

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145151	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2026
NAME OF PROVIDER OR SUPPLIER Allure of Mendota		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 First Avenue Mendota, IL 61342	
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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on observation, interview, and record review the facility failed to ensure a certified dietary manager was employed as food service director which applies to all 64 residents in the facility. The findings include: The Centers for Medicare and Medicaid form 671 dated 4/27/26 showed there are 64 residents residing in the facility. On 4/27/26 at 9:00 AM V13 Dietary Manager stated she had not completed the Certified Dietary Manager (CDM) class. V13 stated she was enrolled and had to withdraw in January. V13 stated they were not currently enrolled in a new class. V13 stated they assisted with assessing residents and did a weekly call with V14 Dietitian and V1 Administrator. On 4/27/26 at 11:45 AM, V1 Administrator stated V13 does nutritional assessments in house. There is a weekly call with V14 which includes V13's resident nutritional concerns. On 4/29/26 at 10:45 AM, V14 stated they do not come into the facility to do resident assessments. V13 does the assessments. The facility team has a weekly phone call which includes V13 and V1 to go over new admission and nutritional issues with residents. The facility provided course certificates for V13 which showed V13 completed the courses of SERV Safe (food handling) and Certified Food Manager (CFM) certificate (expired). Per the Association of Nutrition and Foodservice Professionals (ANFP), there are no current certified dietary managers in the nation with the same last name as V13. The facility's undated Dietary Manager Qualifications showed the Dietary Manager must hold a current Certified Food Protection Manager certificate, should be a CDM or equivalent, and cannot perform nutritional assessments unless This Policy also showed nutritional assessments unless qualified by Illinois law.		

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide restorative services to residents with contractures and/or limited mobility for 4 of 6 residents (R41, R65, R8, R29) reviewed for mobility/range of motion in the sample of 17. The findings include: 1. R41's current care plan showed R41 resided in the facility for long term care due to a diagnosis of CVA (cerebrovascular accident/stroke) that caused paralysis to R41's left arm and left leg. The care plan showed R41 required staff assistance to complete all activities of daily living (ADLs). The plan showed no documentation R41 received restorative services. R41's quarterly restorative assessment dated [DATE] showed R41's left shoulder, left elbow, left wrist, left hand, left ankle and left foot were contracted. R41 had no mobility in these areas. The assessments showed no documentation R41 received restorative services. On 4/27/26 at 1:56 PM, R41 was in bed. R41's left hand was severely contracted. Her hand was in a tight, closed fist, lying loosely on the bed. No splint or towel roll was noted to R41's left hand. R41 stated she had no feeling or movement to her left arm or left leg due to her previous stroke. R41 stated she used to wear a splint to her contracted left hand but, not anymore. They took it away. R41 stated staff do not do passive range of motion exercises to her left arm or left leg. 2. R65's current care plan showed R65 resided in the facility for long term care due to a diagnosis of CVA that caused paralysis to R65's right arm and right leg. The plan showed R65 required staff assistance to complete all activities of daily living (ADLs). The plan showed no documentation R65 received restorative services. R65's quarterly restorative assessment dated [DATE] showed R65 had limited mobility to his right arm, right hand, right foot and right leg. The assessment showed R65 was not receiving any restorative services for his limited mobility. On 4/27/26 at 9:07 AM, R65 was seated in a wheelchair with his right arm lying in a foam arm support that was attached to the wheelchair. R65 stated he was unable to move right arm or right leg on his own due to his previous stroke. R65 stated staff do not do passive range of motion exercises to his right arm or right leg. 3. R8's current care plan showed R8 resided in the facility for long term care related to diagnoses including acquired absence of right foot toes, osteomyelitis of the right foot, reduced mobility, and difficulty walking. The plan showed R8 required staff assistance to complete activities of daily living. The plan showed no documentation R8 received restorative services. R8's