STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145443	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Zion	3615 16th Street Zion, IL 60099

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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. 41639 Based on interview and record review, the facility failed to obtain physician's orders for a resident (R67) code status for 1 of 1 resident reviewed for advanced directives in the sample of 24. The findings include: R67's electronic face sheet printed on 7/11/24 showed R67 has diagnoses including but not limited to Parkinson's without dyskinesia, unsteadiness on feet, repeated falls, lack of coordination, and syncope & collapse. R67's physician's orders for July 2024 showed no physician's orders for code status. R67's electronic medical record did not display his code status. R67's care plan dated 6/14/23 showed, Resident has following code: DNR .Note physician order and DNR is present on resident chart if applicable. R67's POLST (Physician's Orders for Life-Sustaining Treatment) dated 12/8/21 showed R67 has elected to be a DNR (Do Not Resuscitate). On 7/11/24 at 1:55PM, V9 (Registered Nurse) stated, If a resident has an emergency, I look at the banner on the resident profile in their EMR (electronic medical record). If it's not there, then I would go to their physician's orders. If it's not there, then we would have to look through the chart under scanned documents to try and find the POLST form which would waste time during an emergency. On 7/11/24 at 1:57PM, V2 (Director of Nursing) stated, All residents should have their code status displayed by their name in their EMR and a physician's order should be obtained with the correct code status. We would waste precious time in an emergency if we had to go through the chart and dig for the POLST form. The facility's policy titled, Residents' Rights Regarding Treatment and Advance Directives dated February 2023 showed, 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 .

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33761 Based on interview and record review the facility failed to ensure a PASRR (Preadmission Screening and Resident Review) level 2 was completed on residents with serious mental illness. This applies to 2 of 2 residents (R66 and R41) reviewed for PASRR in the sample of 24. The findings include: R66's Admission Record (Face Sheet) shows his diagnoses to include unspecified psychosis not due to a substance or known physiological condition, and anxiety. The same document shows R66 was admitted to the facility on [DATE]. R66's PASRR level 1, shows it was completed on 6/4/23, and shows no level 2 was required because there was no serious mental illness, intellectual disability, or developmental disability. On 07/10/24 at 12:10 PM, V5 (Admissions Director) stated, she was not aware that a PASRR level 2 should have been done if a resident has serious mental illness. V5 stated, she was never trained on how or when to request a level 2 PASRR. V5 stated, she is not a nurse and wouldn't know if a resident got a diagnosis of a serious mental illness. V5 stated, she was trained to do a PASRR level 1 if the resident came from Wisconsin. On 07/11/24 at 12:27 PM, V1 (Administrator) stated, the PASRR Level 2 is to make sure the residents get the proper care. V1 stated, the facility needs to get a better process in place. V1 stated, V5 will be properly trained to know how and when to request a PASRR 2. On 07/11/24 11:28 PM, V2 DON (Director of Nursing) stated, if a resident has a PASRR Level 1, and has a serious mental illness then a PASRR Level 2 needs to be done to make sure the resident gets the proper treatment. V2 stated, a PASRR Level 2 should have been done for R66. R66's June 2024 MAR (Medication Administration Record) shows R66 has an order for Quetiapine, Risperidone, and Haloperidol, all medication listed as antipsychotic medications by WebMD. R66's Care plan (initiated 6/11/24) shows R66 is receiving antipsychotic medications. 41639 2) R41's electronic face sheet printed on 7/11/24 showed R41 has diagnoses including but not limited to bipolar disorder, major depressive disorder, hyperlipidemia, hypertension, and type 2 diabetes. R41's document titled, Interagency Certification of Screening Results dated 11/5/2019 showed R41 has no mental illness and does not require a level two PASARR (Preadmission Screening and Resident Review). (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/11/24 at 12:23PM, V1 (Administrator) stated, Admissions does the PASARR's and she will be retrained on the process. She would be responsible for ensuring that the level 2 is done. Technically, R41 should have had a level 2 done upon admission because he has a diagnosis of bipolar disorder and major depressive disorder. The facility's policy titled, Resident Assessment-Coordination with PASARR Program dated October 2023 showed, This facility coordinates assessments with the PASARR program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs .9. Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review .

