STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145950	A. Building B. Wing	08/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Generations at Rock Island	2545 24th 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to treat a resident (R1) with dignity. This applies to 1 of 3 residents reviewed for dignity in the sample of 3. The findings include:R1's electronic face sheet printed on 8/2/25 showed R1 has diagnoses including but not limited to acute & chronic respiratory failure with hypoxia, hemiplegia and hemiparesis affecting left non-dominant side, cerebral infarction, dysphagia, and Raynaud's syndrome.R1's facility assessment dated [DATE] showed R1 has no cognitive impairment, is dependent on staff for toileting, and is frequently incontinent of bowel and bladder.On 8/2/25 at 12:27PM, R1 was asked if he has ever had any issues with any staff members and he stated, Oh yes. When I first came back from the hospital I was transferring from the stretcher to the bed and it hit me really fast that I had to have a bowel movement so I asked the aide if she could take me and she said We aren't going to walk you in there today. You just got back from the hospital. You can just go in your depends and we can clean it up. I was shocked because nobody has ever told me that. I was furious because I pay to be taken care of, not to be told to go to the bathroom in my pants. I had to wait until the next shift came on to get changed and the aide that helped me said it was a huge mess, and I never should have been treated like that. The aide that told me to go in my pants was (V4-Certified Nursing Assistant). She's not the normal aide that takes care of me. My regular aide is wonderful. This aide I am not very familiar with, and she hasn't taken care of me since that night. I know it was night shift because I got back to the facility after 11pm .On 8/2/25 at 1:20PM, V4 stated, The last time I worked with (R1) I was helping with cares. He was just coming in from the hospital and had just gotten off the stretcher. I helped him take his clothes off. He was wet and soaked through all of his clothes, so I started changing him. The other aide came in and we got him changed. In between the clothes being changed he said he needed to go to the bathroom, but he was already wet, so I told him he was already wet, so we didn't need to go into the bathroom. When the other aide (V5) came in, I told her he needed to go to the bathroom and then I was just in there for a bit and then I left the room. I don't even know what I did wrong. I didn't think he needed to go into the bathroom because he was already wet. Surveyor attempted to contact (V5-CNA-Certified Nursing Assistant with no return call).On 8/2/25 at 3:16PM, V3 (Director of Nursing) stated, If a resident requests to go to the bathroom, the aides should be honoring that request no matter what the circumstances are. (R1) is a resident who is able to walk and use the restroom so there would be no reason to deny him that right. I'm not sure what happened in this situation but it's definitely a dignity concern. The only reason an aide wouldn't take a resident into the bathroom is if it wasn't safe for the resident to go into the bathroom and then they should be attempting to explain that to the resident. That's not what happened in this situation from what I can tell. She (V4) just didn't want to take (R1) to the bathroom. The Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long Term Care Facilities dated 11/18 showed, Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life .your facility must provide services to keep your physical and mental health, at their highest practical levels .

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their policy and keep a resident (R1) informed of the status of a grievance. This applies to 1 of 3 residents reviewed for grievances in the sample of 3.The findings include:R1's electronic face sheet printed on 8/2/25 showed R1 has diagnoses including but limited to acute & chronic respiratory failure with hypoxia, hemiplegia and hemiparesis affecting left non-dominant side, cerebral infarction, dysphagia, and Raynaud's syndrome.R1's facility assessment dated [DATE] showed R1 has no cognitive impairment.On 8/2/25 at 2:02PM, R1 stated, I am very frustrated by a complaint I had with (V4-Certified Nursing Assistant (CNA). The staff are aware of it and they reported it for me. I hope it never happens again. (V4-CNA) hasn't taken care of me since that day but I didn't hear anything more about it. Nobody from Administration ever came and interviewed me or anything so I don't even know if they have the full story.On 8/2/25 at 3:16PM, V3 (Director of Nursing) stated, On July 26th, it was reported to me that (V4) refused to provide cares to (R1). V1 (Administrator) was contacted, and she said it was a customer service issue, so we did an in-service on customer service for the staff and (V4) was suspended for 2 days but now she is back to work. I was just told that it would be investigated .I wasn't involved in any of it. I don't know who spoke with (R1), if anyone. I was just told since it wasn't an abuse investigation all we had to do was an in-service for all staff.On 8/2/25 at 3:58PM, V2 (Operations Specialist) stated, I feel so bad that this didn't really get handled correctly. I know we haven't spoken with (R1) about any of this and I feel like we kind of dropped the ball on this one. We should have followed up with him right away so that he knew we were addressing his concerns and let him know of the outcome.The facility's undated policy titled, Grievance Policy and Procedure showed, (Facility) is committed to protecting the rights of all residents and maintaining a culture of dignity, transparency, and responsiveness. Residents have the right to voice grievances without fear of coercion, discrimination, retaliation, or reprisal .Residents and/or their representatives have the right to .2. Receive prompt acknowledgment and a timely written response to grievances .

