

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Allure of Zion		STREET ADDRESS, CITY, STATE, ZIP CODE 3615 16th Street Zion, IL 60099	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>37232</p> <p>Based on interview, and record review the facility failed to ensure transfer paperwork was sent to the hospital/emergency room for the correct resident for 1 of 3 residents (R2) reviewed for transfers in the sample of 3.</p> <p>The findings include:</p> <p>On 8/12/24 at 8:40 AM, V1 (Administrator) stated in March of 2024 R2 was sent to the hospital with R1's transfer paperwork.</p> <p>On 8/12/24 at 9:31 AM, V4 (Registered Nurse) stated she was the nurse taking care of R2 on 3/6/24 when R2 was sent to the hospital with R1's transfer paperwork. V4 stated R2 pulled out his gastrostomy tube (g-tube) and was sent to the emergency room to have it replaced. V4 stated about 20 minutes after R2 left the facility she received a phone call from an emergency room nurse saying R1 was in the emergency room . V4 stated she corrected the emergency room nurse and informed them that R2 and not R1 was in the emergency room . According to V4, the emergency room nurse stated the transfer paperwork sent with R2 had R1's name on it. V4 stated V2 (Director of Nursing) was the one that printed the transfer paperwork for R2.</p> <p>On 8/12/24 at 9:12 AM, V2 stated she printed R1's face sheet and code status and that paperwork was sent with R2 to the emergency room .</p> <p>On 8/12/24 at 11:55 AM, V3 (R1's wife) stated once she became aware that R1's paperwork was sent with R2 to the hospital she went to the hospital billing department. V3 stated R1 had a charge for a tube feeding procedure done on 3/6/24. V3 added that R1 did not have a tube feeding and was never in the hospital on 3/6/24.</p> <p>A hospital statement showed R1 had a charge for a procedure dated 3/6/24.</p> <p>On 8/12/24 at 1:14 PM, V2 stated R1 was not sent to the hospital on 3/6/24 and remained at the facility.</p> <p>R2's progress notes dated 3/6/24 showed he was sent to the emergency room after having his g-tube removed.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Transfer and Discharge (including AMA) policy undated showed for transferring a resident to another provider, for any reason, the following information must be provided to the receiving provider: Contact information of the practitioner, resident representative information, advance directive information and other information necessary to meet the resident's needs.</p>		