

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2025
NAME OF PROVIDER OR SUPPLIER Allure of Knox County		STREET ADDRESS, CITY, STATE, ZIP CODE 280 East Losey Street Galesburg, IL 61401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide immediate and adequate supervision after a resident's family member notified facility staff of a resident voicing R1 was going to escape out of his window and implement 15-minute visual checks as directed by the plan of care, for a cognitively impaired resident at risk for elopement for one (R1) of three residents reviewed for elopement in a sample of three. These failures resulted in (R1) a cognitively impaired resident with a previous elopement attempt from the facility, exiting the facility through his room window without staff knowledge or supervision on 9/3/25. (R1) was found across the road from the facility, a block away and close to active railroad tracks. These failures resulted in an Immediate Jeopardy. While the immediacy was removed on 9-11-25, the facility remains out of compliance at a severity Level II as additional time is needed to evaluate the implementation and effectiveness of their removal plan and Quality Assurance monitoring. Findings include: The facility's Elopements and Wandering Residents Policy, dated 2025, documents Policy: The facility ensure that residents who exhibit wandering behavior and/or are at risk for elopement receive adequate supervision to prevent accidents, receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk. Definitions: Wandering: is random or repetitive locomotion that may be goal-directed (example: the person appears to be searching for something such as an exit) or not-goal directed or aimless. Elopement: Occurs when a resident leaves the premises or a safe area without authorization (an order for discharge or leave of absence) and/or any necessary supervision to do so. Policy Explanation and Compliance Guidelines: 3. The facility shall establish and utilize a systematic approach to monitoring and managing residents at risk for elopement or unsafe wandering, including identification and assessment of risk, evaluation and analysis of hazards and risks, implementing interventions to reduce hazards and risks, and monitoring for effectiveness and modifying interventions when necessary. 4. Monitoring and Managing Residents at Risk for Elopement or Unsafe Wandering: A. Resident will be assessed for risk of elopement and unsafe wandering upon admission throughout their stay by the interdisciplinary care plan team. B. The interdisciplinary Team will evaluation the unique factors contributing to risk in order to develop a person-centered care plan. C. Interventions to increase staff awareness of the resident's risk, modify the residents' behaviors, or to minimize risk associated with hazards will be added to the resident's care plan and communicated to appropriate staff. D. Adequate supervision will be provided to help prevent accidents or elopements. E. Charge Nurses and unit managers will monitor the implementation of interventions, response to interventions, and document accordingly. R1's current Face Sheet documents R1 is a [AGE] year-old male admitted to the facility on [DATE] with the following, but not limited to, diagnoses: Alzheimer's Disease, Restlessness and Agitation, Essential Hypertension, Congestive Heart Failure, Peripheral Vascular Diseases, Acute Respiratory Failure with Hypoxia, Muscle Wasting/Atrophy, and Other Abnormalities of Gait and Mobility. R1's MDS (Minimum Data Set), dated 6/30/25, documents R1 is severely cognitively impaired. R1's Care Plan, dated 6/27/25 documents, Cognition/Disorientation: (R1) experiences disorientation to place, time. My memory is similarly impaired. I have problems with decision making, insight, logic, reasoning, social skills, judgment. This problem is related to my cognitive deficits. R1's Progress Notes, dated 8/22/25 and signed by V7/RN (Registered Nurse) documents, (V7) called (V11/R1's Physician Assistant) and reported that (R1) is not being cooperative to reenter the facility. R1's BIMS (Brief Interview of Mental Status) Assessments dated 8/22/25 and 9/4/25 documents R1 is cognitively impaired. R1's Elopement Evaluation, dated 8/22/25, documents R1 is at risk of Elopement. This same evaluation documents Focus: Risk for Wandering/Elopement Identified. Goal: (R1) will not leave facility unattended. Goal: (R1's) safety will be maintained. R1's Community Survival Skills, dated 8/22/25, documents, The resident sufficiently alert, oriented, and knowledgeable allowing him/her to be considered for independent outside pass privileges? No. This same form documents R1 requires supervision to be out in the community. R1's Care Plan, dated 9/3/25, documents Focus: Risk for Wandering/Elopement Identified (Date initiated 8/22/25). Interventions: 8/22/25 Wander guard to right ankle. 8/22/25 15-minute checks initiated, 9/3/24 (R1) was moved to memory care unit, 9/3/25 Engage (R1) in purposeful activity, 9/3/25 Provide clear, simple instructions, Provide reorientation to surroundings, environment. R1's 15-Minute Checks, dated 8/22/25 through 9/4/25, does not document any safety concerns under safety concerns located on the top right corner of the 15-minute checks R1's Illinois Department of Public Health First and Final Report dated 9/4/25</p>