STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145619	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Lake Storey	1250 West Carl Sandburg Drive Galesburg, IL 61401

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on interview and record review, the facility failed to inform a resident's family (R1) of a positive COVID-19 test result, resulting in a family member being unknowingly exposed to COVID-19, in a sample of three. Findings Include:R1's Progress Note dated 12/30/2025 documents, Res (resident) tested positive for COVID, Mucinex, and Vitamin C in place. Res currently asymptomatic, DON (Director of Nursing), IMG (In home medical group/Nurse Practitioner) notified.R1's Care Plan dated 4/7/2026 documents, Resident is on strict isolation R/T (related to) COVID-19 d/c (discontinue) on 1/10/26. Date Initiated: 12/30/2025. Created on: 01/06/2026. Revision on: 01/06/2026.On 4/6/2026 at 12:30 PM, V11 (Complainant) stated when V6 (R1's family member) came to visit R1 at the facility no one informed V6 that R1 had COVID-19 prior to her visit. V11 stated once V6 was in R1's room for almost three hours a staff member finally told V6 she needs to wear a mask and personal protective equipment provided by the facility due to R1 having COVID-19. V11 stated how wrong it was to not inform anyone that R1 had COVID-19 especially since V6 cares for her infant grandchild at home.On 4/6/2026 at 2:23 PM, V7 (Licensed Practical Nurse) stated she was the nurse on duty when V6 (R1's family member) came to visit on 1/3/2026. V7 stated when she entered R1's room for cares she saw V6 was sitting on R1's bed without any PPE (person protective equipment).On 4/6/2026 at 2:39 PM, V9 (Certified Nurse Assistant) was the CNA (Certified Nurse Assistant) working on 1/3/2026 when V6 (R1's family member) came to visit R1. V9 stated she went into R1's room to lay R1's roommate down, when she saw V6 sitting on R1's bed without any PPE (person protective equipment). V9 asked V6 why she was not wearing any PPE and V6 stated she did not know she was supposed to. V9 stated R1 has COVID-19 and V6 stated, I did not know that, and no one told me.On 4/7/2026 at 1:05 PM, V10 (Registered Nurse) was the nurse who tested R1 on 12/30/2026. V10 stated she could not get ahold of R1's family that day and did not leave a message. V10 confirmed she did not tell any of R1's family members she tested positive for COVID-19.On 4/6/2026 at 3:01 PM, V2 (Director of Nursing/Infection Preventionist) stated when testing for COVID-19 it depends on when the resident is tested if I report to the resident family or not. V2 stated that when she does a facility wide testing, she will inform residents family members if, they are positive. V2 stated if a floor staff nurse tests a resident and the resident is positive it is the nurse's responsibility to call and tell the residents family.The facility's COVID-19 Prevention, Response, and Reporting policy dated 6/11/2025 documents, It is the policy of this facility to ensure that appropriate interventions are implemented to prevent the spread of COVID-19 and promptly respond to any suspected or confirmed COVID-19 infections. COVID-19 information will be reported through the proper channels as per federal, state and/or local health authority guidance. Policy explanation and compliance guidelines, 6. The facility will provide guidance about recommended actions for residents and visitors who have any of the above criteria.The facility's COVID-19 Visitation policy dated 9/9/2025 documents, The facility will allow resident visitation to all visitors and non-essential health care personnel. This can be conducted through different means based on the facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. The visitation will be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. Exceptions will be in accordance with federal, state and/or local guidance. 9. Visits required under the federal (continued on next page)

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	disability rights laws and protection and advocacy programs will be allowed at all times. If the resident is in transmission-based precaution or quarantine, the resident and representative should be made aware of the potential risk of visiting and the visit should take place in the resident's room.