STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 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. 31283 Based on interview, observation and record review, the facility failed to maintain a resident's dignity by ensuring clothing attire was clean and free of debris for one resident (R47) reviewed for dignity in the sample of 33. Findings include: R47's Minimum Data Set Assessment (dated 02/20/25) documents (in Section C), a Brief Interview for Mental Status score of 3, indicating R47 is severely cognitively impaired. On 02/26/25 at 11:20 AM, R47 was sitting in a high back wheelchair with V8 (R47's husband) sitting next to her. R47 had a full mechanical lift sling in place underneath of her. V8 pointed to several scattered areas of dried, crusted debris on the lap of R47's pants and stated, I am not sure if they are just not using the (clothing protectors) at breakfast. I keep finding her wearing dirty pants from food spilled on her. The pants she was wearing on Monday (02/24/25) were like this as well. They had areas of dried food that had been spilled all over them. I wish they would change her clothes when they look like this. She would have never kept a dirty pair of pants on if food had been spilled on them, V8 then began scraping the dried, crusted areas of debris off of R47's pants with his fingernail. On 02/6/25 at 11:40 AM, V1 (Administrator) stated facility staff should be changing a resident's clothing if it becomes soiled after a meal.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 0623 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 49187 Based on interview and record review the facility failed to provide the resident/resident representatives with a written notice of transfer. This has the potential to affect all 63 resident's residing in the facility. Findings include: 1. R12's medical record documents that R12 was transferred to a local hospital on 11/5/24. No evidence of a facility notification to R12 or R12's representative of a transfer/discharge was present in R12's chart 38396 2. R219's Nursing Progress Notes, dated 2/16/2025 at 6:06 PM documents R219 was sent to the local emergency room due to a recent change in condition. R219's electronic medical record does not document that R219 or R219's representative was provided with a written notice of transfer when R219 was sent to the hospital. The facility's CMS (Centers for Medicare and Medicaid Services) Long Term Care Facility Application for Medicare and Medicaid Form 671 dated 2/24/24 and signed by V1/Administrator documents 63 residents currently reside within the facility. On 2/26/25 at 10:20 AM V1 (Administrator) verified the facility did not provide (R12 and R219) or their representatives with a written notice of transfer. V1 stated, I know the resident's have not been receiving a written notice of transfer when they are discharged to the hospital because we do not have a good process in place. I doubt anyone has received them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 0625 Level of Harm - Potential for minimal harm Residents Affected - Many	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49187 Based on interview and record review the facility failed to provide a copy of the bed hold policy for facility residents discharging to the hospital. This failure has the potential to affect all 63 residents currently residing in the facility. Findings include: The facility's Bed Hold Notice, dated 2025, documents It is the policy of this facility to provide written information of the resident and/or the resident representative regarding bed hold practices both well in advance, and at the time of, a transfer for hospitalization or therapeutic leave. Policy Explanation and Compliance Guidelines: 2. In the event of an emergency transfer of a resident, the facility will provide written notice of the facility's bed hold policies to the resident and/or the resident representative with 24 hours. The facility will document multiple attempts to reach the resident's representative in cases where the facility was unable to notify the representative. The facility will keep a signed and dated copy of the bed-hold notice information give to the resident and/or resident representative in the resident's file and/or medical record. 1. R12's medical record documents that R12 was hospitalized on [DATE]. R12's medical record does not contain documentation of the facility bed hold policy given to R12 or R12's representative. 38396 2. R219's Nursing Progress Notes, dated 2/16/2025 at 6:06 PM documents R219 was sent to the local emergency room due to a recent change in condition. R219's electronic medical record does not document that R219 was provided with a bed hold notice when R219 was sent to the hospital. The facility's CMS (Centers for Medicare and Medicaid Services) Long Term Care Facility Application for Medicare and Medicaid Form 671 dated 2/24/24 and signed by V1/Administrator documents 63 residents currently reside within the facility. On 2/26/25 at 10:20 AM V1 (Administrator) verified the facility did not provide (R12 and R219) or their representatives with a bed hold. V1 stated, I know the residents' have not been receiving a bed hold when they are discharged to the hospital because we do not have a good process in place. I doubt anyone has received