STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145027	A. Building B. Wing	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of the Quad Cities	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)

F 0697

Level of Harm - Actual harm

Residents Affected - Few

Provide safe, appropriate pain management for a resident who requires such services.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 32061

Based on observation, interview and record review, the facility failed to provide ordered pain medication timely, for one of three residents (R2) reviewed for pain control, in a sample of three. This failure resulted in R2 experiencing intermittent excruciating pain from 12/12/24 until 12/16/24.

FINDINGS INCLUDE:

The (undated) facility policy, Pain Management, directs staff to, The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan and the resident's goals and preferences. Pain Management and Treatment: Pharmacological interventions will follow a systematic approach for selecting medications and doses to treat pain. Opioids will be prescribed and dosed in accordance with professional standards of practice and manufacturers' guidelines to optimize their effectiveness and minimize their adverse consequences.

R2 was admitted to the facility on [DATE] at 1:00 P.M. from a local hospital after a Total Right Knee Replacement on 12/9/2024. At the time of discharge, V10/Orthopedic Surgeon prescribed Acetaminophen/Hydrocodone 325 MG(Milligrams) /5 MG one tablet every 6 hours as needed for pain.

R2's Nursing Admission Progress Note documents, 12/13/24 2:25 P.M. (R2) arrived at the facility at 1:30 P. M. (R2) diagnosis (includes) total (right) knee arthroplasty. (R2) is alert and oriented. (R2) has pain rated as a 9 out of 10. (R2) is a general diet. (R2) has an ice machine for RLE (Right Lower Extremity). (R2) oriented to room and call light. Therapy to evaluate and treat.

R2's Nursing Progress Notes document on 12/13/24 at 10:02 P.M., (R2) given standing order of Tylenol 325 MG two tablets for pain. (R2) stated pain was a 9:10. (R2) reassessed at 2200 (10:00 P.M.) and stated pills were not effective. Current (medication) orders on order.

No further assessment of R2's pain was documented until 12/16/24 at 10:30 A.M., when R2's pain was documented as a 10:10.

On 12/14/24 at 8:58 P.M., R2's Nursing Progress Notes document, Call placed to (V11/Medical Doctor) to call (R2's) pain medication into Pharmacy due to the fact (R2) wasn't sent to the facility with hard prescriptions to receive from Pharmacy. (V2/Director of Nurses) notified of medication absence.

(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

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 12/17/2024
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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	On 12/15/24 at 9:05 P.M., R2's Nursing Progress Notes document, Call placed again to Pharmacy to check the status of pain medication and they informed this nurse that they had not received call from (V11/MD) for the medication. This nurse notified (V2/DON) and fax sent to (V11's) office in regard to situation. On 12/16/24 at 9:43 A.M., R2 was up in a wheelchair in her room, at the bedside, crying and moaning, clutching her right knee. R2 stated her right knee hurts, and the pain is excruciating R2 rated the pain as a 10:10. R2 stated she was admitted to the facility on [DATE] at 1:00 PM and was supposed to receive Norco as needed for pain, but facility staff have told her they don't have her Norco. R2 stated she has only received Tylenol for the pain one time, and it doesn't help at all. R2 stated she has been in pain since she arrived at facility, and no one is doing anything about it. R2 also states she is supposed to have the ice machine on her knee to help with pain, but staff never fill up the machine with ice. Ice machine observed and only contains water. R2 states she unable to sleep due to pain and is unable to eat, also. R2 requesting help with getting pain medication addressed immediately. On 12/16/24 at 9:51 A.M., V3/Registered Nurse states resident told her she was in excruciating pain and as soon as she finished her medication pass, she was going to call the doctor and pharmacy. On 12/16/24 at 4:00 P.M., V8/Licensed Practical Nurse stated, (R2) was my patient this past weekend. I worked second shift both Saturday and Sunday night. R2 was having pain and I noticed she still didn't have her (narcotic) pain meds (medications). I called (V2/Director of Nurses) and she instructed me to call (V11/Physician) and let him know. When I came in the next night, (R2) still didn't have her pain medications, so I called the Pharmacy and asked them if (V11/Physician) had called in the script and they said he hadn't. I called (V2/DON) again that night and she told me to fax the information to (V11's) office, which I did. On 12/17/24 at 9:45 A.M., V7/Nurse Practitioner stated, I work in the facility Monday through Friday. I usually arrive around 7:00 A.M., I didn't work last Friday (12/14/24) and didn't see (R2) for the first time, until yesterday morning. When I assessed her, (R2) told me she had been having excruciating pain since admission and (facility) staff kept telling her they didn't have her pain medication in. Also, she didn't receive the polar ice to her knee. Polar ice provides continuous ice therapy for a patient that has undergone knee replacement surgery. It helps significantly with pain and swelling and allows a patient to move around to take care of themselves and participate in therapy. On 12/17/24 at 10:10 A.M., V2/Director of Nurses stated, (V8/Licensed Practical Nurse) called me on (12/14/24 and 12/15/24) to let me know that R2 had not received her pain medication, as it wasn't in the facility. (V8) said that (R2) was admitted and she didn't have a (hard) prescription for the narcotics, so Pharmacy couldn't fill it. I told her to call (R2's) doctor and to tell him to call the Pharmacy and he could send an E-Prescription (electronic prescription) to the pharmacy, and they could immediately take the pain medication from our facility convenience box. I thought that's what (V8/LPN) did. When she called me back on (12/15/24) and said that (R2) still didn't have her pain medication, I told her to call the doctor back and to send a fax to his office. (continued on next page)

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F 0697 Level of Harm - Actual harm Residents Affected - Few	On 12/17/24 at 10:15 A.M., V9/Pharmacist verified he was the Pharmacist for the facility. V9 stated when a resident is admitted to the facility with a narcotic medication, the facility faxes over the order and the order gets processed. V9 states once the pharmacy receives a copy of the prescription, they will release a code to the nurse, who then can withdraw the medication from the facility convenience box, which is located in the medication room. At this time, V9/Pharmacist confirmed the pharmacy did not receive a prescription for R2's pain medication until 12/16/24 at approximately 10:30 A.M. On 12/17/24 at 10:35 A.M., R2 was in bed, watching television. The polar ice machine to R2's right knee was on and functioning. R2 was calm and relaxed. At that time R2 stated she had been receiving her (narcotic) pain medication every six hours and staff were applying the polar ice machine to her right knee as ordered by the physician. R2 stated she felt so much better and was able to concentrate on therapy and getting stronger so she could return home.