

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Allure of the Quad Cities		STREET ADDRESS, CITY, STATE, ZIP CODE 833 Sixteenth Avenue Moline, IL 61265	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>30899</p> <p>Based on observation, interview and record review the facility failed to initiate and implement Enhanced Barrier Precautions for 24 residents (R1, R2, R3, R6, R8 - R27) reviewed for Infection Control practices of 26 residents reviewed.</p> <p>This failure has the potential to affect all 95 residents who reside in the facility.</p> <p>Findings include:</p> <p>Facility Policy/Enhanced Barrier Precautions dated 3/2024 documents:</p> <p>It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.</p> <p>Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves during high contact resident care activities.</p> <p>Prompt recognition of need:</p> <p>All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions.</p> <p>Initiation of Enhanced Barrier precautions:</p> <p>An order for enhanced barrier precautions will be obtained for residents with any of the following:</p> <p>Wounds (chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with MDRO (Multidrug-resistant Organism).</p> <p>Infection or colonization with a CDC (Centers for Disease Control)-targeted MDRO when Contact Precautions do not otherwise apply.</p> <p>Implementation of Enhanced Barrier Precautions:</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 145027	If continuation sheet Page 1 of 2

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make gowns and gloves available immediately near or outside of the resident's room.</p> <p>High-Contact resident care activities include:</p> <p>Dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, any device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes and wound care.</p> <p>Enhanced Barrier Precautions should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.</p> <p>Resident Room Roster (dated 4/16/24) indicated 95 residents resided in the facility on that date.</p> <p>On 4/17/24 at 9:20am V1, Administrator stated that the resident census was the same for 4/17/24.</p> <p>On 4/17/24 and 4/18/24 during tour of the facility at multiple times on those days, there were no posted signs indicating Enhanced Barrier Precautions (EBP) were in place on any of the 95 resident rooms or PPE (Personal Protective Equipment) outside of resident rooms or nearby.</p> <p>On 4/17/24 and 4/18/24 only R7 was observed to have a posted Contact Precaution sign on R7's door and PPE setup outside of R7's room.</p> <p>On 4/18/24 at 10:00am V8, Agency RN (Registered Nurse) stated she had no idea which residents were on Enhanced Barrier Precautions and stated she had not received any training from the facility on EBP.</p> <p>On 4/18/24 at 10:10am V9, Regional Nurse stated that she thought all the Enhanced Barrier Precautions were already in place and confirmed after discussion with V2, DON (Director of Nursing) that EBP's had not yet been implemented. At that time, V9 presented a list of 24 residents the facility had previously identified as requiring Enhanced Barrier Precautions and the indicator(s) requiring EBP:</p> <p>R1 - indwelling urinary catheter and chronic wounds.</p> <p>R9 - tracheostomy and gastric feeding tube</p> <p>R17 - wounds and gastric feeding tube</p> <p>R22 - straight (intermittent) urinary catheterization</p> <p>R26 - nephrostomy</p> <p>R6, R8, R9, R10, R11, R12, R16, R20, R21, R24, R25, R27 - chronic wound(s)</p> <p>R2, R3, R13, R14, R15, R18, R23 - indwelling urinary catheters.</p>		