| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145024 | A. Building<br>B. Wing | 03/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Allure of Pinecrest | 414 South Wesley Avenue<br>Mount Morris, IL 61054 |

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) |
|---|---|
| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to prevent a cognitively impaired resident from leaving the facility unsupervised for 1 of 3 residents (R1) reviewed for safety and supervision in the sample of 3.The findings include:On 3/12/26 at 11:50 AM, R1 was in her room with V14 (Licensed Practical Nurse-LPN). R1 was heard screaming. V14 was attempting to help R1 zip her coat. R1 was adamant about wearing her coat, even though she was inside the building. V14 was attempting to get R1 to lay in bed for some rest. R1 was resistive and back up wandering out into the hall. V14 said she was assigned to provide one on one supervision for R1 today. R1 continued to ambulate throughout the unit and was very difficult to redirect. R1's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include vascular dementia with other behavioral disturbance, hypertension, insomnia, and disorders of muscle. R1's facility assessment dated [DATE] showed R1 has severe cognitive impairment.R1's Elopement/Wandering assessment dated [DATE] showed, I demonstrate behavior that may be interpreted as (wandering, pacing, roaming, exit seeking). Symptoms are manifested by attempting to leave the facility without a responsible escort/elopement; pacing, roaming, or wandering in and out of peers' rooms; becoming agitated and upset looking for family - I will respond to staff redirection from attempt to elope from the facility. Apply wanderguard [a wearable electronic monitoring device] to monitor elopement attempt.R1's Incident Report dated 3/10/26 showed, Resident opened door number 4 on the [memory care unit] and exited the building, walking on the sidewalk behind the building. She was wearing a heavy sweater and long pants. The temperature was 54 degrees and sunny. She [R1] tapped on the door and was let in the foyer door by staff. She was taken to the unit and the nurse completed body audit which revealed no injury.R1's 3/10/26 Health Status Note entered at 4:33 PM showed, At approximately 8:27 AM, [R1] identified as an elopement risk, exited the facility through the #4 door without staff knowledge. The door alarm activated, but staff did not hear the alarm due to environmental noise at the nurses' station. Resident was located outside by the door in the foyer area tapping on the door to be let back in. She was then let back in the building by the activity aide (V11) at 8:30 AM. Resident assessed for injuries: no injuries identified. Vitals stable. Elopement risk reassessed; care plan updated to reflect additional safety measures. Staff educated/reminded regarding monitoring of high-risk residents. R1's 3/9/26 Behavior Note entered at 5:41 AM showed, Resident restless and pacing unit frequently at start of NOC [night] shift, intrusive into several peer's rooms, calling out for parents, removing items from rooms, carrying several items around unit. Very difficult to redirect behavior, resident states she's tired, allows staff to assist her into bed but gets out of bed as staff is leaving room. Frequent checks maintained. R1's 3/2/26 Nursing Note entered at 2:37 PM, Resident has been combative and agitated all day. Lorazepam x 2 ineffective. order received for IM haloperidol 5 mg [milligrams] one time dose. Resident trying numerous times to exit facility. Going into other rooms and difficult to redirect. On 3/13/26 at 11:52 AM, V4 (Certified Nursing Assistant-CNA) said, We were still getting people up, I had seen her in the dining room and the next thing I know, she was brought back in, I checked all the doors, door 4 was disengaged. It was unlocked; I could open it. The alarm was not going off. It usually<br>(continued on next page) |

