

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/09/2026
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation, interview, and record review the facility to store controlled substances in a separately locked, permanently affixed storage container. This applies to 7 of 7 residents (R3, R6, R8, R40, R11, R53, and R57) reviewed for controlled substances in the sample of 33. The findings include: On 7/8/26 at 1:03 PM, the facility's medication room was reviewed with V3 (Assistant Director of Nursing). The door to the room was locked and within the room was a medication refrigerator. In the refrigerator (refrigerator was not locked and had no lock) was a lockbox, which V3 was able to remove from the refrigerator without a key (it was not affixed to the refrigerator). V3 stated the lock box contained lorazepam (an antianxiety medication) and the refrigerator did not have a lock. On 07/8/2026 at 2:53 PM, V2 (Director of Nursing) stated narcotics as well as lorazepam need to be locked due to the increased risk of drug diversion. V2 stated controlled substances need to be double locked; however, V2 stated it was her understanding the door to the medication room was the permanently affixed lock. On 7/8/26 at 2:53 PM, V5 (Corporate Nurse) stated typically the refrigerator is also locked and would be considered the separately locked and permanently affixed storage for controlled substances. V5 stated V3 should not have been able to remove the lorazepam from the refrigerator without unlocking the refrigerator or having the lorazepam box secured to the refrigerator. On 7/9/26 at 10:40 AM, V2 provided a list of residents in the facility on lorazepam. The list included R3, R6, R8, R40, R11, R53, and R57. The facility's Controlled Substance Administration and Accountability policy (Copyright 2026) showed .The facility will have safeguards in place in order to prevent loss, diversion, or accidental exposure.Areas without automated dispensing systems utilize a substantially-constructed storage unit with two locks and a paper system for 24-hour recording of controlled substance use.		

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to protect a resident's rights by ensuring his private space was protected/honored for 1 of 1 resident (R41) reviewed for resident rights in the sample of 33. The findings include: On 7/7/26 at 1:36 PM, R41 was sitting in the recliner in his room. R41 stated R5 wanders the halls in her wheelchair, comes into his room and has gone through his dresser and closet. R41 stated the last time R5 did this was 4 days ago. R41 stated R5 has done this before, and he has reported it. R41 stated he has fallen asleep, gets the feeling someone is looking at him and R5 is in his room. R41 stated when he was younger, he was jumped, mugged and lost his eyesight in one eye from the incident. R41 stated since then when someone gets close to him it puts him in a defensive mood. R41 stated it is upsetting. R41 stated a lot of people have dementia, can't help what they do but he feels the facility should watch R5 closer. R41's current Care Plan dated 5/14/26 showed, Resident Concerns of peers entering room. Resident requests a stop plastic strip to deter other peers from entering room. Educate resident on safety and use of stop sign. Nurse to identify area of concern. Nurse to notify appropriate department leader(s) of concern per facility protocol. Nurse to notify Social Services of concern and possible need for care conference. The resident has impaired visual function related to blindness in left eye. On 7/9/26 at 9:39 AM, V8 (Social Service Director/SSD) stated R41 was on YYY hall and so was R5. R41 was moved to the XXX hall and doesn't have the stop sign across his doorway anymore; that was when he was in his old room because R5 would go into his room. V8 stated R5 doesn't go down the XXX halls to the end where R41's room is located. On 7/9/26 at 9:46 AM, V11 (Certified Nursing Assistant/CNA) stated she has worked at the facility for two months. V11 stated that R5 does wander down XXX hall all the way to the end. R5 wanders and goes into other resident rooms. On 7/9/26 at 9:51 AM, R41 stated R5 comes into his room whenever she comes down this hallway. R41 stated he had told the CNAs. R41 stated when he is asleep, she gets in his face, he wakes up, and is startled. R41 did not want to get startled and accidentally hit R5. On 7/9/26 at 10:00 AM, V8 (SSD) confirmed it is R41's right and choice not to have R5 in his room. The Face Sheet dated 7/9/26 showed diagnoses including left eye blindness, obesity, hypothyroidism, urinary tract infection, gastrointestinal hemorrhage, chronic obstructive pulmonary disease, aneurysm of thoracic aorta, obstructive and reflux uropathy, and necrotizing fasciitis. The Minimum Data Set, dated [DATE] for R41 showed no cognitive impairment. The facility's Resident Rights policy (May 2025) showed the facility will inform the resident both orally and in writing, in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay at the facility. The policy did not show what the residents' rights and responsibilities were.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to document a resident's discharge to the hospital and failed to issue a bed hold for 1 of 2 residents (R17) reviewed for discharge in the sample of 33. The findings include: R17's admission record documents she was admitted on [DATE] following a cerebral infarction with left side paralysis.R17's census record shows she was discharged to the hospital on 4/28/26 and returned to the facility on 5/6/26. A review of R17's progress notes for 4/28/26 shows no documentation of her transfer out of the facility, and no progress notes regarding her discharge to the hospital. On 7/08/2026 at 1:00 PM, V6 (Registered Nurse) said she believed R17 was going back to the hospital to have something done and was found to have a urinary infection, so she was admitted to the hospital for IV (intravenous) antibiotics. V6 said R17 was in the hospital for awhile to have the infection cleared up before her procedure. She said the notes should show how she left, where she went to and a bed hold should be issued. V6 reviewed R17's record and said none of the information was documented.On 7/09/2026 at 9:35 AM, V2 (Director of Nursing) said R17 had left on 4/28/26 for an appointment in the facility van. She was scheduled for an outpatient procedure and was found to have a urinary infection. The surgeon admitted her to the hospital for treatment before he would do the procedure. V2 said all the information should have been documented, and a bed hold issued once she was admitted to the hospital.The facility's undated policy for discharge/transfer documents for non-emergency transfer: g. Orientation for transfer or discharge will be provided and documented to ensure safe and orderly transfer or discharge from the facility, in a form and manner that the resident can understand.		

