STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510265	A. BUILDING: _____ B. WING _____	04/30/2026

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PARK VISTA RETIREMENT LIVING	1451 20TH AVENUE EAST MOLINE, IL 61244

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A 000	Initial Comment Annual Licensure Survey: 295.3030a)b)c)d)e)1)2) 295.3040 295.4010a)d)h) 295.4050	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 2 Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. c) The initial health evaluation shall include the employee's immunization status. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee. e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames:	A3030		

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A3030	Continued From page 1 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to provide an employee's initial health evaluation and tuberculosis immunization status that was conducted prior to or upon date of hire. This failure creates a substantial probability of harm to a resident or residents. The findings include: On 04/29/2026, E1 (Executive Director) provided employee roster (04/22/2026) and employee files for staff requirements review with the following findings: E6 (Activity Director) with hire date of 01/16/2026 had no initial health evaluation or TB testing on file. On 04/29/2026 at 03:08 PM, E1 indicated she would provide copies of reviewed employee documents including E6's initial health evaluation and TB testing. (Not received upon survey exit)	A3030		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 2 Violation	A3040		

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A3040	Continued From page 2 Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Section 955.145 Employment Verification 955.145a) a) Each health care employer or its designee shall provide an employment verification and update the demographic information for each employee and each contracted or subcontracted worker no less than annually. (Section 33(i) of the Act) This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to provide healthcare worker background check documentation that showed the search was conducted prior to date of hire and failed to ensure healthcare worker employment verification was updated annually. This failure creates a substantial probability of harm to a resident or residents. The findings include: On 04/29/2026, E1 (Executive Director) provided employee roster (04/22/2026) and employee files for staff requirements review with the following findings: E2 (Director of Nursing) with hire date of 08/23/2016 had no annual healthcare worker employment verification on file. E3 (Food Service Director) with hire date of	A3040		

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A3040	Continued From page 3 09/30/2019 had no annual healthcare worker employment verification on file. E4 (Marketing Director) with hire date of 03/31/2025 had an undated healthcare worker background check document, no national sex offender or inmate search check documentation, and no annual healthcare worker employment verification on file. E5 (Licensed Practical Nurse) with hire date of 02/10/2026 had an undated healthcare worker background check document, no national sex offender or inmate search check documentation, and no annual healthcare worker employment verification on file. E6 (Activity Director) with hire date of 01/16/2026 had an undated healthcare worker background check document, no national sex offender or inmate search check documentation. (Requested copies of reviewed background check documentation from E1. Not received upon survey exit) E7 (Caregiver) with hire date of 03/26/2026 had an undated healthcare worker background check document, no national sex offender or inmate search check documentation, and no annual healthcare worker employment verification on file. E8 (Dietary Aide) with hire date of 02/03/2026 had an undated healthcare worker background check document, no national sex offender or inmate search check documentation, and no annual healthcare worker employment verification on file. E9 (Maintenance) wire hire date of 10/22/2024 had no annual healthcare worker employment verification on file.	A3040		

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A3040	Continued From page 4 E10 (Housekeeping) with hire date of 02/12/2024 had no annual healthcare worker employment verification on file. On 04/29/2026 at 02:07 PM, E1 said she has been employed by the community for twenty-one years and they have never done annual employee verification through the healthcare worker registry site, she did not know it was required. At 03:08 PM, E1 said background checks are done prior to hire for new employees but the documents are not printed out.	A3040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act)	A4010		

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A4010	Continued From page 5 h) The service plan shall include all support services provided or arranged for by the establishment. This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to ensure service plans were updated and individualized for four (R1, R3, R4, R6) of six residents reviewed for this requirement. This failure creates a substantial probability of harm to a resident or resident. The findings include: On 04/29/2026, E1 (Executive Director) provided list of resident care areas dated 04/29/2026 that indicated R1 has a current wound; R3 receives home health services for therapy, has a current wound and is on oxygen therapy; R4 is on hospice services; R6 is on hospice services and receives oxygen therapy. 1. R1's service plan with effective date of 07/11/2025, reviewed on 04/30/2026 at 01:15 PM (prior to survey exit) did not indicate a wound type or treatment provided. On 04/30/2026 at 05:48 PM and after survey exit, E1 provided a service plan for R1 with the same effective date which included added documentation dated 04/08/2026 that indicated wound type and treatment provided by community staff. 2. R3's service plan with effective date of 09/12/2025, reviewed on 04/30/2026 at 02:11 PM (prior to survey exit) did not indicate home health services, wound type or treatment provided and indicated that resident "does not receive oxygen".	A4010		