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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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | does go off. She was brought in by [V11 - Activity Aide]. She brought her in through the main entrance way. they were working on the doors yesterday. She did have a wanderguard on, it only sets off this main door right here. There is a lock and an alarm on each door. [R1] wanders a lot. She does exit seek, goes to the doors and pushes on them; we are usually on top of it. she wanders all day. She got out of the main entrance last week; I think maybe on Sunday. I wasn't here that day, but I heard about it because they sent out a notification. That time she just made it a few feet out of the main door, not outside.On 3/12/26 at 12:27 PM, V11 (Activity Aide) said, I wasn't here when she went out the door. I was the one who brought her back in the door. I was coming in about 20 minutes early for my 9:00 AM shift. I sit on the couch out by the fireplace; I was sitting there and heard a ?tap' on the window. I looked up and [R1] was standing there. I went out and took her by the hand. I brought her back into the nurse that was on duty. I would say it was about 8:40 AM to 8:45 AM because I delivered her to the nurse and went upstairs to punch in for my shift. I had to wait a couple of minutes to punch in at 8:55 AM. She wasn't really upset. she had no facial expression at all. She was glad to get in that door because she came right in with me. She was wearing a 3/4 length dark colored blouse and dark colored pants. Her hands were cold. [R1] goes to all the doors, and she is twisting the knob and pushing, trying to get through. I didn't hear the alarm sounding. I was surprised to hear the ?tap tap'. When out and about, I hear the alarm sounding, it is pretty loud.On 3/12/26 at 12:21 PM, V10 (Housekeeper) said, I was over in the purple hall, I didn't hear anything, no alarm. I would have typically heard the alarm from where I was. She has set alarms off before and I've had to relock the doors. It's very loud. I heard nothing that day.On 3/12/26 at 1218 PM, V9 (Housekeeper) said, I was on the pink hallway, one of the other housekeepers came in and said [R1] just got out. She had tried to get out at the end of the pink hall, and I said ?no' and we reengaged the door. I know if the door is not blinking the alarm is not engaged, I did not hear the alarm go off. [V11] brought her back in. She comes in at 9 AM and she saw [R1] knocking on the window to come back in.On 3/12/26 at 11:32 AM, V5 (CNA) said, I was in another resident's room at the time, I didn't hear any alarms. They were in fixing the doors yesterday to make sure all the alarms are working. they were checking and fixing all the doors and did reeducation on how to lock and check the doors. I think the door is automatic, but I think they are supposed to check it. she does try to go out.On 3/12/26 at 11:41 AM, V7 (CNA) said, [R1] does a lot of wandering, and she doesn't take redirection very well. It is normal for her to go to the doors and press on it and walk away but it has just become more persistent, where she just keeps going to the door. she does try all of them. She doesn't say where she is going, just wants to get out.On 3/12/26 at 1:24 PM, V13 (Maintenance Director) said, Two companies came in and corporate maintenance was here too. We want to make the alarms louder, so we are adding new alarms to the system as well. Same system as before, just want them louder and they changed the locks on the emergency doors going out. Because it was the same key for all the resident doors. There was nothing wrong with it, it has been working fine, we just wanted it to be updated as far as noise. Unless it was disengaged. The door must be disengaged for it to open. If it's engaged and they push on it, the alarm goes off. If it was disengaged, we don't know how it got disengaged. The new system allows only the nurse to have the key to disengage. they also brought in the lock [NAME] to change the locks out.On 3/12/26 at 1:46 PM, V15 (Regional Nurse Consultant) and V16 (Regional Director of Operations) said through the interviews with staff, they determined approximately what time R1 had exited the facility. V15 said they determined which door R1 exited through interview with the [V4 CNA] who reported that door 4 was found disengaged. The facility's policy and procedure reviewed 12/1/25 showed, Elopements and Wandering Residents. Policy: This facility ensure that residents who exhibit wandering behavior and/or are at risk for elopement receive adequate supervision to prevent accidents and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk. Policy Explanation and Compliance Guidelines: 1. The facility is equipped with door locks/alarms to help avoid elopements. 2. Alarms are not a replacement for necessary supervision. Staff are to be vigilant in responding to alarms in a<br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | timely manner. 4. Monitoring and Managing residents at Risk for Elopement or Unsafe Wandering. d. Adequate supervision will be provided to help prevent accidents or elopements. f. The effectiveness of interventions will be evaluated, and changes will be made as needed. Any changes or new interventions will be communicated to relevant staff. |