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639 Based on observation, interview, and record review, the facility failed to provide thorough incontinence care for a dependent resident. This applies to 1 of 2 residents (R37) reviewed for activities of daily living in the sample of 24. The findings include: R37's electronic face sheet printed on 7/11/24 showed R37 has diagnoses including but not limited to hemiplegia and hemiparesis, cerebral infarction, and dementia with behaviors. R37's facility assessment dated [DATE] showed R37 has severe cognitive impairment and is always incontinent of bladder. R37's care plan dated 6/23/23 showed, I have an ADL (activities of daily living) self-care performance deficit. I require assistance with ADL's because I have impaired balance, functional impairment in activity, hemiplegia, and general weakness. On 7/9/24 at 1:15PM, V14 (Certified Nursing Assistant) provided toileting assistance to R37. V14 removed 2 incontinence briefs from R37. V14 stated they put 2 incontinence briefs on R37 in case he urinates, and it leaks out of one brief. R37 had a strong urine odor coming from him and V14 stated both incontinence briefs were wet with urine and the inner brief had feces on it. V14 then cleansed R37's buttocks and applied a clean brief without cleansing R37's perineal and groin area. V14 stated she did not realize she did not clean R37's groin area but she should have because he was heavily incontinent of urine. On 7/11/24 at 1:57PM, V2 (Director of Nursing) stated, Perineal care should be performed after each incontinent episode to prevent infection and provide dignity to each resident. The resident's buttocks and groin area should be thoroughly cleaned every time the resident receives incontinence care. (V14) might not have done it because she's newer and needs some more education. The facility's policy titled, Incontinence dated February 2023 showed, Based on the resident's comprehensive assessment, all residents that are incontinent will receive appropriate treatment and services .4. Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infection and to restore continence to the extent possible.

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34491 Based on observation, interview, and record review, the facility failed to identify areas of pressure for 2 of 3 residents (R45, R56) reviewed for pressure in the sample of 24. This failure resulted in R45 developing two stage 4 pressure injuries, one on each heel, requiring surgical debridement to remove non-viable tissue, and R56 developing an unstageable pressure injury to her left hip requiring debridement. The findings include: 1. R45's Admission Record, provided by the facility on 7/11/24, showed she had diagnoses including a stage 4 pressure ulcer of right heel, and a stage 4 pressure ulcer of left heel, protein-calorie malnutrition, acute embolism, and thrombosis of unspecified deep veins of left lower extremity, and bilateral primary osteoarthritis of knees. R45's 6/10/24 facility assessment showed R45 had severe cognitive impairment, required substantial/maximal assistance from staff for toileting, personal hygiene, upper and lower body dressing, rolling side-to-side in bed, and transfers. R45's care plan initiated on 5/1/24, showed she had the potential for impaired skin integrity as evidenced by Braden Scale for Predicting Pressure Ulcer Risk. High risk for pressure ulcer. The care plan showed Evaluate skin integrity .Provide skin care per facility guidelines and as needed. On 7/11/24 at 9:24 AM, V11 (Wound Nurse/LPN) performed a dressing change to the wounds on R45's bilateral heels. V11 stated he thinks the wounds on R45's heels were there for a while before he noticed them and did his assessment. V11 stated no one notified him of the wounds. V11 stated R45 has MRSA (Methicillin-resistant Staphylococcus aureus-an infection that's become resistant to many of the antibiotics used to treat ordinary staph infections) in her wounds and was currently receiving antibiotics. The wound on R45's right heel was about the size of a dime. The border of the wound had white, moist tissue all around the edge of the wound bed. V11 cleaned the wound with normal saline-soaked gauze, dried the area, and applied an ointment used to remove damaged tissue from the wound bed. V11 applied calcium alginate dressing (a dressing that can absorb excess moisture and promote wound healing) to the wound, then covered the wound with foam dressing and wrapped R45's heel and foot with kerlix gauze. V11 removed the dressing from R45's left heel. R45's left heel was at least twice the size of the right heel. The wound bed was not as red/beefy looking like the right heel. V11 cleansed R45's left heel wound and applied the same treatment as the right heel. At 11:54 AM, V11 said both of R45's heel wounds were identified at the same time. V11 stated he