STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510174	A. BUILDING: _____ B. WING _____	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN HOME OF QUINCY	2130 HARRISON ST QUINCY, IL 62301

(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 Survey conducted on 5/13/25 and exited on 5/15/25. Violations cited. 295.700 Violation 295.2000 Violation 295.5000 Violation 295.6000 Violation 295.6010 Violation 295.9049 Violation	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Technical Infraction Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) c) A person shall not be accepted for residency if: 1) The person poses a serious threat to himself or herself or to others; These requirements were not met as evidenced by: Based on interview, record review, and observation the establishment accepted a	A2000		

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A2000	Continued From page 1 resident that poses a serious threat to themselves. Findings include: Record review: R2 was admitted to the facility on 3/22/24. The establishment has deemed R2 an elopement risk and has placed a wonderguard bracelet on R2. The establishment was informed by the department in 2024 that R2 was not appropriate for an assisted living setting. At that time the establishment had set the doors to lock when R2 was near any exit. R2 is independent with all cares according the their service plan. Interview: During the annual review, E1 stated that R2 has remained at the facility and is allowed outside with supervision. E1 stated that R2 does not know the code to shut the alarm off at the exits when R2 nears them and that the doors do not lock anymore. Only the alarm sounds. R2 stated that the establishment will not let her know the code. R2 stated that they do not want to wear the bracelet. R2 stated that no one else has a bracelet and does not have to be followed outside. R2 stated that they have to wait for staff to open the door for her because the alarm will sound. Observation: On 5/13/25 R1 walked to a door and the alarm had to be disarmed by staff. R2 waited for staff to used the code to open the door.	A2000		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med	A5000		

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A5000	Continued From page 2 This Regulation is not met as evidenced by: Technical Infraction Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage e) Medication stored by a resident in the resident's unit shall be stored and controlled as stated in the resident's service plan and shall be inaccessible to other residents. g) If an establishment provides medication administration or supervision of self-administered medication, a drug reference guide, no older than 2 years from the copyright date, shall be available and accessible for use by employees. These requirements were not met as evidenced by: Based on interview and observation the establishment failed to have medication stored by residents inaccessible to other residents. The facility failed to have a drug reference guide no older than 2 year from the copyright date. Findings include: Interview: E1 provided a copy of a 2017 medication reference guide and stated that no other guides were available. Observation: Eye drops and over the counter medications were noted in room number 47 on an end table and on the bathroom counter.	A5000		
A700	Section 295.700 Issuance of a Renewal License	A700		

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A700	Continued From page 3 This Regulation is not met as evidenced by: Technical Infraction Section 295.700 Issuance of a Renewal License a) At least 120 days, but not more than 150 days, prior to license expiration, the licensee shall submit an application for renewal of the license, in such form and containing such information as the Department requires. The application shall be accompanied by the fee prescribed in Section 295.500. If the application is approved and the establishment is in substantial compliance with all other licensure requirements, the Department may renew the license for an additional period of 2 years at the request of the licensee. These requirements were not met as evidenced by: Based on interview and record review the establishment failed to submit an application for renewal at least 120 days, but not more than 150 days prior to license expiration. Findings include: Record review: Records show that the license expiration date is 5/15/25. The application was not sent to the department until 4/24/25. Interview: During the annual review, E1 stated that the business office sent in the application a few weeks ago.	A700		
A9040	Section 295.9040 Environmental Requirements	A9040		

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A9040	Continued From page 4 This Regulation is not met as evidenced by: Tachnical Infraction Section 295.9040 Environmental Requirements a) The establishment shall be kept in a clean, safe and orderly condition and in good repair. d) Establishment garbage and refuse shall be stored in covered containers lined with plastic bags and shall be removed from the premises at least once a week. n) A first aid kit shall be available. First aid supplies shall include at least disposable bandage strips, sterile bandages or gauze pads, topical antiseptic solution, tweezers, scissors, tape, and disposable gloves. These requirements were not met as evidenced by: Based on interview and observation the establishment failed to keep the establishment in good repair, lids on the garbage containers, and have tweezers in a first aid kit. Findings include: Interview: E1 provided 3 different containers that are used for first and confirmed that no other first aid kits were available. Observation: During this investigation it was noted that paint chips were hanging from the ceiling above the cooking area in the kitchen. Lids were not on the garbage containers in the common spaces, common bathrooms, and the laundry room. The first aid kits did not have tweezers in them.	A9040		