them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32061 Based on observation, interview and record review, the facility failed to apply physician-ordered compression stockings for one of one resident (R31), with a known history of acute/chronic heart failure, reviewed for edema, in a sample of 33. FINDINGS INCLUDE: R31's facility Admission Record documents that R31 was admitted to the facility on [DATE] with the following diagnoses: Chronic Diastolic (Congestive) Heart Failure; Atrial Fibrillation; Chronic Kidney Disease, Stage 3; Edema. R31's current Physician Order Sheet, dated February 2025 includes the following orders: (Compression stockings) to bilateral lower extremity, on in AM (morning), off at HS (bedtime) for bilateral lower extremity edema on 9/7/2024. R31's current Care Plan, dated 9/7/24 includes the following Focus Area: (R31) has an activity of daily living self-care performance deficit related to impaired mobility, osteoarthritis, muscle weakness, visual and hearing deficits. Also included are the following Interventions/Tasks: (R31) requires substantial assist of one for upper/lower body dressing and putting on/taking off footwear. (R31) dependent on staff for (compression stockings) to be worn on bilateral lower extremity due/to edema, on in morning and off at bedtime. This same form includes the following Focus Areas: (R1) has altered cardiovascular status related to Congestive Heart Failure, Hypertension, Bilateral Lower Extremity Edema, Anemia. Also included are the following Focus Areas: (R31) to wear (compression stockings on bilateral lower extremities, on in the morning, off at bedtime. R31's Cardiology Progress Notes, dated 01/31/2025 documents, Follow up for cardiac med reconcile, titrating cardiac meds, lab follow up, following volume status, adjusting diuretics as needed, monitoring hemodynamics/symptoms during and post physical therapy, and increased risk for cardiac re-admission. Chief Complaint / Nature of Presenting Problem: Diastolic CHF (Congestive Heart Failure), A fib (Atrial Fibrillation), HTN (Hypertension). Review Of Systems General: Ext (Extremities) 4+ edema (swelling caused by buildup of fluid in body tissues) BLE (bilateral lower extremity). PLAN: --continue antihypertensive meds --avoid hypotension (low blood pressure) --avoid hypertension--heart healthy low sodium diet--cont (continue) to monitor. Echocardiogram to be ordered in the near future to determine baseline cardiac function. Will monitor to assess for CHF and possible myocarditis (inflammation of heart tissue). Limit sodium intake to augment blood pressure control and avoid worsening renal function. Maintain a healthy weight and increase activity as tolerated. On 2/24/25 at 10:01 A.M., R31 was lying in bed, sleeping. 3-4+ bilateral pitting edema was noted to (R31's) feet and ankles. (R31's) feet and legs were not elevated but resting on the mattress. No compression stockings were in place. On 2/24/25 at 2:55 P.M., (R31) was up in a wheelchair, in her room. R31's feet were resting on unelevated foot rests. Edema was present to R31's bilateral feet, the edema was over the top of R31's slippers. R31 did not have (compression stockings) on. At that time, R31 stated she does not wear compression stockings, as staff do not put them on her. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/25/25 at 9:56 A.M., (R31) was lying in bed, sleeping. 4+ bilateral edema was present to (R31's) lower legs, ankles, and feet. (R31's) legs and feet were resting on the mattress, not elevated, no (compression) stockings were present to (R31's) bilateral lower extremities. On 2/25/25 at 4:30 P.M., V1/Registered Nurse/Administrator verified R31 had a current physician's orders for the application of compression stockings daily.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38396 Based on Observation, Interview and Record Review, the facility failed to ensure residents were provided range of motion exercises and contracture alleviation devices to prevent further decline in range of motion and care plan and assess a resident's contracture for three of three residents (R6, R7, R27) reviewed for limitations in range of motion in the sample of 33. Findings include: The facility's Prevention of Decline in Range of Motion policy, dated 8/2024, documents Range of Motion means the full movement potential of a joint. Residents who exhibit limitations in range of motion, initially and thereafter, will be referred to the therapy department for a focused assessment of range of motion. Nursing assistants will report any significant changes in range of motion, as noted during daily care activities, to the resident's nurse when any changes are noted. The assessment should include identified risks which could impact resident's range of motion including, but not limited to; Immobilization, Neurological conditions causing functional limitations, any condition where movement may result in pain, spasms or loss of movement, Clinical conditions such as immobilized limbs or digits because of injury, fractures or surgical procedures including amputations. Based on comprehensive assessment, the facility will provide interventions, exercises and/or therapy to maintain or improve range of motion. Care plan interventions will be developed and delivered through the facility's restorative program, or through specialized