thinks he saw R45's skin sheet and it showed something on her heels, so he checked her heels and saw the open areas. At 12:07 PM, V11 stated he would expect staff to identify an area of skin concern prior to it becoming a stage IV pressure ulcer and report it to him right away so he could assess it and start interventions. V11 stated no staff reported it to him. he saw the skin sheet in his mailbox on 6/4/24 and assessed her. When asked about his initial assessment identifying R45's wounds as unstageable. V11 stated he does not stage the wound; he lets the wound doctor/nurse practitioner stage the wounds. V11 provided surveyor with R45's skin sheet dated 6/3/24 showing both heels circled. The skin sheet showed Open Wound. V11 was asked to provide skin sheets for R45 prior to the 6/3/24 skin sheet. No additional skin sheets were provided prior to exiting the facility. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	R45's Wound Observation Tool, electronically signed by V11 on 6/5/24, showed a facility acquired unstageable pressure area to her left heel effective as of 6/3/24 measuring 2.2 cm (centimeters) long x 2.5 cm wide x 0.1 cm depth. Infection suspected. Moderate serous drainage, odor, and inflammation/induration (localized hardening of soft body tissue) present. R45's Wound Observation Tool, electronically signed by V11 on 6/5/24, showed a facility acquired unstageable pressure area to her right heel effective as of 6/3/24 measuring 2.7 cm in length x 4.0 cm in width x 0.1 cm in depth. Infection suspected. Moderate serous drainage, odor, and inflammation/induration present. R45's 6/7/24 Initial Wound Evaluation and Management Summary performed by V13 (facility contracted Wound Doctor) showed a stage 4 pressure wound of the right heel measuring 2.3 cm x 2.2 cm x 0.1 cm. The evaluation also showed a stage 4 pressure wound of the left heel measuring 3.0 cm x 4.0 cm. The evaluation showed the depth of the wound was not measurable due to presence of nonviable tissue and necrosis (thick adherent black non-viable skin tissue). The evaluation showed 100% necrotic tissue (eschar). A surgical debridement procedure was performed to remove the thick adherent eschar and devitalized tissue, establish the margins of viable tissue, and remove infected tissue. V13's procedure note showed surgical excision of devitalized tissue and necrotic muscle level tissues were removed at a depth of 0.3 cm to R45's left heel. The evaluation also showed a deep wound culture of the stage 4 pressure wound on R45's left heel was recommended by V13 on 6/7/24. R45's 7/9/24 Wound Evaluation and Management Summary by V13 showed the pressure wound to her left heel measured 2.5 cm x 2.3 cm x 0.2 cm, and the pressure wound to her right heel measured 0.9 cm x 0.8 cm x 0.2 cm. The evaluation showed MRSA positive wound culture to R45's right heel. The evaluation also showed X-Ray pending on pressure wound of the heel as of 7/9/24. The Radiology Results Report dated 7/9/24 showed X-rays were performed on R45's left and right heels. The results showed no osteomyelitis (inflammation of the bone caused by infection spreading from nearby tissue) was seen. On 7/11/24 at 12:56 PM, V2 (Director of Nursing) stated the CNAs (Certified Nursing Assistants) usually alert first regarding skin concerns and put the information on the resident's shower sheet. V2 stated the CNAs have to report the concern to her. She (V2) lets V11 (Wound Nurse) know, and he will do an assessment. V2 stated she would expect the nurses and the CNAs to identify an area of skin concern, prior to it becoming a stage 4 that looked infected. V2 added, Clearly there would have been something there prior. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	On 7/12/24 at 8:59AM, V18 (Nurse Practitioner) stated, (R45) is definitely at increased risk for pressure ulcers with all of her comorbidities. She is dependent on the staff for her cares and repositioning so this should have been caught way sooner. I got a call from an agency nurse that they found pressure ulcers and I just couldn't believe it. I feel bad because I thought we were on top of her care and obviously the skin checks weren't being done otherwise we would have caught it sooner. It is unacceptable to find a wound when it is at a stage 4. At this point, we are back-peddling and trying to play catch-up with her wound care to try and heal it because it is more advanced. When you catch a wound in its earlier stages it is much easier and quicker to heal but now this will take some time and diligence with wound care. Weekly skin checks should be done on all residents that are at high risk for skin breakdown and these 2 residents are high risk residents. (R56) already has a surgical wound on her right hip and now we have to try and heal her left hip pressure ulcer. It makes me sad that these 2 residents are going through this because I thought