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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145770 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Allure of MT Carroll | | STREET ADDRESS, CITY, STATE, ZIP CODE 1006 North Lowden Road Mount Carroll, IL 61053 | |

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) |
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| <p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>35174</p> <p>Based on interview and record review the failed facility failed to ensure residents' money were not taken from their rooms which applies to 2 or 9 residents (R1, R2) reviewed for Misappropriation in a sample of 9.</p> <p>The findings include:</p> <p>The facility's Final Incident Report dated 4/30/24 showed the facility was able to verify R1 had at least \$160 and R2 had at \$33 missing from their rooms. This report showed the money was not recovered during the investigation.</p> <p>On 5/1/24 at 10:00 AM, V1 (Administrator) stated on 4/23/24 it was reported to her R1 made an allegation of missing money in her room. After talking with R1 and R1's family who was present, it was determined R1 had at least \$160 dollars missing from her nightstand. The next morning while the investigation was ongoing R2 made the allegation she was also missing money from a bag kept in her room. R2's family was able to confirm R2 had \$33 dollars which was last seen in R2's bag. The conclusion of the investigation was R1 and R2 had money removed from their rooms. V1 stated they had suspected a staff member (V11 Certified Nursing Assistant) who was terminated on an unrelated topic on 4/23/24.</p> <p>On 5/1/24 at 10:25 AM, R1 stated she knew she had at least \$160 dollars in the top drawer of the nightstand. R1 stated she took \$200 out of her bank account and spent roughly \$40 dollars on toiletries just before being admitted to the facility. R1 stated she kept the money in the bank envelope, rubber banded, and in the top drawer of the nightstand. R1 stated she went to get some money out for her family member. When R1 opened the drawer, the envelope was empty. R1 stated it was the first time she had attempted to get money out of the envelope since she was in the facility.</p> <p>On 5/1/24 at 10:50 am, R2 stated on Wednesday (4/24/24) the staff had been talking about missing money. R2 stated she looked in the bag R2 kept money in. R2 found the resealable bag used to keep her money in was not organized the same way she had left it. R2 stated she kept the money she had in the middle of some paper notes, an identification, and personal notes so it could not be seen on the outside. When she looked in the resealable bag the money was missing, and the papers were jumbled up. R2 stated V1 was notified that morning about the missing money.</p> <p>The facility's Abuse Policy dated 2/1/24 showed the definition of Misappropriation to be the deliberate misplacement, exploitation, or wrongful, temporary, or permanent, use of a resident's belongings or money without the resident's consent.</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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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>35174</p> <p>Based on interview and record review the facility failed to contact law enforcement timely when an allegation of misappropriation occurred in the facility which applies to 2 of 9 residents (R1, R2) reviewed for misappropriation reporting is a sample of 9.</p> <p>The findings include:</p> <p>The facility's Final Incident Report showed on 4/23/24 R1 reported approximately \$160 was missing. This report showed on 4/24/24 R2 reported missing \$33 dollars. This report did not indicate the local police were contacted.</p> <p>On 5/1/24 at 10:00 AM, V1 (Administrator) stated she did not contact the local police for the missing money at the time of R1 and R2's allegations. V1 stated she had contacted the local police today (5/1/24).</p> <p>On 5/1/24 at 1:35 PM, V9 (local police officer) stated they had not been contacted by the facility prior to today (5/1/24) for an allegation of missing resident money. V9 stated it was reported to V9, R1's money was found to be missing on 4/23/24 and R2's money was reported missing on 4/24/24.</p> <p>The facility's Abuse Policy dated 2/1/24 showed reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes which include immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury.</p> |