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident's facial hair was shaved for 1 of 1 resident (R10) reviewed for activities of daily living in the sample of 33. The findings include: On 7/7/26 at 1:05 PM, R10 was sitting in his wheelchair in his room. R10 had prosthesis with a hook end to his left arm. R10 had thick facial stubble to his face. R10 stated he would like to be shaved. R10 stated at home he would shave himself everyday but he can't do it any longer due to his eyesight. R10 stated it had been a few days since he had been shaved by staff. On 7/9/26 at 9:24 AM, V9 (Certified Nursing Assistant) stated residents are shaved as needed. Most of the men are shaved daily and should be. V9 stated they all get shaved on shower days. V9 stated she has not had any residents refuse to be shaved. V9 confirmed they honor the resident's preferences. On 7/9/26 at 12:48 PM, V3 (Assistant Director of Nursing) stated male residents are usually shaved first thing in the morning. V3 stated shaving should be done based on the resident's preference. R10's Care Plan dated 2/14/26 showed he has an activity of daily living - ADL self-care performance deficit, related to shortness of breath and weakness. Personal hygiene/oral care: The resident requires 1 staff to maximize independence. The Minimum Data Set, dated [DATE] for R10 showed he was dependent for personal hygiene. The Face Sheet dated 7/9/26 for R10 showed diagnoses including acute respiratory failure with hypoxia, nonthrombocytopenic purpura, disorder of muscle, congestive heart failure, chronic obstructive pulmonary disease, macular degeneration, wheezing, shortness of breath, hypoxemia, orthopnea, kyphosis, weakness, and acquired absence of left upper limb below elbow. The facility's Activities of Daily Living policy (2025) showed a resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.		

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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. Based on observation, interview, and record review the facility failed to ensure a resident had oxygen for 1 of 1 resident (R6) reviewed for oxygen in the sample of 33. The findings include: On 7/8/2026 at 11:20 AM, R6 was sitting in a wheelchair in her room with oxygen on via nasal cannula. R6 appeared short of breath and her respiratory rate was 30 breaths per minute. The nasal cannula was attached to a portable tank on the back of her wheelchair and the meter on the tank showed it was empty. R6 had an oxygen concentrator in her room. R6 stated they tell her to breathe in through her nose and out through her mouth when she is short of breath, but she can't breathe through her nose if there is no oxygen. Staff were alerted that R6 needed help. On 7/8/26 at 11:31 AM, V10 (Registered Nurse/RN) checked the portable tank on the back of R6's wheelchair and confirmed the oxygen tank was empty. V10 switched R6's nasal cannula over to the concentrator in her room and turned it on so she received oxygen at 2 liters per nasal cannula. V10 stated she did not realize R6 had returned from an appointment yet. V10 stated R6 should have been changed from the portable tank to the concentrator when she returned. V10 stated it was important for R6 to have her oxygen because she becomes short of breath. R6's respiratory rate improved after the oxygen was applied. The Physician Orders dated July 2026 for R6 showed oxygen at 2 liters per nasal cannula continuous every day and evening shift for oxygen levels regulated. The Care Plan dated 6/8/26 for R6 showed risk for ineffective breathing pattern related to nodular density infiltrate of right lung and glass opacity of the left lung. Administer oxygen as prescribed or per standing order. The Face Sheet dated 7/9/26 for R6 showed diagnoses including cellulitis of right and left lower limb, congestive heart failure, sepsis, non-pressure chronic ulcer of left lower leg, pseudomonas, severe sepsis, non-pressure chronic ulcer of right lower leg, anxiety disorder, restlessness and agitation, edema, atherosclerosis, hypothyroidism, hypertension, hyperlipidemia, chronic kidney disease, acute kidney failure, cardiomegaly, obesity, other disorders of the lung, and depression. The Oxygen Administration policy (7/8/26) showed, oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences. Oxygen is administered under orders of a physician. The resident's care plan shall identify the interventions for oxygen therapy, based upon the resident's assessment and orders.		