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	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of the Quad Cities	833 Sixteenth Avenue Moline, IL 61265

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32189 Based on record review and interview, the facility failed to ensure residents electronic medical records and care plans matched the Physician's Order for Life-Sustaining Treatment (POLST) for Cardio-Pulmonary Resuscitation (CPR) code status for three of five residents (R25, R69, R74) reviewed for Advanced Directives in a total sample of 39 residents. Findings include: The facility's Residents' Rights Regarding Treatment and Advance Directives policy, undated, documented It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive. 9. Any decision making regarding the resident's choices will be documented in the resident's medical record and communicated to the interdisciplinary team and staff responsible for the resident. The Uniform Practitioner Order for Life-Sustaining Treatment (POLST) Form's section A has two options to choose from if the patient has NO pulse: attempt CPR (Cardiopulmonary Resuscitation) or to do not attempt CPR. Section B has three options to choose from if the patient has a pulse: 1) Full Treatment in which the goal is to prevent cardiac arrest by using all indicated treatments including but not limited to mechanical intubation/ventilation and cardioversion. 2) Selective Treatment in which the goal is to treat medical conditions with selected medical measures such as IV (Intravenous) fluids and IV medications (may include antibiotics and vasopressors), as medically appropriate and consistent with patient preferences do not intubate and to consider less invasive airway support (CPAP (continuous positive airway pressure) or BIPAP (bilevel positive airway pressure), transfer to hospital although generally avoid the Intensive Care Unit. 3) Comfort-Focused Treatment in which the goal is to relieve pain and suffering but do not use treatments as indicated in Full or Selective Treatment options. 1. R25's physician order, dated [DATE], documented R25 was a Do Not Resuscitate. R25's current care plan, dated [DATE], documented Code Status: DNR, DO NOT RESUSCITATE. The POLST, dated and signed by R25 on [DATE], documented R25 chose Selective Treatment. 2. R69's physician order, dated [DATE], documented R69 was a Do Not Resuscitate. (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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R69's current dare plan, dated [DATE], documented Advanced Directives: DNR (R69) will not be resuscitated. The POLST, dated and signed by R69 on [DATE], documented R69 chose Selective Treatment. 3. R74's physician order, dated [DATE], documented R74 was a Do Not Resuscitate. R74's current care plan, dated [DATE], documented DNR: Resident has chosen Advanced Directives: Resident has signed Do Not Resuscitate. The POLST, dated and signed by R74's Power of Attorney on [DATE], documented R74 chose Selective Treatment. On [DATE] at 1:30 PM, V11 (Corporate Nurse-Nurse Consultant) reviewed R25, R69, R74's physician orders, care plans, and POLST and confirmed the resident's electronic medical records and care plans did not match the resident's medical intervention preference as indicated on the POLST. V11 confirmed the Selective Treatment option should have been entered into the electronic medical record as a physician's order and on the care plan.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 30899 Based on interview and record review the facility failed to revise an antipsychotic medication care plan and a dialysis care plan for two residents (R12, R23) of 19 residents reviewed for care plans in the sample of 39. Findings include: Facility Policy/Comprehensive Care Plans dated 2024 document, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS (Minimum Data Set) assessment. Current Physician Order Summary Report indicates R12 receives: Clozapine (atypical Antipsychotic) 25mg (milligrams) Give 1 tablet by mouth every 2 hours as needed for Neuromuscular with Lewy Body Dementia (as needed can take 2 hours up to 3 Tabs in 24 hours) (re-order date 11/15/24); Clozapine Give 225 mg by mouth three times a day for Anxiety related to Unspecified Anxiety Disorder; Unspecified Bipolar Disorder (order date 12/13/22); and, Benztropine Mesylate Give 0.5 mg by mouth as needed for EPS (Extrapyramidal Symptoms) administer one time daily (as needed) when as needed Clozaril given (order date 1/10/24). R12's current Care Plan indicates R12 is at risk for adverse effects related to: use of antianxiety/anxiolytic and antipsychotic medications. R12 admits with diagnosis of Lewy Body Dementia, Bi-polar disorder with manic and Psychotic Features, Insomnia, Agitation, and Anxiety. R12 exhibits Agitation, Crying, Pacing, Insomnia, restlessness, difficulty