restorative assessments dated 3/10/26 showed R8 had limited mobility to his right leg. The plan showed no documentation R8 received restorative services. On 4/28/26 at 10:07 AM, V3 Assistant Director of Nursing (ADON) stated R41, R65 and R8 were not receiving restorative services because we were told by corporate that only a certain number of people can get restorative services because of the budget. V3 stated any residents with contractures, limited mobility, and/or those who require staff assistance with activities of daily living should be receiving (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	restorative services. V3 stated she did not know if R41 had or used a splint for treatment of her left-hand contracture. On 4/28/26 at 10:43 AM, V6 Director of Skilled Therapy stated any resident in the facility for long term care should receive restorative services if not on skilled therapy. V6 stated, Residents that have contractures or have had a stroke really need restorative services. They should at least be getting range of motion exercises. If residents are not on restorative, their contractures could get worse and/or their mobility could decline. The facility's Restorative Nursing Programs policy dated 1/14/26, It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level. Restorative nursing program refers to nursing intervention that promote a resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning. The interdisciplinary team, with the support and guidance from the physician, will assure the ongoing review, evaluation, and decision making regarding the services needed to maintain or improve resident's abilities in accordance with the resident's comprehensive assessment, goals, and preferences. 4. R29's electronic face sheet shows R29 has diagnoses that include Alzheimer's and stroke. R29's facility assessment dated [DATE] show R29 has limitation to one side. On 4/27/26 at 12 PM, R29 was sitting in her wheelchair with right hand contracted in a closed-fist position in her lap, no splint noted. On 4/28/26 at 10 AM, R29 was using her left hand to position her contracted right hand in her lap. On 4/28/26 at 1:09 PM, V10 (MDS Coordinator) said R29 has contracted right hand. The previous Restorative Nurse placed R29 on restorative program that was not being done. There were no follow-throughs and no documentation regarding R29's restorative progress or decline, so V10 said she discontinued R29's restorative program. V10 said V3 Assistant Director of Nursing (ADON), who is Restorative Certified, is in the process of revamping the whole Restorative program of the facility. R29 will be one of the residents to be assessed. On 4/29/26 at 9:10 AM, V3 (ADON) said she will start the restorative program from scratch. Today, she will work on R29 to apply a cone/palm grip in her contracted right hand to prevent further decline.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility failed to ensure required Personal Protective Equipment (PPE) was worn in rooms of residents on contact, droplet isolation and failed to ensure hands were washed and gloves were changed to prevent cross contamination during incontinence care. This applies to 6 of 17 residents (R11, R17, R40, R58, R41 and R5) reviewed for infection control in the sample of 17. The findings include: On 4/27/26 at 9:10 AM on the outside of R11, R17 and R40 doorways (R11 and R40 share a room) there were PPE containers which had gowns, masks, gloves and face shields. There were signs on the door indicating the residents were on Contact Droplet Precautions and staff should apply gowns, gloves, eye protection or a face shield and a N95 face mask. R11, R17 and R40's active physician order summaries show they have active orders for strict isolation for diagnosis of Respiratory Syncytial Virus (RSV). R11's order was dated 4/17/26, R17's order was dated 4/24/26, and R40's order was dated 4/22/26. On 4/27/26 at 12:42 PM, V4 (Certified Nursing Assistant/CNA) was delivering meal trays to residents in their rooms. She entered R17 and R40's room wearing only gloves. She did not apply a N- 95 mask, face shield or a gown. She then continued passing trays down the hallway and went into R11's room again without applying the required PPE. On 4/28/26 at 1:10 PM, V11 (Infection Control Nurse) said they use the same precaution for residents on RSV as COVID isolation. And when staff are in the room of these residents, they should be wearing gowns, gloves, N95 masks, and face shields. 