

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 02/17/2026
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on interview and record review the facility failed to ensure psychotropic medication ordered as needed had a duration/stop date for 1 of 3 residents (R3) reviewed for psychotropic medications in the sample of 5. The findings include: R3's Face Sheet printed on 2/17/26 listed anxiety as a diagnosis. R3's Order Summary Report printed on 2/17/26 showed an order for lorazepam (psychotropic medication) to be given every 4 hours as needed for anxiety. There was no duration/stop date for the order. On 2/27/26 at 10:23 AM, V13 (Pharmacist) said an as needed psychotropic medication such as lorazepam needs a stop date. The facility's Use of Psychotropic Medication(s) undated policy showed as needed psychotropic medications shall be limited to no more than 14 days unless the attending physician believes it is appropriate to extend the order beyond the 14 days. The medical record should include documentation from the physician for the rationale for the extended time period and indicate a specific duration.</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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