 to 68 degrees for that period. On 01/25/2026 at 3:10 P.M., V1/Administrator states the facility is heated by two steam boilers, with only one functioning currently. States the working boiler does have the capacity to heat the entire building itself. States the facility has been having trouble with the air temperatures inside the building for the past week, due to the sub-zero wind chills. States facility staff have been actively taping plastic and blankets to resident room windows, offering residents extra blankets and warm fluids and monitoring the resident room temperatures. States V3/Maintenance Director has been checking resident areas on all three floors routinely and recording the results. States the facility has active agreements with five other health care facilities, including the local hospital, to utilize in the case an evacuation of residents is warranted. On 01/26/2026 at 9:31 A.M., V3/Maintenance Director stated it's been cold in the building for about the past week. He (V3) has placed thick plastic and blankets on most windows, primarily on the second floor. It's an old building with one operating boiler that is working at full speed. A second boiler is currently shut off as it needs major part repair. The one functioning boiler has the capacity to heat the entire building, as it should. The building is 100 plus years old, with high ceilings, large old windows and has multiple elevators where cold air gets in without restriction. This past Thursday and Friday he took room temperatures in all resident rooms in the facility twice daily. The resident room temperatures have ranged from 54 to 68 degrees.</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
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