rehabilitative services as ordered by the attending practitioner. This same policy documents Staff will be educated on the risk factors for a decline in range of motion. These include but are not limited to: Limbs or digits immobilized because of injury or surgical procedures, immobilization, deformities arising out of neurological deficits (such as strokes, multiple sclerosis, cerebral palsy, and polio), pain spasms, and immobility associated with arthritis, late state Alzheimer's disease or other conditions. Residents will receive services from restorative aides or therapists as needed. The facility's Restorative Nursing Programs policy, dated 10/2024, document It is the policy of this facility to provide maintenance and restorative services designated to maintain or improve a resident's abilities to the highest practicable level. Residents, as identified during the comprehensive assessment process, will receive services from restorative aides when they are assessed to have a need for restorative nursing services. These services may include Passive or Active range of motion, Splint or brace assistance, Bed mobility training and skill practice. This same policy documents Potential candidates for restorative nursing services may be identified through one or more of the following processes: physical assessments, MDS (Minimum Data Set assessments), Specialized Rehabilitation assessments, In-house referrals due to unusual occurrence/event. 1. On 2/24/25 at 1:50 PM, R6 was in her room lying in bed. R6's left hand was balled into a contracted fist. R6 stated she cannot move her left arm and her hand stays in that position unless she uses her right hand to force the fingers open. R6 stated she does not receive any range of motion exercises or therapy and she has not had a cone, or any devices placed into her left hand since living in the facility (8/5/24). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R6's Minimum Data Set assessment, dated 2/7/25 documents R6 has no impairments to her upper or lower extremities. R6's Current Care Plan, dated 8/5/24, documents (R6) has an ADL (Activities of Daily Living) self-care performance deficit related to dementia, dizziness, epilepsy, muscle wasting and atrophy, history of CVA (Cerebrovascular Accident) with decreased use of left arm, generalized weakness, need for assistance with personal care, muscle weakness. This plan has an intervention of AROM (Active Range of Motion) program three to six days a week for bilateral upper extremities with two pound weight, one set of 20 repetitions. This Care Plan does not address R6's contracted left hand or document any interventions to relieve the contracture tightness, prevent skin breakdown under the tightened hand or provide Passive Range of Motion to the left hand. R6's Active Range of Motion Point of Care documentation dated 2/8/25- 2/26/25, documents R6 was not provided with any minutes of AROM and documents Not applicable on six occasions within that time frame. On 2/26/25 9:00 AM V5 (Chief Nursing Operations director) stated When (R6) was admitted to the facility, she never had a formal written therapy evaluation and was only put on the restorative plan (AROM). On 2/26/25 at 9:40 AM V5 stated I went down and assessed (R6). We are going to add her to OT (Occupational Therapy) for 12 sessions and they are going to be placing a rolled cloth in her left hand now. I don't have any therapy evaluations, care plan for her specific contracture or documentation of any further restorative exercises or assessments. At this time, V5 confirmed the Minimum Data Set assessment and the Care Plan for R6 do not include her contracted left hand impairment and stated they both should address that impairment. 49187 2. R27's Admission Record, dated 2/26/25, documents R27 was admitted to the facility on [DATE] with the following, but not limited to, diagnoses: Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Non-Dominant Side, Essential Hypertension, Need for Assistance with Personal Care, Type Two Diabetes Mellitus with Hyperglycemia, and Muscle Weakness. R27's MDS (Minimum Data Set) Assessment, dated 9/5/2020, documents R27 is cognitively intact and has an impairment to his left upper and lower extremity. This same MDS Assessment documents R27 does not receive any splint assistance. R27's current Care Plan documents R27 has an ADL (Activity of Daily Living) self-care performance deficit related to history of stroke with left side hemiplegia, lack of coordination, muscle weakness, and need for assistance with personal care. R27's Occupational Therapy Plan of Care, dated 12/24/21, documents General Long Term Goal: Therapist will facilitate (R27) with maintaining and/or increasing LUE (Left Upper Extremity) (shoulder/forearm/wrist/all five digits of hand) joint ROM (range of motion), splinting/brace wear, and optimal positioning in order to prevent worsening of existing contracture, prevention potential subluxation of shoulder, promote increased blood flow, prevent edema, optimize joint excursion, purposeful activities, and to assess LUE (extra space) for pressure sores or red areas. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/24/25 at 11:14 AM R27 was sitting in a recliner in his room. R27's left hand was in a closed fist with fingers facing his palm. R27 stated, I am supposed to wear a splint to my left hand every day. Only one staff member (V9/Restorative Nursing Assistant) puts it on me when they work, no one else puts it on me. I want to wear it, so my fingers don't get worse. On 2/25/25 at 11:25 AM R27 was sitting in his recliner in his room. R27's left hand was in a closed fist with fingers facing his palm. R27 did not have on his left-hand splint. R27 stated, See no one has put my left-hand splint on today. I wish they would. On 2/25/25 at 11:32 AM V2/Director of Nursing stated according to R27's care plan in December 2024, R27 should wear his splint one time a week then gradual increase to tolerate. V2 stated, I don't see where anyone increased (R27) to wear his splint more often. (R27) should be wearing it more than one time a week. (R27) used to wear his left-hand splint during the day and off at night. I am not sure why it even got changed. On 2/25/25 at 12:42 PM V9/Restorative Nursing Assistant stated, I have not been putting (R27's) splint on him that often. Sometimes if I remember I will put it on (R27) for two hours and then take it off him. There is no consistency on when to put (R27's) left-hand splint on him. I did not put it on (R27) yesterday or today. On 2/26/25 at 9:30 AM V5/Chief Nursing Officer stated We (the facility) clearly have a deficiency in the restorative programming. (R27) should have orders in the treatment record on when to apply his left-hand splint and when to remove the splint. Clearly we need to fix things. On 2/26/25 at 11:10 AM V10/Registered Nurse/Care Plan Coordinator stated, (R27) was supposed to be wearing his splint two hours a day every day. It was something that slipped through the cracks. I just updated (R27's) care plan yesterday so restorative is aware (R27) should be wearing it daily for two hours. We (the facility) want (R27) to wear his splint to prevent contractures to his left hand, since (R27) is unable to move his left hand/fingers. 31283 3. R7's current medical record documents R7's diagnoses to include: History of falling, Need for Assistance with Personal Care, Weakness, Fatigue, Vertigo, Osteoarthritis, Unsteadiness on Feet, Difficulty in Walking, Displaced Oblique Fracture of Shaft of Fibula, Subsequent Encounter for Closed Fracture with Routine Healing, Abnormalities of Gait and Mobility. R7's Minimum Data Set Assessment (dated 12/12/24) documents (in section GG), R7 has impairment on one side of her lower extremities. This section also documents R7 utilizes a wheelchair. R7's current Physician's Orders document an order in place to discontinue skilled physical therapy on 01/27/25. On 02/26/25 at 11:15 AM, R7 was sitting in her wheelchair at a table in the dining room drinking a cup of coffee. R7 stated she is currently not receiving any type of range of motion/restorative exercises. R7 stated, I haven't done anything since they told me I was finished with therapy about a month ago. I wish they would do something. That is the only way that I will be able to walk again, and I want to be able to walk. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R7's Activities of Daily Living self-care performance deficit documents the following: Nursing Rehab/Restorative: Active Range of Motion program 3-6 days a week. Hand bike Resistance Level 6 up to 15 minutes; Bilateral Lower Extremity exercises with 2 pound weights 1 set 10 reps; Fine motor-concentration game; Bilateral upper extremities with two pound wand or dumbbells all planes-curls, push outs, etc. 1 set of 10 reps. On 02/26/25 at 10:35 AM, V5 (Chief Nursing Officer) stated she could not provide documentation to confirm R7 has received range of motion/restorative exercises as indicated after she was discharged from physical therapy on 01/27/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 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. 49187 Based on observation, interview and record review, the facility failed to ensure a nebulizer mask and nebulizer tubing was changed every 72 hours and stored in a bag between uses and ensure oxygen tubing was changed every seven days for one of one resident (R57) reviewed for respiratory care in a sample of 33. Findings include: The facility's Nebulizer Therapy Policy, dated 2024, documents Policy: it is the policy of this facility for nebulizer treatments, once ordered, to be administered by nursing staff as directed using proper technique and standard precautions. If the nebulizer will supply oxygen to the patient, refer to policy Oxygen Concentrator. Care of the Equipment: 7. Once completely dry, store the nebulizer cup and the mouthpiece in a zip lock bag. 8. Change nebulizer tubing every seventy-two hours or per facility policy. The facility's Oxygen Administration Policy, dated 2024, documents Policy: 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. Policy Explanation and Compliance Guidelines: 5. Staff shall perform hand hygiene and don gloves when administering oxygen or when in contact with oxygen equipment. Other infection control measures include: If applicable, change nebulizer tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated. On 02/24/25 at 11:20 AM R57's nebulizer mask was lying on R57's dresser undated and unbagged. On 2/24/25 at 11:25 AM R57 was in the dining room with oxygen flowing via nasal cannula. R57's nasal cannula oxygen tubing was un-dated. On 2/24/25 at 11:40 AM V4/Registered Nurse verified R57's nebulizer mask and nebulizer medication cup was undated and un-bagged. V4 also verified R57's nasal cannula oxygen tubing was undated. V4 stated, Nebulizer masks and nebulizer medications cups should be changed at least every 72 hours, dated, and placed in a bag after each use. Oxygen tubing should be changed at least once weekly and dated as well.