

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  02/28/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50962</p> <p>Based on interview and record review the facility failed to utilize two staff members when transferring residents with a mechanical lift for two (R1 and R2) of four residents reviewed for mechanical lift transfers in the sample of eight.</p> <p>Findings include:</p> <p>The facility's policy titled Safe Resident Handling/Transfers, not dated, documents, It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. Policy Explanation: All residents require safe handling when transferred to prevent or minimize the risk for injury to themselves and the employees that assist them. While manual lifting techniques may be utilized dependent upon the resident's condition and mobility, the use of mechanical lifts are a safer alternative and should be used. Compliance Guidelines: 10. Two staff members must be utilized when transferring residents with a mechanical lift., 13. Staff members are expected to maintain compliance with safe handling/transfer practices. Failure to maintain compliance may lead to disciplinary action up to and including termination of employment. 14. Resident lifting and transferring will be performed according to the resident's individual plan of care.</p> <p>R1's Admission Record documents that R1 admitted to the facility on [DATE] and R1's diagnoses include Arthritis of Multiple Sites, Malignant Neoplasm of Endometrium, Chronic Kidney Disease Stage 4, Insomnia, Peripheral Vascular Disease, Hypertension, Diabetes, Generalized Anxiety Disorder, Transient Ischemic Attacks, Cerebral Infarction, and Hyperlipidemia.</p> <p>R1's Minimum Data Set (MDS) Assessment, dated 12/16/24, documents R1 has a Brief Interview for Mental Status (BIMS) score of 14, indicating cognition intact and documents R1 is dependent with sit to stand and chair to bed transfers.</p> <p>R1's current care plan documents that R1's weight bearing status is no weight bearing (NWB) to bilateral lower extremities (BLE) and transfers with a two assist with a mechanical lift.</p> <p>On 2/25/25 at 1:30pm, R1 stated, I have to use the lift to get out of bed and usually one staff member uses it (mechanical lift) to get me up.</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Admission Record documents that R2 admitted to the facility on [DATE] and R2's diagnoses include Radiculopathy of Lumbar Region, Pyoderma Gangrenosum, Protein-Calorie Malnutrition, Hyperlipidemia, Chronic Pain Syndrome, and Low Back Pain.</p> <p>R2's Minimum Data Set (MDS) assessment, dated 12/23/24, documents R2 has a Brief Interview for Mental Status (BIMS) score of 15, indicating cognition intact.</p> <p>R2's current care plan documents R2's transfer status with a mechanical lift.</p> <p>On 2/25/25 at 1:40pm, R2 stated, I (R2) use a mechanical lift to get out of bed. One staff member comes in to get me up with it (mechanical lift).</p> <p>On 2/25/25 at 10:30am V7/Certified Nursing Assistant (CNA) stated, I know I should not tell you this but, I have been doing mechanical lift transfers by myself because there are only two of us (CNAs) working in the (Memory Care/Dementia Unit) and it's too busy to wait for the other one to assist with the transfers. If I did not do this my residents would not get laid down or changed like they should.</p> <p>On 2/25/25 at 11:00am V8 and V9, both CNAs stated they are doing mechanical lifts by themselves most of the time because it gets too busy to wait for someone to assist.</p>