

MOWEAQUA REHAB & HCC

Report ID: CCN 146162
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§ 1 Facility Identity

Facility	MOWEAQUA REHAB & HCC
CCN	146162
Location	525 SOUTH MACON STREET, MOWEAQUA, IL, 62550
Ownership type	Non profit - Corporation
Certified beds	70

§ 2 CMS Federal Record

Civil money penalties on file	\$146,900
Deficiency citations — current cycle	17 (6% vs prior 24 months (18))
Deficiency citations — prior 24 months	18
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	1
Special Focus Facility status	Not listed
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	\$146,900
IL state average	\$105,530 (this facility is 1.4× the IL average)
National average	\$31,239 (this facility is 4.7× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 17 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F561	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.	G	Standard survey
F727	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.	F	Standard survey
F801	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.	F	Standard survey
F812	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.	F	Standard survey
F865	Have a plan that describes the process for conducting QAPI and QAA activities.	F	Standard survey
F867	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.	F	Standard survey
F868	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly	F	Standard survey
F585	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.	E	Standard survey
F677	Provide care and assistance to perform activities of daily living for any resident who is unable.	E	Standard survey
F803	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.	E	Standard survey
F804	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.	E	Standard survey

F684	Provide appropriate treatment and care according to orders, resident's preferences and goals.	D	Standard survey
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	D	Standard survey
F695	Provide safe and appropriate respiratory care for a resident when needed.	D	Standard survey
F758	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.	D	Standard survey
F791	Provide or obtain dental services for each resident.	D	Standard survey
F805	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.	D	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: TUTERA SENIOR LIVING & HEALTH CARE (26 facilities); Owner on file: TUTERA, DOMINIC (individual)
Ownership chain	TUTERA SENIOR LIVING & HEALTH CARE (26 facilities)
Penalties vs chain average	\$146,900 vs \$98,970 (1.5× the chain average)
Current deficiencies vs chain average	17 vs 13.6 (1.3× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	1 / 5 (state avg 2.6 · US avg 3)
Health inspection	1 / 5 (state avg 2.8 · US avg 2.8)
Staffing	1 / 5 (state avg 2.1 · US avg 2.9)
Quality measures (QM)	3 / 5 (state avg 3 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/146162
Snapshot SHA-256	b7af1215433a4e06431cfbd60c072f61cf79230419e8b5e5fd54c3256d4a0ef0
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
 2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 146162.
 3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash b7af1215433a.
 4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).
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This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at <https://www.caregiverhelpnow.com/methodology>; the Snapshot SHA-256 above pins this record to that methodology version.

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