sitting still with history of Hallucinations, Delusions, Paranoia, Panic attacks, and combative behavior. R12 often needs reassurance that he has not done anything wrong during his crying episodes. R12's Care Plan does not indicate which of the above target behaviors are associated with what specific medications. R12's Care Plan does not specify Clozapine, an atypical antipsychotic which requires monthly blood tests and physician ordered administration of Benztropine to be given in conjunction with as needed Clozapine. Care Plan also does not include the 14-day required direct physician examination and assessment to reorder as needed Clozapine. On 11/15/24 at 9:15am V13/Registered Nurse stated that all diagnosis for R12's Clozapine should be Neuromuscular Disease with Lewy Body Dementia. V13 acknowledged that Clozapine does require special monitoring with monthly blood draws as well as close physician monitoring and should be included in R12's care plan. V13 stated that R12's spouse is R12's Legal Guardian and needs to be present each time R12's Clozapine is re-ordered (every 14 days) and should also be addressed in R12's care plan. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/13/24 at 9:40am V14/R12's Spouse stated It's a whole process every 14 days to renew (R12's) Clozapine, but he still needs an occasional (as needed) dose. Since I am R12's legal guardian I am the only one that can access the psychiatrist to renew the medication. 2. R23's Current Physician Order Summary Report indicates Monitor Bruit/Thrill right arm fistula every shift. Current R23's Care Plan indicates R23 receives Dialysis on Monday-Wednesday-Friday at an outside provider. R23's current Care Plan does not include type of dialysis access device, specific monitoring, or care of fistula. On 11/14/24 at 3:15pm V13/Registered Nurse stated the dialysis access site and monitoring should also be included on a resident's care plan.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30722 Based on record review and interview the facility failed to ensure physician orders for dialysis were written and communication sheets were completed for two of two residents reviewed for dialysis (R23, R87) in a sample of 39. Findings include: A facility policy titled Hemodialysis, 2023 documents, This facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis. A section titled Purpose documents: The facility will assure that each resident receives care and services for the provision of hemodialysis consistent with professional standards of practice. This will include: The ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility. Ongoing assessment and oversight of the resident before, during and after dialysis treatments, including monitoring of the resident's condition during treatments, monitoring for complications, implementation of appropriate interventions, and using appropriate infection control practices; and ongoing communication and collaboration with the dialysis facility regarding dialysis care and services. Section 5 of this policy documents, The licensed nurse will communicate to the dialysis facility via telephonic communication or written format, such as a dialysis communication form or other form, that will include, but not limit itself to: a. Timely medication administration (initiated, held or discontinued) by the nursing home and/or dialysis facility; b. Physician/treatment orders, laboratory values, and vital signs; c. Advance Directives and code status; specific directives about treatment choices; and any changes or need for further discussion with the resident/representative, and practitioners; d. Nutritional/fluid management including documentation of weights, resident compliance with food/fluid restrictions or the provision of meals before, during and/or after dialysis and monitoring intake and output measurements as ordered; 3. Dialysis treatment provided and resident's response, including declines in functional status, falls, and the identification of symptoms that may interfere with treatments; f. Dialysis adverse reactions/complications and/or recommendations for follow up observations and monitoring, and/or concerns related to the vascular access site; g. Changes and/or declines in condition unrelated to dialysis; h. The occurrence or risk of falls and any concerns related to transportation to and from the dialysis facility. This policy documents that the facility will ensure that the physician's orders for dialysis include the following: type of access for dialysis, the dialysis schedule, the nephrologist's name and phone number, the dialysis facility name and phone number, transportation arrangements to and from the dialysis facility, any medications administration or withholding of specific medications prior to dialysis treatments, any fluid restriction if ordered by the physician. 