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview and record review the facility failed to follow the posted menu for residents with a puree diet for 3 of 3 residents (R46, R53, R57) reviewed for diets in the sample of 33. The findings include: On 7/7/26 at 9:45 AM, V7 (Cook) said the facility had 3 puree diets to prepare for the noon meal. She said the kitchen purees 2 items for the meal. She said the lunch meal for today was Swiss steak, peas, garlic mashed potatoes, bread and butter. The facility list of residents on pureed diets included R46, R53, and R57. The facility menu for the noon meal shows creamy Swiss steak, garlic mashed potatoes, buttered peas, bread/margarine and an iced oatmeal cookie bar. On 7/7/26, V7 was observed pureeing the Swiss steak and peas in the robot coupe and placed them into the steamer. V7 did not puree the iced oatmeal cookie bar. During the lunch service, R57 was observed to have applesauce in place of the oatmeal cookie bar. V7 said the kitchen does not puree the desserts. The staff will replace it with applesauce, pudding or ice cream. V7 said she was always told there were always just 2 things to puree, she did not know why, it had always been that way. On 7/9/26 at 8:22 AM, V4 (Dietary Manager) said all the items on the menu should be pureed, including the desserts. She said once in awhile the kitchen will puree the dessert that is listed on the menu, but it is not done on a regular basis. She said there is a recipe in the binder for the puree dessert. 07/09/2026 11:33 AM, R57 said she is on a puree diet because she cannot chew too well. For dessert she always has applesauce, pudding or ice cream. She would certainly try another dessert if they were able to puree it, and make it so she could swallow it.		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review the facility failed to prepare puree diets according to the recipe for 3 of 3 residents (R46, R53, R57) reviewed for puree diets in the sample of 33. The findings include: On 7/7/26 at 9:45 AM, V7 (Cook) said the facility had 3 puree diets to prepare for the noon meal. She said the kitchen purees 2 items for the meal. She said the lunch meal for today was Swiss steak, peas, garlic mashed potatoes, bread and butter. The facility list of residents on pureed diets included R46, R53, and R57. The facility menu for the noon meal shows creamy Swiss steak, garlic mashed potatoes, buttered peas, bread/margarine and an iced oatmeal cookie bar. On 7/7/26, V7 was observed placing the Swiss steak into the robot coupe. Once the steak was pureeing, V7 added cold milk to the mixture. Once she finished, she placed the puree steak back into the steamer. At 10:30 AM, V7 checked the reheating temperature of the steak, and it was 148 degrees. She said the temperature should be 165 degrees to be served. The puree recipe for creamy Swiss steak shows after adding the food to the food processor and getting it to a fine consistency, a beef broth is prepared by dissolving soup base in boiling water. Combine hot broth and thickener and gradually add to the meat. V7 reviewed the recipe and said she should have used the broth instead of milk. On 7/9/26 at 8:22 AM, V4 (Dietary Manager) said she would expect the cook to follow the recipe for the puree foods. She said using milk in the steak would decrease the temperature due to being a cold liquid.		

