

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  06/13/2025
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to provide resident's medical records when requested for 1 of 4 residents (R1) reviewed for medical records in the sample of 4.</p> <p>The findings include:</p> <p>R1's face sheet accessed on 6/13/25 show that R1 was admitted to the facility on [DATE] and discharged on 9/19/24 with diagnosis of Parkinson's.</p> <p>R1's facility assessment dated [DATE] show R1 has no cognitive impairment. (BIMS-15)</p> <p>On 6/13/25 at 9:35 AM, via telephone conversation with R1 and V6 (R1's sister). R1 said she wanted to get a copy of her medical records but has not gotten them yet. R1 also wanted this surveyor to speak to V6. V6 said my sister (R1) and I made a call to the Nursing Home a couple of weeks ago and spoke to V7 (Medical Record staff) requesting a copy of R1's medical record. V7 spoke to R1 to get her verbal consent. V7 said she was not sure if R1 was allowed to get a copy of her medical records so she had to ask permission from corporate first then she will call us back. V6 stated the medical record staff (V7) had not called us back. R1, my sister has the right to have copy of her records, we have important things to review in those records.</p> <p>On 6/13/25 at 10:34 AM, V7 said she had been the medical records for approximately a year now. Last week, R1 and her sister requested over the phone a copy of R1's medical records. V7 said she was not sure if residents themselves and their families can get a copy of their records. V7 said she thought only Insurance Companies can get copies of medical records. V7 said she used to just do supplies and was put in this Medical Record job and had not gotten much training. I do not know the process, so I emailed corporate and the DON. [V9] (Vice President of Operations) responded last week and said, yes they could. I have to have them fill out the request form. I have not called R1 and her sister back, I have been busy, I will do that today.</p> <p>On 6/13/25 at 2:30 PM, V1 (acting Administrator) said V7 had training to do the Medical Records job. V1 said V7 had been informed that residents and their families have the right to access their medical records.</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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy entitled Release of Medical Records (undated) documents, Medical records will be released with a valid request and in accordance with state and federal laws. Access Rights to medical Information: 1. The resident's records is accessible to him/her within 24 hours (excluding weekends and holidays) notice, following an oral or written request .The resident may have designated a legal representative who can exercise the same rights as the resident. The resident or his/her legal representative may receive a copy within 2 working days after the request have been made.</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to notify a physician of a high blood sugar for 1 of 4 residents (R2) reviewed for notification in the sample of 4.</p> <p>The findings include:</p> <p>R2's Physician Order Sheet dated 6/2025 show R2 was admitted to the facility on [DATE] and discharged on 6/1/25 with diagnoses that includes diabetes mellitus and diabetic neuropathy.</p> <p>On 6/13/25 at 9:47 AM, V4 (R2's son) said the time R2 was in the Nursing Home, R2 had been in the Hospital due to his blood sugar either being too high or too low. The family has a Dexcom system that's connected at home and sends triggers when R2's blood sugar is high or low. On 6/1/25 at around 2-3 in the morning, we had a trigger that showed my dad's bloods sugar was high at 400. My stepmom (V10) called the nursing home and requested the Nurse to please notify the doctor due to R1's high blood sugar but the nurse said no and refused to call my dad's physician.</p> <p>On 6/13/25 at 1:08 PM, V3 (Registered Nurse) said she was one of the Nurses working night shift on 5/31/25 and the morning of 6/1/25. V3 said she received a call from R2's wife (V10) on 6/1/25. V3 was not sure of the time but thought it close was to 6AM. R2's wife said she received a trigger that R2's blood sugar was 400. V3 said she went to check R2's blood sugar. R2 was asleep in bed, R2's blood sugar was 323 and V3 told the wife. The wife (V10) requested V3 notify R2's physician to ask if R2 needed insulin since blood sugar was high. V3 said she told V10 she was not calling R2's doctor, the blood sugar was below 350, V3's shift ends at 7AM. R2 was due to receive his insulin with morning med pass around 8AM by day shift staff.</p> <p>On 6/13/25 at 2PM, V5 (Nurse Practitioner-NP) said a blood sugar of above 300 was considered high and the night Nurse should have called R2's physician as per family's request and have the physician decide if R2 needed an insulin coverage at that time. V5 (NP) said on 6/1/25 at 9AM, she was informed that by the time the day shift checked R2's blood sugar around 8AM, it was already 426 and needed an extra 10 units of regular insulin coverage.</p> <p>R2's electronic medication record (EMAR) show R2's blood sugar on 6/1/25 at 8AM was 426.</p> <p>On 6/13/25 at 2:35 PM, V2 (Director of Nursing-DON) said R2's blood sugars were erratic and R2 had been back and forth at the hospital because of the issues of blood sugars. R2's family has a Sugar/pixel cube system that communicates with them R2's blood sugar, it read outs to them and alarms if R2's blood sugar was high or low. R2's wife (V10) must have gotten the alert that R2's blood sugar was high that was why she called on 6/1/25. V2 (DON) said she had counseled V3 (RN) that she should have called R2's physician per family's request.</p> <p>The Facility Policy entitled of Notification of Changes (undated) documents, the purpose of this policy is to ensure the facility promptly inform the resident, consults the resident's physician and notifies consistent with his or her authority when there is a change requiring notification.</p>