1. R87's November Order Summary Report documents R87 has a dependence on renal dialysis. R87's physician orders only document the name and phone number of R87's nephrologist and R87's port access type. On 11/14/24 at 11:56 AM V9/Licensed Practical Nurse confirmed she is assigned to care for R87. V9 stated she does not know what facility R87 uses for dialysis. V9 stated she has never sent or received a communication form regarding R87's dialysis. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/14/24 at 11:59 AM V2/Director of Nursing stated nurses are to complete a dialysis communication form to send with R87 each dialysis day. V2 stated R87 was admitted on [DATE] and she could not provide any completed dialysis communication forms. V2 also confirmed R87's physician orders did not include orders for R87's dialysis facility name or phone number, transportation arrangements to and from the dialysis facility, R87's dialysis schedule, if any medications are to be withheld or any fluid restrictions if ordered by the physician. 30899 2. R23's Current Physician Order Summary Report indicates Monitor Bruit/Thrill right arm fistula every shift and 1500cc (cubic centimeter) fluid restriction. R23's dialysis physician orders do not include: Dialysis schedule; Nephrologist name and phone number; Dialysis facility name and phone number; Transportation arrangements to and from; or dialysis site. On 11/14/24 at 3:15pm V13, RN (Registered Nurse) stated the policy should be followed.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30899 Based on interview and record review the facility failed to administer a medication to prevent EPS (Extrapyramidal Symptoms) in conjunction with an antipsychotic medication according to physician orders for one resident (R12) of five residents reviewed for psychotropic medications in the sample of 39. Findings include: Facility Policy/Medication Errors dated 2024 document, It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by ensuring residents receive care and services safely in an environment free of significant medication errors. The facility shall ensure medications will be administered as follows: According to physician orders. In accordance with accepted standards and principles which apply to professionals providing services. Medication errors once identified will be evaluated to determine if considered significant or not by utilizing the following three general guidelines: Resident Condition Drug Category Frequency of Error - If an error is occurring repeatedly such as an omission of a resident's medication several times. Medication administered not in accordance with the prescriber's order. Examples include: Medication omission. Current Physician Order Summary (POS) Report indicates R12 was admitted to the facility on [DATE] with diagnoses that include Anxiety Disorder, Neurocognitive Disorder with Lewy Bodies, Bipolar Disorder, Dementia with Agitation, Unspecified Mood Disorder, Conduct Disorder, and a history of Malignant Neuroleptic Syndrome. POS indicates R12 receives the following medications based on the following orders: --Clozaril (atypical antipsychotic) 225mg (milligrams) three times per day for Neuromuscular Disorder with Lewy Bodies (date initiated 12/13/22) --Clozaril 25mg one tablet every two hours as needed for EPS - maximum three tablets in 24 hours (re-ordered 11/15/24) --Benztropine (anticholinergic) 0.5mg as needed to be given when as needed Clozaril is given - one time per day only (date initiated 1/10/24) Medication Administration Records (MARs) indicate: October MAR - R12 received as needed Clozaril 25mg on 10/1/24 and 10/2/24; Benztropine was not administered on either date. September MAR - R12 received as needed Clozaril 25mg on 9/4/24, 9/13/24 and 9/20/24; Benztropine was not given on those dates. August MAR - R12 received as needed Clozaril 25mg on 8/14/24; Benztropine was not given on that date. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	July MAR - R12 received as needed Clozaril 25mg on 7/14/24 and 7/28/24; Benztropine was not given on either date. June MAR - R12 received as needed Clozaril 25mg on 6/3/24, 6/5/24, 6/11/24, 6/13/24 and 6/23/24; Benztropine was not given on any of those dates. On 11/13/24 at 9:30am V14, (R12's) Spouse stated she is R12's Legal Guardian and R12 was diagnosed at [AGE] years of age with Early Onset Dementia, and it has taken years to find medication to help stabilize R12. V14 stated that R12 was in the ICU (Intensive Care Unit) twice due to Malignant Neuroleptic Syndrome due to the high dosages of other antipsychotics that had been prescribed including Haldol. V14 stated R12 had to be inpatient for 10 weeks to clear his system of all the medications physicians and psychiatrists were adding and then chose Clozaril to try and it's the only medication that has worked. V14 stated R12 is