

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145950	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2025
NAME OF PROVIDER OR SUPPLIER  Generations at Rock Island		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to adequately supervise a known wandering resident (R1), failed to have systems in place to monitor the front door alarms after hours and failed to have interventions in place for a known faulty (electronic wandering device) door alarm system for one (R1) of twenty-two residents reviewed for elopement/wandering. These failures resulted in R1, a moderately cognitively impaired resident with the diagnosis of Vascular Dementia, eloping from the facility to a grassy area out front of the building, by a curb, close to a busy road attempting to get on a city bus. This failure has the potential to affect all seven (R4-R10) Elopement Risk residents who reside off the secured floor in the facility. These failures resulted in an Immediate Jeopardy. While the Immediate Jeopardy was removed on 8/28/25, the facility remains out of compliance at a severity level two. Additional time is needed to monitor the effectiveness of the implementation of protocols and oversight visits. Findings include: The facility policy titled Door Alarm Policy, reviewed 8/22/25, documents but not limited to, It is the policy of Generations at Rock Island to ensure resident safety and security through the use of door alarms. All doors leading to the outside MUST meet these requirements: 1. The alarm must only be disengaged at the door itself, either by push button code or key. No alarm may be disengaged from the nurse's station or any other location without physical evidence gathered by a staff member of reason for trigger reported directly to the person silencing the alarm. 2. The alarm must ring continuously until physically disengaged through key or code. 3. Exit doors MUST NOT have the alarm codes posted. Door alarms require immediate attention and response by facility staff to ensure the safety of all residents. 3. Immediate response requires any employee to physically go to the door that has an alarm sounding to establish why the alarm was triggered. 5. Testing (including actual activation) and documentation of testing will be completed weekly. Any malfunctions are to be reported to the Administrator and repaired as quickly as possible. R1's admission record documents R1's date of admission to the facility was 8/9/24 and his diagnoses include but are not limited to: Type 2 Diabetes Mellitus with Diabetic Neuropathy, Chronic Obstructive Pulmonary Disease, Acute on Chronic Systolic (congestive) Heart Failure, Anxiety Disorder and Vascular Dementia Unspecified Severity with Agitation. R1's Minimum Data Set (MDS) Assessment, dated 6/2/25, documents R1 has a Brief Interview for Mental Status (BIMS) score of 10/15, indicating moderate cognitive impairment, documents R1 has non-Alzheimer's dementia and documents R1's ambulation for distances over 10 feet as supervision or touching assistance. R1's physician orders dated 4/6/25, documents R1 has an order for a (electronic wandering device) ankle bracelet to prevent elopement from facility and orders dated 4/7/25 to check/record (electronic wandering device) placement and function every shift. R1's current care plan documents R1 Has cognitive deficits related to vascular Dementia and non-traumatic intracerebral hemorrhage and at risk for wandering r/t (related to) dx (diagnosis) of dementia. At times will wander around without purpose. Has entered other rooms and easily redirected. (electronic wandering device) in place. R1's current Care Plan contains no documentation of R1's elopement risk prior to 8/1/25. R1's elopement risk assessment dated [DATE], documents R1 is an elopement risk with a score of four (4). On 8/26/25 at 3:00pm, V1 (Administrator) stated, We do not have any documentation stating what the elopement risk assessment score means but anything greater than a one (1) means they are at risk so probably the higher the score the greater risk. R1's Risk Management Report, dated 7/31/25, documents, Exit behavior actively attempting to leave building staff successful in redirecting and (V14/Licensed Practical Nurse/LPN) statement: I (V14/LPN) received a phone call from dispatch around 8:33pm making us aware that a resident was trying to get on the bus. I was outside bringing him (R1) back in the facility when the police arrived. The resident was still on the facility property in the grass near the smoking patio/courtyard. He did not leave the property. He was easily redirected back inside. We moved him to the 4th floor for heightened supervision and increased security. On 8/22/25 at 1:30pm, V14 (Licensed Practical Nurse/LPN) stated on 7/31/25 around 8:30pm he (V14) was getting off the elevator onto the first floor when he noted the front lobby door alarm was going off and the reception phone ringing. V14 (LPN) answered the phone, and the local police dispatch was calling to inform the facility of a suspected resident attempting to get on the bus. V14 (LPN) went outside and found R1 in a grassy area, next to the curb in front of the facility attempting to get on a city bus. On 8/22/25 at 1:50pm V1 (Administrator) and V2 (Administrator in Training/AIT) stated that the front door alarm will alarm on the panel at the nurse's station on the second floor. On 8/22/25 at 1:55pm observation of alarm panel on second floor at the nurse's station shows no door</p>		

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Based on interview and record review the facility failed to employ a full time qualified Social Worker in a facility licensed for 177 beds. This has the potential to affect all 70 residents who reside in the facility. Findings include: The facility Director of Social Services job description, not dated, documents but not limited to, Qualifications: 1. Either a B.A. (Bachelor of Arts) in Psychology or Sociology; a B.A. or M.A. (Master of Arts) in Social Work; or a Licensed Clinical Social Worker's certificate. 2. Two years experience in the field of social work in a long term care environment is preferred. Facility Midnight Census Report, dated 8/22/25, documents occupied facility beds at 70 with empty beds at 107 and Detailed Census Report, dated 2/1/25 through 8/28/25, documents a daily census ranging from 66-81. On 8/28/25 at 9:35am, V2 (Administrator in Training/AIT) stated, We are licensed for 177 beds. V2 also verified that V15 (Social Service Director/SSD) is not Licensed and stated that she was a CNA (Certified Nursing Assistant). On 8/28/25 at 10:26am, V15 (Social Service Director/SSD) stated, I was a CNA (Certified Nursing Assistant) prior to this Social Service position. I took this around the end of May. I do not have a license or certificate in Social Services or any type of degree and no previous Social work experience. Neither V2 (Administrator in Training/AIT) or V15 (Social Service Director/SSD) were able to produce a license or certificate for V15 (SSD) in Social Work.</p>