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 31283 Based on observation, interview, and record review, the facility failed to ensure opened food items were dated upon opening and ensure areas in the kitchen were clean. This failure has the potential to affect all 63 residents currently residing in the facility. Findings include: The facility's Labeling and Dating policy (undated) documents the following: Leftovers and opened foods shall be clearly labeled with date food item is to be discarded. Food items to be labeled and dated include items prepared in house and food items that are opened and stored for later use. On 02/24/25 at 09:50 AM, multiple scattered areas of dust and debris were adhered to the fan covers and surrounding areas of wall and ceiling in the walk-in cooler. V7 (Dietary Manager) confirmed the presence of dust and debris on the fan covers and the surrounding areas of wall and ceiling. On 02/24/25 at 09:55 AM, the reach-in cooler contained a large bag of shredded mild cheddar cheese that was open and did not contain the date it was opened. The reach-in cooler also contained a large, opened salad bag with scattered pieces of browning lettuce noted throughout the bag. The bag of salad did not contain the date it was opened. V7 verified both bags of shredded cheese and salad mix were opened and undated. V7 stated both opened items should be labeled with the date in which they were opened, and then proceeded to place both items back into the reach-in cooler. The facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS Form 671) dated 02/24/25 and signed by V1 (Administrator), documents 63 residents currently reside in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145789	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Geneseo	704 South Illinois Street Geneseo, IL 61254

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. 32061 Based on observation, interview and record review facility staff failed to disinfect a shared glucometer between resident use for three of three residents (R6, R11 and R25) reviewed for infection control, in a sample of 33. The (undated) facility policy, Glucometer Disinfection directs staff, The purpose of this procedure is to provide guidelines for the disinfection of capillary-blood glucose sampling devices to prevent transmission of blood borne diseases to residents and employees. The facility will ensure blood glucometer's will be cleaned and disinfected after each use and according to manufacturer's instructions for multi-resident use. The glucometer's will be disinfected with a wipe pre-saturated with an EPA (Environmental Protection Agency) registered healthcare disinfectant that is effective against HIV (Human Immunodeficiency Virus), Hepatitis C and Hepatitis B virus. R6's current Physician Order Sheet, dated February 2025 includes the following diagnosis: Diabetes Mellitus with Hyperglycemia. Also included are the following physician orders: Finger stick blood glucose monitoring three times daily. R11's current Physician Order Sheet, dated February 2025 includes the following diagnosis: Diabetes Mellitus with Diabetic Polyneuropathy. Also included are the following physician orders: Finger stick blood glucose monitoring before each meal and at bedtime. R25' current Physician Order Sheet, dated February 2025 includes the following diagnosis: Diabetes Mellitus with Diabetic Retinopathy. Also included are the following physician orders: Finger stick blood glucose monitoring before each meal daily. On 2/24/25 at 11:01 A.M., V6/Licensed Practical Nurse (LPN) prepared to perform a blood glucose finger stick for R6. V6/LPN removed a glucometer from the top of her medication cart, placed it in her pocket and went to R6's room, performed a finger stick blood glucose test with the glucometer, returned to the medication cart and without cleansing the machine, prepared to administer medications and perform a finger stick blood glucose test for R11. On 2/24/25 at 11:12 A.M., V6/Licensed Practical Nurse (LPN) prepared to perform a blood glucose finger stick for R11. V6/LPN picked up the nondisinfected glucometer machine from the top of her medication cart, performed a finger stick blood glucose test with the glucometer on R11, returned to the medication cart and without cleansing the machine, prepared to administer medications and perform a finger stick blood glucose test for R25. On 2/24/25 at 11:21 A.M., V6/Licensed Practical Nurse (LPN) prepared to perform a blood glucose finger stick for R25. V6/LPN removed a nondisinfected glucometer from the top of her medication cart, placed it in her pocket and went to R25's room, performed a finger stick blood glucose test with the glucometer, returned to the medication cart and without cleansing the machine, prepared to administer medications for the next resident. At that time, V6/LPN confirmed she had not disinfected the shared glucometer between R6, R11 and R25.