we were really on top of their care. Both of these wounds should have been identified sooner and I believe they would have been if we were doing the weekly skin checks and observing their skin more closely during daily cares. R45's June 2024 Medication Administration Record (MAR) showed she was started on Keflex 500 mg (milligrams) every 12 hours for 10 days on 6/4/24, for prophylaxis for wound infection. The June MAR showed that order was discontinued, and she was started on Bactrim DS 800-160 mg twice daily on 6/11/24 through 6/21/24 for MRSA in wound. R45's June 2024 Treatment Administration Record showed an order on 6/3/24 to apply santyl (a debridement ointment) and cover with a dressing to bilateral heels. The TAR showed on 6/5/24 orders were changed to Cleanse with normal saline, pat dry, apply Santyl, apply alginate calcium once daily and as needed. Gauze island with border dressing, apply once daily and as needed for right and left heels. The facility's February 2023 policy and procedure titled Skin Audits by Nursing Assistants showed It is the facility's policy to communicate changes in skin condition to appropriate personnel as part of their systematic approach for pressure injury prevention and management. 1. Nursing assistants shall inspect all skin surfaces during bath/shower and report any concerns to the resident's nurse immediately after the task. 2. Nursing assistants shall also report changes in skin condition that are noted during any care procedure. 3. Skin conditions that shall be reported include but are not limited to: a. Redness b. Bruising c. Swelling d. Rashes, hives e. Blisters (clear or blood-filled) f. Skin tears g. Open areas, ulcers, lesions. 41639 2) R56's electronic face sheet printed on 7/11/24 showed R56 has diagnoses including but not limited to dementia with behaviors, sciatica, bipolar disorder, osteoarthritis, pressure ulcer of left hip-unstageable, and non-pressure chronic ulcer of left buttock. R56's facility assessment dated [DATE] showed R56 has no cognitive impairment and has no pressure injuries. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	R56's care plan dated 6/19/24 showed, The resident has pressure ulcer or potential for pressure ulcer development related I have 2 wounds and am being seen by the wound doctor/nurse. (SITE 6) unstageable (due to necrosis) of the left hip. 6/21/24 this is now a stage 4 .Follow facility policies/protocols for the prevention/treatment of skin breakdown. Monitor/document/report PRN (as needed) any changes in skin status: appearance, color, wound healing, signs and symptoms of infection, wound size (length X width X depth), stage R56's physician's orders for May 2024 showed no orders for R56 to have weekly skin assessments. R56's May 2024 skin checks showed R56 had 1 skin check for the month of May on 5/30/24 (the same day R56's unstageable wound was identified). R56's wound assessment dated [DATE] showed, Unstageable left hip pressure ulcer. 100% thick adherent black necrotic tissue. 2.5x3.6 cm (centimeters). R56's wound assessment dated [DATE] showed, Stage 4 left hip pressure ulcer 2.9 x 1.3 x 0.2 cm . moderate serous exudate (clear drainage) Surgical Excision Debridement Procedure: Post-debridement assessment of this previously unstageable necrotic wound has revealed the underlying deep tissue at the muscle/fascia level, which had been obscured by necrosis prior to this point. This wound has now revealed itself to be a Stage 4 pressure injury. On 7/11/24 at 2:08PM, V11 (wound care nurse) stated, (R56's) pressure ulcer started as a blister that was not opened. I can't say how it developed but we applied a foam dressing until the wound care nurse practitioner could evaluate it on 5/31/24. The wound care physician debrided it and found it to be a stage 4 pressure ulcer. I was notified by the nursing staff on 5/30/24 that she had the blister, so I went down and assessed it and notified the wound care nurse practitioner and she came and saw her on 5/31/24. The only weekly assessments I have is the one I gave you for 5/30/24. The staff should have been doing weekly skin assessments on (R56) due to her high risk for skin breakdown and existing surgical wound on her other hip. I can't say why they didn't do the weekly assessments but perhaps we could have caught this before it developed into an unstageable wound and had to be debrided. The facility's policy titled, Pressure Injury Prevention and Management dated February 2023 showed, This facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries .c. Licensed nurses will conduct a full body skin assessment on all residents upon admission/readmission, weekly, and after any newly identified pressure injury. Findings will be documented in the medical record .e. nursing assistants will inspect the skin during bath and will report any concerns to the resident's nurse immediately after the task .