on other psychotropics, and his current medication regimen is what has worked well for years now. V14 stated R12 does have occasional exacerbations of behaviors and still requires the as needed Clozaril. V14 stated staff need to strictly follow the physician orders as it has taken a long time to get to this point. On 11/14/24 at 9:30am V12, RN (Registered Nurse) stated that Benztropine is supposed to be given once per day if R12 receives an as needed dose of Clozaril. V12 stated R12 can receive up to three doses of Clozaril per day but should only receive one dose of Benztropine per day. On 11/14/24 at 3:15pm V13, Psychotropic RN (Registered Nurse) stated that nurses should be following the orders as they are written. V13 stated I just recently noticed the nurses have not been giving the Benztropine with the Clozaril. V13 stated R12 needs the Benztropine to reduce the risk of EPS and the as needed Clozaril with the Benztropine was recently recommended to be continued on 11/13/24 by the psychiatry service that follows R12.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 30722 Based on record review and interview the facility failed to ensure quality assurance meetings were held quarterly and that the facility medical director attended quality assurance meetings. This failure has the potential to affect all 94 residents residing in the facility. Findings Include: A facility policy, entitled Quality Assurance and Performance Improvement (QAPI), undated, document, It is the policy of this facility to develop, implement, and maintain an effective, comprehensive, data driven QAPI program that focuses on indicators of the outcomes of care and quality of life and addresses all the care and unique services the facility provides; and 1. The QAPI program includes the establishment of a Quality Assessment and Assurance (QAA) committee and a written QAPI plan. 2 The QAA committee shall be interdisciplinary and shall: a, Consist at a minimum of: i. The director of nursing services, ii. the medical director or his/her/designee; iii. At least three other members of the facility's staff, at least one of which must be the Administrator, owner, a board member, or other individual in a leadership role; and the infection preventionist. b. Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects under the QAPI program, are necessary. Review of the facility QAPI meeting notes, provided by the facility, document the most recent QAPI meeting was June 26, 2024. The medical director or designee did not attend this meeting. On 11/14/24, at 1:30 PM, V10/Regional Director of Operations confirmed the facility has not had a quarterly meeting since June 2024 and the Medical Director or his designee did not attend. The facility's Long-Term Care Application for Medicare and Medicaid dated 11/12/24 document 94 residents reside in the facility.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 30722 Based on observation, record review and interview the facility failed to ensure enhanced barrier precautions were followed for one resident (R78) of two residents reviewed for infection control in a total sample of 39. Findings include: An undated policy, entitled Enhanced Barrier Precautions (EBP) document, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Definitions: Enhanced barrier precautions refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. The policy further documents, 4. High-contact resident care activities include dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, peripherally inserted central catheters, midline catheters and wound care. R78's November 2024 physician order sheet documents an order for enhanced barrier precautions for a tracheostomy and g-tube/gastrostomy tube. On 11/13/24, 11:30 AM, V6/Licensed Practical Nurse entered R78's room, washed her hands and donned gloves. V6 approached R78 who was sitting in a chair and proceeded to administer R78's medications through a gastrostomy tube. V6 did not wear a protective gown. V2/Director of Nurses and V7/Registered Nurse were present in the room and did not wear gowns. There was no EBP sign on R78's door. On 11/13/24, at 11:46 AM, V7 laid a towel across R78's abdomen prior to providing g-tube site care. V7 wore gloves but did not wear a protective gown during R78's cares. On 11/13/24, at 11:59 AM, V8/Registered Nurse and V2 entered R78's room, washed their hands and donned gloves. V8 also wore a face shield. V2 and V8 provided tracheostomy suctioning and care/cleaning to R78's tracheotomy site. V2 and V8 did not wear gowns to protect R78 from transmission of multidrug-resistant organisms while providing direct care. On 11/13/24, at 1:18 PM, V3/Assistant Director of Nurses/Infection Preventionist confirmed that it is the expectation of the facility that gowns should have been worn during R78's cares due to him having indwelling devices.