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 03/23/2026

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to perform Cardiopulmonary Resuscitation (CPR) in a manner to provide adequate oxygenation to a resident (R2). This applies to 1 of 3 residents reviewed for change in condition in the sample of 18.The findings include:R2's electronic face sheet printed on [DATE] showed R2 had diagnoses including but not limited to hemiplegia and hemiparesis, cerebral infarction, type 2 diabetes, vascular dementia with behaviors, anxiety disorder, and dysphagia.R2's POLST (Physician's Orders for Life Sustaining Treatment) dated [DATE] showed, Full Code.R2's care plan dated [DATE] showed, Resident and/or responsible party has chosen to have resident a FULL CODE; CPR will be initiated if resident's heart and respirations stop.R2's nursing progress notes dated [DATE] showed, This nurse was notified by CNA (Certified Nursing Assistant) that resident was not breathing around 4:25AM. This nurse confirmed she was a full code and proceeded to residents' room, this nurse checked for pulse, no pulse present and began to perform CPR. CNA took over compressions so this nurse could get crash cart and call 911. When returned to room this nurse took over compressions and CNA started to bag resident. Medics arrived at 4:35AM and took over chest compressions. They placed monitor on resident and no shock was advised. They confirmed residents time of death at 4:40AM .R2's ambulance run report dated [DATE] showed, Upon arrival to the scene, the patient was found lying in her facility bed and facility staff had initiated CPR and were performing chest compressions. One staff member was performing chestcompressions and a second member was attempting ventilation with a BVM (Bag Valve Mask) that did not have a mask connected and was not connected to O2 (oxygen). Staff had placed a backboard behind the patient for compressions. Once the crew arrived to the room, the staff members stopped compressions to allow for EMS (Emergency Medical Services) to swap with them. During this swap, the crew noted that the patient was cold to touch and that rigor mortis had set in her jaw. Patient was connected to the cardiac monitor via 4-lead which showed a rhythm of asystole. A staff member reported that she had last seen the patient at 0200 this morning when her shift began and when she saw the patient again was when she was doing her rounds on the floor which was when she noticed that the patient was unresponsive and pulseless. Patient information was obtained by staff members. Staff reported that the patient has been sick with Covid for the past few days,but that she has been alert and talking with them .On [DATE] at 3:55PM, V14 (Paramedic) stated, We were dispatched for a patient in cardiac arrest. When we got there, 2 staff members were there were performing CPR, one was doing compressions, and the other one was doing BVM with no mask on the patient's face. She just had the T-piece (plastic connection) in her mouth, The BVM wasn't even connected to oxygen. The only way to get proper oxygenation to a patient with a bag valve mask is to apply the mask, otherwise you aren't getting the air directly to their lungs. We took over the care and we were about to put her on the cardiac monitor and noticed she was rigored (stiff). There was no way she was going to be resuscitated but I felt like they should have known that. We asked the last time they had seen her and they said it had not been more than a few hours since the last bed check. I can't tell you 100% that she was a full code because I just glanced at the paperwork since she had already passed away. I just (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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	want to be sure that this is addressed because had this been someone who could have been resuscitated this would have not been the way to do it.On [DATE] at 2:06PM, V10 (CNA) stated, (R2) was sick with COVID. She wasn't really her normal self, she was more quiet. She was coughing a little that night. I want to say it was around 3:45-4:00am when I got to her room and I called her name and when I got over to her and was calling her name there was no response and I ran and got (V9-Licensed Practical Nurse/LPN). (V9) grabbed her phone to see if (R2) was a full code or DNR (Do Not Resuscitate) and found out she was a full code and called 911 and then ran to the room and we started CPR on her. We were taking turns doing compressions and she ran to get the crash cart and I kept doing CPR. She put a mask over her face and pumped the bag. EMS came and took over shortly after that. She never slept with blankets only a sheet and always had the fan on. She never wanted to be hot so I can't really say if she was cold or not. The nurse did the mask I didn't. I don't know how to deal with anything that's on the crash cart, that's what the nurse's do. I am CPR certified but I did not do the bagging, I did compressions. The last time I was in (R2's) room would have been around 2AM when I was doing my rounds. She was fine she was still breathing. She wasn't really talking and was quiet but she spoke to me.On [DATE] at 2:48PM, V2 (Director of Nursing) stated, Crash carts are located on every floor with residents. The unlocked items are checked on a daily basis to ensure everything is there. Locked drawers have different oxygen masks, AED (Automated External Defibrillator). AED is on 2nd floor and 4th floor. If a resident is found unresponsive, in an ideal world we would know the code status off the bat. If no pulse, then start CPR immediately and call for help. I would expect them to yell out of the room code blue and what room number. Activate emergency response system so that you have 911 en route. You have to have the bag attached to the mask in order to get adequate ventilation to a resident requiring CPR. If you don't have the mask on, there's no point in bagging them.On [DATE] at 3:10PM, V9 (LPN) stated, (V10) told me (R2) wasn't breathing and I knew she had COVID. I was pretty sure she was a full code, so I checked her code status, and we went to her room and started chest compressions. I left to go get the crash cart while (V10) did compressions. I don't think we messed with the bed, so it wasn't flat at the time I don't think. It was comfortable enough for us to do CPR on her. I went to (R2's) room with the crash cart, we put the board under her and then I resumed compressions. You have to attach the mask to the bag which was confusing because I didn't expect that. She (aide) was just standing there. We weren't really expecting it. We knew she was sick, but it was a shock to walk into her not breathing. I checked her carotid pulse, and she was cold and there was no pulse. She didn't just die 5 minutes before that. She was definitely cold. (Surveyor then read V9 her progress notes from the night in question and she then stated, Oh yeah, the aide was doing the bagging, not just standing there. I put the mask over her mouth, and the aide was bagging her really fast, so I had to slow her down.) I've worked in the ICU (Intensive Care Unit) and performed CPR immediately but never performed it on someone who was already cold and dead. When EMS arrived, they took over compressions and put AED pads on her and shock wasn't advised. They did a little bit of CPR but then told us she had passed.The facility's policy titled, CPR Revised 8/18 showed, The facility will provide basic life support, including CPR, when a resident requires such emergency care, prior to the arrival of emergency medical services, subject to physician's order and resident choice indicated in the resident's advanced directives .CPR supplies .backboard, face mask or resuscitator bag .10. If no pulse, begin CPR .ventilate 2 breaths after 30 compressions, each breath to be delivered over 1 second, causing chest to rise. Use face mask or respirator bag .