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639 Based on observation, interview, and record review, the facility failed to ensure fall prevention measures were in place for 2 of 11 resident's (R3, R30) reviewed for safety & supervision in the sample of 24. The findings include: 1) R3's electronic face sheet printed on 7/11/24 showed R3 has diagnoses including but not limited to congestive heart failure, left eye blindness, weakness, anxiety disorder, and altered mental status. R3's facility assessment dated [DATE] showed R3 has sever cognitive impairment and does not use alarms. R3's fall risk assessment dated [DATE] showed R3 is at risk for falls. R3's physician's orders dated 7/9/24 showed, clip alarm in place. R3's care plan dated 4/25/24 showed, The resident is at risk for falls related to incontinence. Clip alarm while in bed and wheelchair. On 7/9/24 at 10:16AM, R3 was laying in her bed with her alarm hooked to the right side of her bed. The end of the clip alarm was laying in the bed next to R3, not clipped to anything. V6 (Licensed Practical Nurse) came into the room with this surveyor and stated R3's clip alarm would not be considered in place because it is not attached to R3. V6 stated R3's alarm should be clipped to her so that we know when she tries to get up and can attend to her before she falls. On 7/11/24 at 1:57PM, V2 (Director of Nursing) stated, Clip alarms should be applied correctly to alert staff if a resident tries to get up. Once the alarm sounds, staff would respond immediately in an attempt to get to the resident before they fall. I entered orders for all of the residents with clip alarms on 7/9/24 because none of them had orders present in their chart. The facility's policy titled, Fall Prevention Program dated February 2023 showed, Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls . 2) R30's electronic face sheet printed on 7/11/24 showed R30 has diagnoses including but not limited to tachycardia, low back pain, pain to left hip, history of falls, and major depressive disorder. R30's facility assessment dated [DATE] showed R30 has severe cognitive impairment. R30's care plan with a review date of 7/10/24 showed, The resident is at risk for falls. Clip alarm while in bed and wheelchair. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R30's fall risk assessment dated [DATE] showed R30 is at risk for falls. R30's physician's orders dated 7/9/24 showed, Clip alarm in place. On 7/9/24 at 11:01AM, R30 was laying in her bed on her left side. R30's alarm was attached to her left side rail with the cord hanging down next to the bed with no clip present on the end of the cord. On 7/10/24 at 1:37PM, R30's clip alarm was in the same position and condition as surveyor's previous observation on 7/9/24. R30 was laying in her bed with her knees hanging off of the left side of the bed. V19 (Certified Nursing Assistant) came into R30's room with surveyor and stated V19 does use a clip alarm for fall prevention. V19 agreed that R30's alarm was not clipped to her and there was no way the alarm could have been clipped to her due to the absence of the clip on the end of the cord. V19 stated if the alarm is not clipped to R30 then staff will not be made aware if R30 tries to get up and she could fall. V19 took R30's clip alarm to be replaced with a functioning alarm. On 7/11/24 at 10:20AM, R30 was laying in her bed with a functioning alarm hooked onto the left side rail on her bed. R30's clip alarm was not clipped to her and was hanging off the side of the bed. R30's knees were hanging off the left side of the bed. Surveyor notified V9 (Registered Nurse) who came into R30's room and clipped her alarm to her.

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F 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639 Based on observation, interview, and record review, the facility failed to perform weekly weights as ordered by a physician for 1 of 7 residents (R58) reviewed for nutrition in the sample of 24. This failure resulted in R58 experiencing a significant weight loss of 7.96% within a 3-month period before it was identified by facility staff and R58 was referred to the facility dietician. The findings include: R58's electronic face sheet printed on 7/11/24 showed R58 has diagnoses including but not limited to traumatic subdural hemorrhage, type 2 diabetes, unspecified protein-calorie nutrition, anemia, and history of pneumonia. R58's facility assessment dated [DATE] showed R58 has severe cognitive impairment and has weight loss of 5% or more in the last month or 10% or more in the last 6 months. R58's care plan contained no problems or interventions for R58's weight loss. R58's physician's orders dated 8/24/23 showed, Weight every day shift every Thursday. R58's medication administration record (MAR) for April 2024 showed R58 weighed 120.6lbs on 4/19/24. No weight was obtained for R58 the following week on 4/25/24. R58's MAR for May 2024 showed no weight was obtained for R58 on 5/2/24. 3 weeks passed without weekly weights being obtained for R58. On 5/9/24, R58 weighed 114lbs. This was a 5.47% weight loss within less than one month. R58's weight as of 7/6/24 was 111lbs which is an additional 3lb weight loss since May 2024. R58's dietician assessment dated [DATE] showed, Weight 5/6/24 114lbs. comparative weight loss 10.5% within 6 months Weight no lower desired. On 7/11/24 at 1:54PM, V2 (Director of Nursing) stated, The dietician is here at least once a week. I believe she is seeing (R58). We have a risk meeting every week and review all of the weekly weights and any concerns. For this week, (R58) is not on the list that the dietician reviewed. I can see where this is an issue. Staff should have been documenting the weights and obtaining them as ordered. (V17-lead certified nursing assistant) is the one who puts the weight list out for the aides on the floor, so they know who needs to be weighed. V17 then entered the room for the interview and stated she was unaware that R58 needed to be a weekly weight and she has not been notifying staff to weigh her weekly; therefore, there are no weekly weights being done for R58. (continued on next page)