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A4010	Continued From page 6 R3's progress note dated 04/28/2026 at 01:21 PM (13:21) reads in part, "[Home Health] visiting nurse is here to see resident stated that they will be taking over wound care to resident's arm. They will be applying a dressing that is to be changed twice a week then tapered down to once weekly. Visiting nurse also stated that resident is also going to be starting therapy through them as well". 3. R4's service plan with effective date of 12/22/2025, reviewed on 04/30/2026 at 02:57 PM (prior to survey exit) did not indicate hospice services. R4's progress note dated 04/14/2026 at 03:45 PM (15:45) reads in part, "resident got admitted to hospice..." and hospice note dated 04/14/2026 documented services effective same date for degeneration of brain. On 04/30/2026 at 05:48 PM and after survey exit, E1 provided a service plan for R4 with the same effective date which included added documentation dated 04/14/2026 that indicated resident was admitted to hospice. 4. R6's service plan with effective date of 06/19/2025, reviewed on 04/30/2026 at 03:43 PM (prior to survey exit) did not indicate hospice services or oxygen use. Hospice noted dated 04/08/2026 indicated R6 was admitted to hospice for diagnosis of heart failure. On 04/30/2026 at 05:48 PM and after survey exit, E1 provided a service plan for R6 with the same	A4010		

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A4010	Continued From page 7 effective date which included added documentation that indicated resident was admitted to hospice dated 04/08/2026 and is on oxygen at two liters dated 02/25/2026. Note: On 04/30/2026 at 03:48 PM, E1 (Executive Director) and E2 (Director of Nursing) were present at the exit conference and said the following: at 03:49 PM, E1 said outside services should be on the service plan. At 03:54 PM, E2 said she will add services for R1's wound that is from a recent biopsy, R3's home health services for therapy & wound care, R4's hospice services and R6's hospice services and oxygen. At 03:58 PM, E2 added that R3's home health services are new, and R6's oxygen should have been on her service plan previously because she has been on it for a while. She also said R4 and R6 were recently started on hospice services. Assistance/Service plan policy (E-130) dated 09/20/2011 that was provided by E1 on 04/30/2026 reads in part: ...any personal care services needed will be indicated on the assistance/service plan ...	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 2 Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).	A4050		

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A4050	Continued From page 8 SUBPART B: TUBERCULOSIS PREVENTION AND CONTROL MEASURES Section 696.130 Responsibilities of Health Care Settings 696.130a)b)c) a) TB Risk Assessment. Every health care setting shall conduct initial and ongoing evaluation of the risk for transmission of M. tuberculosis, regardless of whether patients with suspected or confirmed active TB disease are expected to be encountered in the setting. The TB risk assessment shall address administrative, environmental and respiratory-protection controls needed for the health care setting and shall be reviewed at least annually. b) Written Plans. A written TB infection control plan shall be developed that includes: protocols for the screening and management of latent TB infection (LTBI) among health care workers and clients; protocols for the screening, diagnosis and management of active TB disease among health care workers and clients; data collection; evaluation of data; reporting of persons with suspected or confirmed active TB disease to the local TB control authority; and a health care worker education program. All components of the plan shall reflect compliance with this Part. The plan shall include the name of the person or persons responsible for the TB prevention and control program at each health care setting; procedures to protect health care workers and clients from contracting tuberculosis; and a referral mechanism to ensure that transmission of TB is prevented and treatment is completed for clients with TB who leave the health care settings. The written plan shall be updated at least annually. (See the Guidelines for Health-Care Settings.)	A4050		

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A4050	Continued From page 9 c) TB Prevention and Control Program. A program shall be executed in accordance with the written TB infection control plan. This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to have a written tuberculosis (TB) infection control plan in place and failed to conduct ongoing staff evaluations for the risk of transmission of TB. This failure creates a substantial probability of harm to a resident or resident. The findings include: On 04/29/2026, E1 (Executive Director) provided an employee roster (04/22/2026) and employee files for staff requirements review with the following findings: E2 (Director of Nursing) with hire date of 08/23/2016 had no annual TB signs and symptoms assessment on file. E3 (Food Service Director) with hire date of 09/30/2019 had no annual TB signs and symptoms assessment on file. E9 (Maintenance) wire hire date of 10/22/2024 had no annual TB signs and symptoms assessment on file. E10 (Housekeeping) with hire date of 02/12/2024 had no annual TB signs and symptoms assessment on file. On 04/29/2026, E1 provided Mantoux testing policy (H-180 & G-130) that did not include a TB plan per the regulation. At 03:06 PM, E1 said the	A4050		

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A4050	Continued From page 10 community does not have a current TB plan and does not conduct an annual TB risk assessment on its employees. On 04/30/2026 at 05:48 PM and after survey exit, E1 provided an undated "Tuberculosis (TB) Infection Control plan that indicated, " ...TB risk assessment conducted at least annually ...Staff-baseline TB screening upon hire, ongoing screening per risk assessment and regulatory guidance ..."	A4050		