STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058487	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CELEBRATE SR LIVING OF MOLINE	**7300 34TH AVENUE , MOLINE, Illinois, 61265**

(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) COMPLETION DATE
S0000	Initial Comments Annual Licensure Survey.	S0000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.610 a) 300.1640 a)2) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1640 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this Section.) 2) All mobile medication carts shall be under the visual control of the responsible nurse at all times when not stored safely and securely. These requirements were not met as evidenced by: Based on observation, interview, and record review, the	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 facility failed to properly store medications for one resident (R11) and failed to properly secure a medication cart. This failure has the potential to affect R1, R2 and R11 through R34. Findings Include: The Facility's "Standards and Guidelines: Medication Storage", dated 10/24/22, documents, "It will be the standard of this facility to store medications, drugs and biologicals in a safe, secure and orderly manner." "The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner." "Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes) containing medications, drugs, biologicals shall be locked when not in use and trays or carts used to transport such items shall not be left unlocked out of a nurse's view." 1.On 9/24/25 at 8:15 AM, an unlocked medication cart was in the 100 hallway, while residents and staff members were travelling up and down the hallway. On 9/24/25 at 8:18 AM, V6 (Licensed Practical Nurse) came out of a resident's room and began using the medication cart to prepare medications. On 9/24/25 at 8:20 AM, V6 (Licensed Practical Nurse) left the medication cart unlocked and entered a resident room. On 9/24/25 at 8:22 AM, V6 (Licensed Practical Nurse) confirmed she had left her medication cart unlocked and unsupervised in the hallway. "I should have locked it." On 9/24/25, V2 (Director of Nursing) provided a list of all residents whose medications were stored in the "100 hall" medication cart that was observed unlocked. The list contained R1, R2, R10 and R12 through R34. 2.R11's current admission record documents R11 admitted to the facility on 8/03/20, and R11's diagnoses include but not limited to Cardiomyopathy Unspecified, Congenital Malformation of Choroid, Essential Hypertension, and Type 2 Diabetes Mellitus with Other Specified Complications. R11's Physician Orders, dated 5/10/25, documents R11 has an order for Humalog KwikPen (Insulin) 100 Unit/ML (milliliters) Solution pen-injector, inject as per sliding scale subcutaneously with meals related to Type 2 Diabetes Mellitus with Other Specified Complication.	S9999		

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S9999	Continued from page 2 On 9/23/25 at 12:20 PM, V4 (Licensed Practical Nurse/LPN) was observed locking medication cart in front of the main dining room, with an insulin pen of Humalog noted to be sitting in a basket on top of the cart accessed with a capped needle. V4 left the accessed insulin pen in the basket on top of her cart and walked into the dining room with her back to the medication cart leaving the insulin pen unattended. Approximately 3 minutes later, V4/LPN returned to the medication cart and verified she (V4/LPN) left an accessed insulin pen on top of the medication cart unattended. V4/LPN stated, "Yes that's insulin but the needle is capped. I apologize it should have been in the cart." On 9/24/25 at 11:10 AM, V2 (Director of Nursing/DON), when asked if a primed and accessed insulin pen should be left unattended on top of a medication cart, stated, "No, she (V4/Licensed Practical Nurse) knows better than that." (B) 2 of 3 300.610 a) 300.696 c)7) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.696 Infection Control c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health, and	S9999		

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S9999	Continued from page 3 Human Services (see Section 300.340): 7) Guidelines for Infection Control in Health Care Personnel These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that Enhanced Barrier Precautions were maintained for R6 while staff performed catheter care, for 1 of 2 residents in a sample of 2. Findings include: Facility policy, entitled “Celebrate of Moline Enhanced Barrier Precautions (EBP) Policy”, dated 04/05/2024, documents, “2. PPE and Precautions for Staff, Gowns and gloves will be used by all healthcare personnel when performing high-contact resident care activities. These precautions must be used when providing care related to: Caring for devices such as urinary catheters or central lines.” On 9/23/25, at 10:00 AM, R6 was sitting on his bed in his room. Next to the door was signage that says, “Enhanced Barrier Precautions”. Personal Protective Equipment was set up outside the door. On 9/24/2025, at 12:05 PM, V13/Certified Nursing Assistant (CNA), provided catheter care to R6. V13 did not wear a gown. On 9/24/2025, at 1:20 PM, V13 confirmed she should have worn a gown while providing catheter care to R6. R6’s physician’s orders, dated 9/10/2025, documents “enhanced barrier precautions dx: indwelling catheter.” (B) 3 of 3 300.610 a) 300.2210 b)7) Section 300.610 Resident Care Policies	S9999		

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S9999	Continued from page 4 a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.2210 Maintenance b) Each facility shall: 7) Maintain the grounds free from refuse, litter, insect and rodent breeding areas. These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the lids of trash dumpsters, located outside, are closed/secure to prohibit pests/animals from gaining access to discarded food/trash. This failure has the potential to affect all 102 residents residing in the facility. Findings Include: Centers for Medicare and Medicaid Services [CMS] Form 671 [Long-term Care Facility Application for Medicare and Medicaid], dated 9/23/25, signed by V1/Administrator, document 102 residents reside in the facility. Facility policy, entitled “Manual: Food & Nutrition Services; Standards and Guidelines: Garbage Disposal and Refuse”, Revised 3/4/2021, documents, “2. Waste should be properly contained in dumpsters or compactors with lids or coverings; 4. Staff/designee will ensure that garbage storage areas are maintained in a sanitary condition to prevent the harborage and feeding of pests”. On 9/23/2025, at 8:55 AM, during the initial kitchen tour with V8/Dietary Manager, the lids of the two trash dumpsters, located outside, did not have the lids secured in the closed position. The large, steel, trash dumpsters, are not secured by any walls/access doors. On 9/23/2025, at 8:55 AM, V8 confirmed the trash	S9999		

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S9999	Continued from page 5 dumpsters should be kept closed/secured in order to prohibit access by pests/animals. (B)	S9999		