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement dietician recommendations for a resident (R1) receiving tube feedings. This applies to 1 of 1 residents reviewed for tube feedings in the sample of 3.The findings include:R1's electronic face sheet printed on 8/2/25 showed R1 has diagnoses including but not limited to acute & chronic respiratory failure with hypoxia, hemiplegia and hemiparesis affecting left non-dominant side, cerebral infarction, dysphagia, and Raynaud's syndrome.R1's facility assessment dated [DATE] showed R1 has no cognitive impairment and receives tube feedings.R1's care plan dated 3/17/25 showed, The resident requires tube feeding related to oropharyngeal dysphagia. Receiving tube feeding and water flushes for all nutrition & hydration needs According to RD (Registered Dietician): BMI (Body Mass Index)- 22.3 low for age. Has significant weight loss of 8.2% in 4 days (4/28-5/2); however, weights are relatively stable x 1m. Regimen meets/exceeds calorie & protein needs RD to evaluate quarterly and PRN (as needed). Monitor caloric intake, estimate needs. Make recommendations for changes to tube feeding as needed.The resident is dependent with tube feeding and water flushes. See physician's orders for current feeding orders .R1's admission notes dated 7/26/25 showed, New order received from physician to use Osmolite 1.5 for continuous feed of 60ml/hr, 150 water flush every 4 hours until can clarify feeding with dietician on Monday and can get Osmolite 1.2 if needed .R1's RD progress note dated 7/30/25 showed, Recommendations: Osmolite 1.5cal 60ml/hr x 20 hours. Add liquid protein 30mL BID (twice daily). R1's physician's orders as of 8/2/25 showed, Osmolite 1.5 Cal Oral Liquid (Nutritional Supplements) Give 60 ml via G-Tube every shift forNutrition. Administer 60 mL every hour. As of 8/2/25, R1's dietician recommendations to feed R1 for 20 hours a day were not initiated nor were the recommendations for R1 to receive Liquid Protein 30mL BID.On 8/2/25 at 12:27PM, R1 stated, I receive my feedings 24 hours a day and that hasn't changed at all since I have been back from the hospital. I would know because I rely on my feedings as my only source of nutrition.On 8/2/25 at 3:09PM, V9 (Licensed Practical Nurse) stated, (R1's) current feeding orders are Osmolite 1.5 cal continuous feedings at 60ml/hr. Dietary recommendations are usually handled by 1st and 2nd shift and we would call and get the orders on the same day the recommendations are given I assume. I am a 3rd shift nurse but that's just basic nursing that if you get a recommendation, you call and get an order. The physicians rely on the dieticians to assess every resident's nutritional status, and they usually don't argue their orders and if they do we let the dietician speak with the physician.On 8/2/25 at 3:16PM, V3 (Director of Nursing) stated, I did ask for the dietician to see (R1) and she would give recommendations to the dietary manager and then she will also send me a copy. Dietary Manager will then call the dietician to clarify the recommendations. The nurse on the floor will call and get orders for the recommendations. I would expect that the recommendations were implemented within 24 hours but I'm not sure if it happens that way in this facility. I have only been here a month, but I would think if there were recommendations, we should have them entered as an order by now. It's already been 3 days so that is too long.The facility was unable to provide a policy related to dietician recommendations as of 8/2/25 at 4:00PM.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to obtain physicians orders for a resident (R1) with a G-tube (Gastrostomy tube). This applies to 1 of 1 residents reviewed for G-tubes in the sample of 3. The findings include:R1's electronic face sheet printed on 8/2/25 showed R1 has diagnoses including but not limited to acute & chronic respiratory failure with hypoxia, hemiplegia and hemiparesis affecting left non-dominant side, cerebral infarction, dysphagia, and Raynaud's syndrome.R1's facility assessment dated [DATE] showed R1 has no cognitive impairment and requires tube feedings.R1's care plan dated 3/17/25 showed, The resident requires tube feeding related to oropharyngeal dysphagia. Receiving tube feeding and water flushes for all nutrition & hydration needs .provide local care to G-Tube (Gastrostomy Tube) site as ordered and monitor for signs and symptoms of infection.R1's physician's orders for 7/25/25-8/2/25 showed no orders for G-tube site care.On 8/2/25 at 3:09PM, V9 (Licensed Practical Nurse) stated, (R1) used to have orders for g-tube site care but I don't see any in the system. It is important to clean that site to prevent infection so I'm not sure why he doesn't have any orders for it. Normally we would clean it at least daily and as needed if the dressing comes off or is soiled.On 8/2/25 at 3:16PM, V3 (Director of Nursing) stated, Any resident that has a G-tube should have orders for the head of the bed to be elevated, G-tube flushing, and G-tube site care. These are standard orders at any facility or hospital that you work in, and the nurses should have realized these were missing. We need to make sure we are cleaning the site to prevent infection.The facility's policy titled, Physician Orders Guidelines dated 5/2025 showed, At the time of admission, the facility must have physician orders for the resident's care. The facility will have orders to provide essential care to the residents, consistent with the residents mental and physical status upon admission .