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	145443	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Zion	3615 16th Street Zion, IL 60099

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F 0692 Level of Harm - Actual harm Residents Affected - Few	On 7/11/24 at 2:38PM, V13 (Dietician) stated, I go through the weights each month and look at who needs to be assessed by me. (R58's) nurse practitioner wanted me to see her and have weekly weights done on her because she has lost more weight. I haven't followed up on the last weight they were supposed to do earlier this week. (R58 had no weekly weight done as of 7/11/24). In May she was on my list, so I added a supplement for her. If she triggers on the weight change or MDS (minimum data set) then I would see her. Whatever comes up on the weights and exception report on (computer system) is who I see, and I don't recall her being on that. Obviously if there were weights ordered weekly that's what they should have been doing so we could have maybe caught this prior to it becoming significant. I suppose she wouldn't show up on the weight report if they aren't doing the weights and entering them so that is also a problem. The facility's policy titled, Weight Monitoring dated February 2023 showed, Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise .Weight can be a useful indicator of nutritional status. Significant unintended changes in weight or insidious weight loss may indicate a nutritional problem .4. Interventions will be identified, implemented, monitored, and modified (as appropriate), consistent with the resident's assessed needs, choices, preferences, goals and current professional standards to maintain acceptable parameters of nutritional status .5. A weight monitoring schedule will be developed upon admission for all residents: c. residents with weight loss-monitor weight weekly.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34891 Based on observation, interview, and record review the facility failed to ensure oxygen was administered at the physician prescribed rate and failed to handle oxygen tubing in a manner to prevent cross contamination for 1 of 1 resident (R36) reviewed for oxygen in the sample of 24. The findings include: R36's face sheet printed on 7/11/24 showed diagnoses including but not limited to heart disease, pleural effusion (buildup of excess fluid around the lungs), and pneumonia. R36's facility assessment dated [DATE] showed total staff dependence needed for toileting, hygiene, dressing, and transfers. The same assessment showed no cognitive impairment and frequently incontinent of urine and bowel. R36's July order summary report showed a physician order start dated 6/7/24 for: Oxygen at 2 liters per minute every shift. R36's care plan showed a focus area initiated 6/25/24 for oxygen therapy related to shortness of breath. Interventions included give medication as ordered by physician and oxygen at 2 liters per NC (nasal cannula). On 7/9/24 at 11:13 AM, R36 was lying in bed and was heavily incontinent of bowel. R36 had opened her brief and was attempting to clean herself. Bowel movement was observed on her hands and inner thighs. Soiled bed linens and bowel movement was observed on the floor next to her bed. R36's oxygen tubing was laying on top of the soiled linens and floor. The oxygen level was set and running at 4 liters per minute. V7 and V8 (CNAs-Certified Nurse Aides) entered the room and began to assist R36 with incontinence care. V8 picked up the nasal cannula from the floor and placed it directly into R36's nose. The aides completed pericare and transferred R36 from the bed to her wheelchair using a mechanical sit to stand lift. R36 continued wearing the oxygen during the process. The tubing was tangled and stretched taut while she was wheeled backwards to the wheelchair. The tubing ripped out of her nose and fell on to the bowel covered floor. Again, the tubing was picked up and placed directly back into her nose. The tubing had a white tape with an illegible date written on it. On 7/10/24 at 11:52 AM, R36 was seated in her wheelchair and wearing her oxygen which was running through the same tubing. R36 stated she needs to wear the oxygen every day. R36 stated she especially needs it when she gets panicky while getting dressed or being transferred. On 7/10/24 at 1:42 PM, V7 (CNA) stated oxygen tubing needs to be replaced right away if it gets dirty from the floor. We tell the nurse it needs to be changed. Dirty oxygen supplies can cause respiratory problems. Once it is on the floor it is contaminated and is an infection control issue. It needs to be changed out right away. On 7/11/24 at 11:23 AM, V2 (Director of Nurses) stated oxygen is a medication and needs to be administered as ordered by the physician. If it is running too high, too much will get into the resident's respiratory system and the body will store it wrong. Breathing issues could develop. Tugging on oxygen tubing can cause pain. Nasal cannulas laying on the floor are an infection control issue. It should not be used until it has been changed. Laying in bowel movement is exposing it to E. Coli (a harmful bacteria) which can transfer to the face and that is serious infection issue. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's undated Oxygen Administration policy states: 1. Oxygen is administered under orders of a physician . and 5. b. Change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33761 Based on interview and record review the facility failed to ensure a MRR (Medication Regimen Review) was being completed by a licensed pharmacist on a monthly basis. This applies to 5 of 5 residents (R8, R26, R41, R56, and R61) reviewed for MRR's in the sample of 24. The findings include: R8's Admission Record (Face Sheet) shows she was admitted to the facility on [DATE], with diagnoses to include type 2 diabetes mellitus, major depressive disorder, and hypertension. R8's only MRR for 2024 was in June. R26's Admission Record (Face Sheet) shows she was admitted to the facility on [DATE], with diagnoses to include anxiety, depression, atrial fibrillation, and type 2 diabetes mellitus. R26's only MRR for 2024 was in July. R41's Admission Record (Face Sheet) shows he was admitted to the facility on [DATE], with diagnoses to include bipolar disorder, hypertension, COPD (Chronic Obstructive Pulmonary Disease), and type 2 diabetes mellitus. R41's only MRR for 2024 was in June. R56's Admission Record (Face Sheet) shows she was admitted to the facility on [DATE], with diagnoses to include bipolar disorder, atrial fibrillation, and osteoarthritis. R26's only MRR for 2024 was in June. R61's Admission Record (Face Sheet) shows he was admitted to the facility on [DATE], with diagnoses to include anxiety, major depressive disorder, and Parkinson's disease. R61's only MRR for 2024 was in June. On 07/11/24 at 1:02 PM, V1 (Administrator) stated, a lot of information went missing after our old DON (Director of Nursing) left. V1 believes that the MRR's were some of the documents that disappeared, and we don't know where they went. V1 said the facility switched pharmacies recently and they are now doing our MRR's and documenting in EMR (Electronic Medical Records). V1 stated, old DON had access to our old pharmacy's system and was supposed to be printing the MRR's out but obviously she wasn't. The undated pharmacy services policy and procedure shows, the facility will provide pharmaceutical services to include procedures that assure the accurate acquiring, receiving, dispensing, and administering of all routine and emergency drugs and biological to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The licensed pharmacist will collaborate with facility leadership and staff to coordinate pharmaceutical services within the facility, guide development and evaluation of pharmaceutical services procedures, and help the facility identify, evaluate, and resolve pharmaceutical concerns which affect resident care, medical care, or quality of life.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 34891 Based on observation, interview, and record review the facility failed to store medications according to their policy and failed to ensure medication refrigerator temperatures were maintained. These failures have the potential to affect all residents in the facility. The findings include: The CMS 671 form dated 7/9/24 showed 91 residents reside in the facility. 1. On 7/10/24 at 12:11 PM, the 400-hall medication cart was reviewed with V9 (Registered Nurse) present. A box of liquid Norco (pain medication) and a box of liquid Lorazepam (antianxiety medication) were in the narcotic box. At 12:33 PM, the 200-hall medication cart was reviewed with V10 (LPN-Licensed Practical Nurse) present. A box of liquid Lorazepam was in the narcotic box. All three boxes were clearly labeled with stickers showing to store the medications in the refrigerator. 2. On 7/10/24 at 12:16 PM, the 200-hall medication cart was unlocked. This surveyor had full access to every drawer of medications (except the double locked narcotic box). The cart was parked directly next to a visitor/common use bathroom. Multiple people were observed passing the unlocked cart including visitors, staff, and residents. At 12:33 PM, V10 (LPN) was shown the unlocked cart. V10 stated the cart should always be locked and that she must have forgot to lock it when she walked away from it. On 7/11/24 at 11:19 AM, V2 (DON-Director of Nurses) stated medication carts should be locked at all times for safety and to prevent medications from being taken. Missing or wrong medications can adversely affect residents. There is the potential for a resident to get into a cart and take something that does not belong to them. Medication marked as needing refrigeration should be stored there. It is a safety issue and keeps it at the correct storage temperature. It helps to ensure the integrity of the medication. There is the potential to be less effective when not stored under the proper conditions. 3. On 7/10/24 at 2:34 PM, the facility's one medication room was reviewed with V16 (LPN) present. V16 was unable to locate any temperature logs for the medication room refrigerators. V16 stated she would contact V2 (DON) and determine where they are kept. On 7/11/24 at 11:51 AM, V2 (DON) and V12 (Regional Nurse Consultant) stated they were unable to locate any temperature logs for the refrigerators. V2 and V12 said there is no way of knowing if the refrigerators are storing items under the proper temperatures. Medication has the potential to be less effective if it is not stored correctly. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's undated Medication Storage policy states under the general guidelines section: a. All drugs and biologicals will be stored in locked compartments (i.e. medication carts, cabinets, drawers, refrigerators, medication rooms) . The policy states under the refrigerated products section: a. All medications requiring refrigeration are stored in refrigerators located in the pharmacy and at each medication room. B. Temperatures are maintained within 36-46 degrees Fahrenheit. Charts are kept on each refrigerator and temperature levels are recorded daily by the charge nurse or other designee.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639 Based on observation, interview, and record review, the facility failed to initiate isolation precautions for a resident (R56) with a wound and peripherally inserted central catheter (PICC) lined, failed to perform hand hygiene before and after catheter care for a resident (R248), and failed to wear personal protective equipment for a resident (R248) on enhanced barrier precautions. These failures apply to 2 of 7 residents reviewed for infection control in the sample of 24. The findings include: 1) R56's electronic face sheet printed on 7/11/24 showed R56 has diagnoses including but not limited to dementia with behaviors, sciatica, bipolar disorder, anemia, pressure ulcer of left hip-unstageable, non-pressure chronic ulcer of left buttock, history of urinary tract infections, and anxiety disorder. R56's facility assessment dated [DATE] showed R56 has no cognitive impairment. R56's physician's orders for July 2024 showed no orders for R56 to be on enhanced barrier precautions. R56's wound assessment dated [DATE] showed R56 has a stage 4 pressure ulcer draining large amounts of serous (clear) drainage and a surgical wound. On 7/9/24 at 10:42AM, R56 was laying in her bed and had a PICC line to her right arm. R56 stated staff do not wear any gowns or eye protection when they are in her room or caring for her PICC line or wounds. R56's doorway had no isolation signs or PPE (personal protective equipment) located outside her room. As of 7/11/24 at 1:15PM, R56's room still had no isolation sign or PPE outside of her room. On 7/11/24 at 1:20PM, V2 (Director of Nursing/Infection Preventionist) stated, A resident should be placed on enhanced barrier precautions if identified as having MDROs (multidrug-resistant organisms), an indwelling catheter, a large wound, or if they have any devices going into their body. The facility's policy titled, Enhanced Barrier Precautions dated April 2, 2024 showed, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organism .b. an order for enhanced barrier precautions will be obtained for residents with any of the following: i. wounds (e.g. chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g. central lines, urinary catheters .PICC lines .) even if the resident is not known to be infected or colonized with a MDRO. 3. Implementation of Enhanced Barrier Precautions: a. Make gowns and gloves available immediately near or outside of the resident's room .b. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities .4. High-contact resident care activities include g. Device care of use: central lines, urinary catheters .PICC lines .h. wound care: any skin opening requiring a dressing . 34491 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. R248's Admission Record, provided by the facility on 7/11/24, showed he had diagnoses including retention of urine, a personal history of urinary tract infections, and chronic kidney disease, stage 4 (severe). R248's care plan initiated on 5/6/24, showed he requires enhanced barrier precautions (EBP) related to an indwelling catheter. The care plan showed Wear personal protective equipment (PPE) properly. The care plan also showed staff should maintain strict asepsis for dressing changes, wound care, intravenous therapy, and catheter handling .Staff is instructed for a resident on EBP, PPE is employed when performing the following high-contact resident care activities .changing briefs or assisting with toileting .Device care or use . urinary catheter. R248's 5/8/24 facility assessment showed he was cognitively intact, had an indwelling urinary catheter, and required supervision or touching assistance with toileting hygiene. The assessment showed R248 required substantial/maximal assistance with lower body dressing. On 7/10/24 at 1:48 PM, V15 (Certified Nursing Assistant-CNA) entered R248's room to empty his urinary drainage leg bag. The sign on the door showed the resident was on isolation. V15 did not perform hand hygiene or put a gown on prior to emptying R248's urinary drainage bag. V15 put gloves on, emptied the urinary drainage bag into a urinal, emptied the urinal into the toilet, then removed the gloves. V15 did not perform hand hygiene. V15 touched the back of her scrub shirt, then exited R248's room. V15 went to R26's room and propelled R26 down the hall to grab the supplies for R26's smoke break from the medication room. V15 pulled a cigarette and lighter out for R26, then propelled her down to the smoking area. V15 entered the code into the door keypad, took R26 out into the smoking area, and lit R26's cigarette for her. On 7/10/24 at 1:58 PM, V2 (Director of Nursing-DON) said R248 is on enhanced barrier precautions. V2 said staff should wear a gown and gloves when emptying a urinary drainage bag. Staff should perform hand hygiene before and after providing direct care/emptying the urine drainage bag. On 7/11/24 at 1:29 PM, V2 stated it is important for staff to wear PPE (personal protective equipment) and perform hand hygiene before and after care for a resident on isolation, or on enhanced barrier precautions to prevent the spread of infection.