STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510249	A. BUILDING: _____ B. WING _____	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING OF GODFRY	1373 D'ADRIAN PROFESSIONAL PARK GODFREY, IL 62035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comment Annual Licensure Survey Violations cited: 295.2060 Quality Improvement a) b) 1) 2)	A 000		
A2060	Section 295.2060 Quality Improvement Program This Regulation is not met as evidenced by: TYPE 3 Section 295.2060 Quality Improvement Program a) The establishment shall establish an effective quality improvement program that encompasses oversight and monitoring, resident satisfaction, and ongoing quality improvement and implementation of any plan that addresses improved quality services. The quality improvement process implemented by the establishment must benchmark performance, be customer centered, be data driven, and focus on resident satisfaction. (Section 30(a) of the Act) For the purpose of this Section, "benchmark" means creating points of reference from which measurements can be made. b) A system shall be in place to facilitate the detection of issues and problems, to expedite the implementation of action, and to resolve problems. 1) Data analysis shall be used to identify and implement changes that will improve performance or reduce the risk of additional events. 2) The establishment shall maintain documentation that shows that data analysis has occurred and that actions, as appropriate, have	A2060		

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A2060	Continued From page 1 been implemented to address identified issues and to resolve problems, as well as any follow-up actions taken by the establishment. These requirements were not met as evidenced by: Based on interview and record review, the Establishment failed to review their performance by the residents and their families to help improve the care the Establishment provided. During record review, the Establishment failed to provide evidence that the Establishment had questioned the residents and their families to evaluate the Establishment care on various topics. During interview with E1, Director, and E6, Business Office Manager, both were not sure of what the surveyor was referring to, but then said no to any Quality Improvement Surveys. During a phone interview with E7, Regional Director of Operations-who was informed this interview was on speaker with IDPH and E1, E7 requested to know what this was about. E7 was told this was part of of the Annual survey, E7 then requested a screen shot to her phone about this Regulation. The surveyor told E7 the regulation that was being discussed. E7 repeated that she wanted a screen shot of the regulation and that she was busy. Due to E7's comments, the surveyor did not further interview E7.	A2060		