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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** Based on observation, interview, and record review the facility failed to have proper signage for residents on Enhanced Barrier Precautions (EBP). This applies to 3 of 3 residents (R6, R9, R52) reviewed for EBP in the sample of 33. The findings include: 1. R9's Face Sheet showed R9 was admitted to the facility on [DATE]. R9's Face Sheet showed she had a tracheostomy (opening in the throat to by pass the nose and mouth). On 7/8/26 at 11:10 AM, 7/9/26 at 11:03 AM, and 7/10/26 at 9:07 AM, R9's door had no visible signage for enhanced barrier precaution. On R9's door was a yellow cubby rack containing personal protective equipment (PPE). R9's Care Plan (dated 4/24/26) showed, The resident required Enhanced Barrier Precautions r/t (related to) tracheostomy.place signage s on doors of isolation precaution rooms. R9's physician orders showed an active order, May use EBP per policy as needed for indwelling medical devices. On 7/9/26 at 8:17 AM, V3 (Assistant Director of Nursing/Infection preventionist) stated residents with tracheostomies should be in EBP. V3 said there should be signage on the door indicating EBP is required so staff and visitors are aware of the precautions required. V3 said the purpose of EBP is to prevent cross-contamination. V3 said R9 should be in EBP due to her tracheostomy. V3 approached R9's door and stated there was no EBP posting, then V3 lifted the PPE bin on the door revealing the EBP signage. V3 said the signage was not visible. The facility's Enhanced Barrier Precautions policy (revised 4/26) showed, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. The policy showed residents with tracheostomies should be in EBP. 2. R52's Face Sheet showed R52 was admitted to the facility on [DATE] and R52 is on dialysis. On 7/8/26 at 11:10 AM, 7/9/26 at 11:03 AM, and 7/10/26 at 9:07 AM, R52's door had no visible signage for enhanced barrier precaution. On R52's door was a yellow cubby rack containing personal protective equipment (PPE). R2's Care Plan (dated 5/22/26) showed, The resident requires enhanced barrier precaution r/t dialysis. place signage s on doors of isolation precaution rooms. R52's physician orders showed an active order, May use EBP per policy as needed for indwelling medical devices. On 7/9/26 at 8:17 AM, V3 (Assistant Director of Nursing/Infection preventionist) stated residents dialysis residents should be in EBP. V3 said there should be signage on the door indicating EBP is (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	required so staff and visitors are aware of the precautions required. V3 said the purpose of EBP is to prevent cross-contamination. V3 said R52 should be in EBP due to his dialysis ports. V3 approached R52's door and stated there was no EBP posting. R52's door had not signage under the PPE rack. 3. On 7/7/26 R6 was laying in bed with her bilateral lower extremities on a disposable pad. R6 had wounds to both of her lower legs. No enhanced barrier precaution - EBP signage was up for her. On 7/7/26 at 10:15 AM, V3 (Assistant Director of Nursing/Infection preventionist) stated R6's legs were unwrapped and had a numbing cream applied to them in preparation for care. V3 stated the skin was sloughing on the backside of R6's legs. V3 stated R6 developed necrotic wounds to her legs when she was at home, and they were working on debridement and healing of the wounds. On 7/7/26 at 10:35 AM, V3 and the wound physician were at R6's bedside. R6's legs were resting on the disposable pad. The wound physician debrided necrotic tissue from R6's left lower leg. When the wound physician was done with his procedure, he left the room and V3 stayed to apply dressings to R6's legs. V3 placed a tube of prescription enzymatic ointment, tube of topical antibiotic ointment, and two smooth wooden tools for application of the ointment on the soiled disposable pad. V3 opened packages containing petroleum dressing and gauze dressing and sat them on the bed next to the resident. V3 picked up one of the wooden tools applied the enzymatic ointment to it and applied the ointment to the necrotic areas on R6's left lower leg and heel. V3 picked up the other wooden tool and used it to apply antibiotic ointment to the wound area on R6's left lower leg that was not necrotic. R6 applied petroleum gauze and clean dressings to R6's bilateral lower legs. R6 removed the soiled disposable pad from under the residents' legs. 7/8/26 at 12:58 PM, there wasn't an EBP sign up for R6. On 7/8/26 at 2:24 PM, V3 stated she usually has an extra disposable pad that she places her wound care supplies on and she didn't do that yesterday with R6's dressing change. V3 confirmed it was a problem that she put the supplies on the soiled disposable pad due to infection control. V3 stated R6 did not have an EBP sign up because she thought EBP was for chronic wounds. V3 stated she was going to put a sign up because R6 has dressings. On 7/8/26 at 2:50 PM, V9 (Certified Nursing Assistant/CNA) was working in the hall that R6 resided on. V9 stated if someone has EBP then they should have a sign up. V9 stated she was not sure if R6 was on EBP or not. V9 stated for a resident on EBP, anytime they touch the resident they would wear a gown and gloves. The Care Plan dated 6/8/26 for R6 showed the resident requires enhanced barrier precaution related to wounds. Place signage on doors of isolation precaution rooms. The Face Sheet dated 7/9/26 for R6 showed diagnoses including cellulitis of right and left lower limb, congestive heart failure, sepsis, non-pressure chronic ulcer of left lower leg, pseudomonas, severe sepsis, non-pressure chronic ulcer of right lower leg, anxiety disorder, restlessness and agitation, edema, atherosclerosis, hypothyroidism, hypertension, hyperlipidemia, chronic kidney disease, acute kidney failure, cardiomegaly, obesity, other disorders of the lung, and depression. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Clean Dressing Change policy (2025) showed it is the policy of this facility to provide wound care in a manner to decrease potential for infection and/or cross-contamination. Set up clean field on the overbed table with needed supplies for wound cleansing and dressing application. The facility's Enhanced Barrier Precautions policy (2025) showed the facility will have discretion on how to communicate to staff which residents require the use of enhanced barrier precautions, as long as staff are aware of which residents require the use of EBP prior to providing high contact care activities. An order for enhanced barrier precautions will be obtained for residents with the following: wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) .		