STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145044	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Peru	1301 21st Street Peru, IL 61354

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to set up a resident's dialysis treatment and transportation to dialysis upon discharge for 1 of 3 residents (R1) reviewed for discharge planning in the sample of 3.The findings include:R1's face sheet shows R1 was admitted to the facility last 3/11/26 and was discharged last 3/23/26.R1's Physician order sheet dated 3/26 show, R1 has diagnoses that include end stage renal disease and dependence on dialysis. The same POS shows R1 has an order for: R1 to receive hemodialysis three times weekly Monday, Wednesday and Friday. On 4/10/26 at 8:45 AM, V3 (Dialysis Nurse Manager) said the dialysis unit was concerned regarding R1. R1 had not been showing up to receive his dialysis treatment. R1's last dialysis treatment was 3/20/26. R1 missed his dialysis on 3/23/26 and again on 3/25/26. V3 said on 3/25/26 the dialysis unit called the facility to find out what was going on with R1. V3 said messages were left but no one at the facility returned the call. V3 said she now found out that R1 had been discharged from the facility. The facility did not notify the dialysis unit that R1 was discharged . Facilities normally coordinate with the dialysis unit when a resident is discharged home to ensure continuity of care including ensuring dialysis schedule and transport to the dialysis unit. R1's new address also needs updating in case a wellness check needs to be done. V3 said the dialysis unit found out that R1 was hospitalized after R1 was discharged from the facility due to abnormal labs. On 4/10/26 at10 AM, V4 (Reregistered Nurse- RN) said on 3/23/26 (Monday) she was informed that R1 was being discharged that day. V4 (RN) said she did not see any discharge papers. V4 said she asked the Social Services (V7) regarding R1's discharge. At that time also the dialysis was following up about R1 going to dialysis since it was a Monday. R1 was discharged that day. V4 said she did not call the dialysis unit to inform them that R1 was being discharged home. V4 said she assumed V7 Social Services had done all that (dialysis set up and transport). On 4/10/26 at 10:50 AM, V7 (Social Service) said R1 wanted to go home. V7 said she did not call dialysis to confirm a spot in the dialysis when R1 was back in the community. V7 said R1 had a friend and assumed the friend would transport R1 to the dialysis. V7 said she did not set up transport for R1 to go to dialysis when R1 was discharged .R1's Discharge summary dated [DATE] did not include instructions or confirmed arrangements for dialysis upon discharge. On 4/10/26 at 10:15 AM, V6 (Nurse Practitioner-NP) said she gave an order for R1 to discharge home on 3/23/26. R1 has kidney failure and end stage renal disease requiring dialysis. It was critically important for R1 to be discharged home with confirmed dialysis arrangements in place, as missed dialysis treatments can lead to serious complications including death. Dialysis coordination should have been part of the discharge planning process by Social Services.The facility policy entitled Discharge Summary (undated) documents, it is the policy of this facility to ensure that discharge summary is provided upon a resident's discharge. The discharge summary provides necessary information to continuing care providers pertaining to the course of treatment while the resident was at the facility and the residents plan of care after discharge. It must include accurate and current description of the clinical status of the residents and sufficiently detailed individualized care instruction to ensure that care is coordinated and the resident transitions safely from one setting to another.

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