2. R58's laboratory result report dated 4/24/26 showed R58 tested positive for RSV. R58's physician order dated 4/24/26 showed R58 was placed on, Strict Contact and Droplet Isolation for diagnosis RSV. On 4/27/26 at 9:15 AM, R58 was seated in a wheelchair in her room. R58's call light was on and flashing. A droplet isolation sign hung on the doorframe to R58's room. A cart containing PPE was noted in the hallway by R58's room. V4 Certified Nursing Assistant (CNA) knocked and entered R58's room without donning any PPE, including no face mask. V4 walked directly up to R58 and began speaking with R58 for 10-15 seconds. V4 picked up R58's breakfast tray with her ungloved hands and exited the room. On 4/28/26 at 11:25 AM, V7 Registered Nurse stated staff must don a protective gown, gloves, face shield and a face mask prior to entering the room of a resident on droplet isolation to prevent the spread of infection. The facility's Transmission-Based (Isolation) Precautions policy (undated) showed, Droplet Precautions refers to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. The policy showed staff must don a gown, mask, face shield and gloves prior to entering the room of a resident on droplet isolation. 3. On 4/27/26 at 9:17 AM, V4 CNA and V5 CNA provided incontinence care to R41 as R41 was incontinent of urine and stool. V4 CNA wiped stool from R41 and removed R41's soiled brief. Without (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	changing her soiled gloves, V4 placed a clean incontinence brief under R41. V4 then helped reposition R41, touching R41's bedding and clothing with her soiled gloves. On 4/28/26 at 10:07 AM, V3 Assistant Director of Nursing stated staff must remove soiled gloves and wash their hands prior to touching any clean surface or resident to prevent cross contamination. 4. The facility's wound list shows R5 has a stage 4 sacral wound. On 4/27/2026 at 9:47 AM, V11 Wound Nurse and V12 Wound Physician were in R5's room performing wound assessments to R5's sacral wound. V12 (Wound Physician) said R5 just completed antibiotic treatment due to wound infection (chronic osteomyelitis.) R5 was lying in bed to her side. V11 Wound Nurse was about to apply R5's wound dressing to R5's stage 4 sacral wound when she noticed R5 had a bowel movement. R5 was also noticed to be wet from head to toe. V11 then provided incontinence care to R5 and changed R5's linens, With the same soiled gloves used to cleanse R5's urine and stool and without washing her hands, V11 performed R5's wound dressing change. On 4/28/26 at 8:54 AM, V11 said soiled gloves should be removed, perform handwashing and apply new gloves prior to performing wound treatments to prevent cross contamination.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide incontinence care in a manner to prevent infection to 1 of 6 residents (R7) reviewed for incontinence care in the sample of 17. The findings include: R7's facility assessment dated [DATE] shows R7 is frequently incontinent of stool and urine. On 4/27/26 at 9:15 AM, V8 and V9 (both Certified Nursing Assistants-CNA) provided incontinent care to R7. Both V8 and V9 removed R7's incontinent pad. R7 was also noted wearing double incontinent pads that were both totally soaked with urine. V9 (CNA) stated R7 needs to have 2 incontinent pads because the incontinent pads of the facility are too thin. R7 was then turned to her side. V9 then took 3 wet wash cloth from the bathroom and said two of the washcloths were with soap and water and one was just plain water, to be used as rinse. V9 cleansed R7's buttocks and perineal area. Then R7 was positioned to her back, and a new incontinent pad was applied. There was no cleansing provided in R7's front area and thigh areas. On 4/29/26 at 9:05 AM, V3 (Assistant Director of Nursing) said there should be no double incontinent pads applied to residents. If they are heavy wetter, then they are changed more often. When providing incontinence care, residents should be cleansed thoroughly, front and the back area, to prevent infection. R7's care plan dated 8/18/25 documents, R7 has ADL self-care performance deficit r/t Confusion, Dementia, Impaired balance, and Limited Mobility. TOILET USE: Incontinent of urine/bowel, wears briefs. Dependent on staff for incontinence care. The facility Policy entitled Perineal Care dated 1/14/26 shows, it is the practice of this facility to provide perineal care to all incontinent residents during routine baths and as needed to promote cleanliness and comfort, prevent infection to the extent possible and to prevent and assess for skin breakdown. Gather supplies needed. Basin filled no more than 2/3/full of warm water. Females, assist resident in bending her knees, slightly and spreading her legs. Wet wash cloth, separate resident's labia with one hand and cleanse perineum with other hand, wiping direction from front to back. Repeat opposite side. Pat dries with towel. Turn the resident on her side. Cleanse and dry anal area.		