STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145789	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2026
NAME OF PROVIDER OR SUPPLIER Allure of Geneseo		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on record review and interview, the facility failed to ensure V5/Dietary Manager possesses the Food Handler Certification or Certified Food Protection Manager certification. This failure has the potential to affect all 62 residents residing in the facility.The facility's Dietary Manager Job Description, not dated, documents: QUALIFICATIONS: Food Handler Certification or Certified Food Protection Manager certification required.The Centers for Medicare and Medicaid Services, Form 671-Long-term Care Facility Application for Medicare and Medicaid, signed 1/13/26, by V1/Administrator, document 62 residents reside in the facility.During the initial kitchen tour, on 1/13/26, at 9:00 a.m., V5 confirmed since being hired, as the Dietary Manager, in October 2025, he has yet to obtain the certification required in the facility's job description.

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement antibiotic stewardship by failing to ensure infection surveillance was thoroughly conducted, met the required criteria for antibiotic use and obtain/review culture results to track and trend infections for nine of nine residents (R1, R7, R8, R29, R53, R68, R71-R73) reviewed for antibiotic stewardship in the sample of 71. Findings include:The Infection Surveillance policy dated 6/2023 documents the facility will collect data to properly identify possible communicable diseases or infections among residents by identifying the infection site, pathogen, signs and symptoms and residents' locations. Observations of staff including the identification of ineffective practices, infection trends and patterns. All resident and infections will be tracked. The facility will conduct specimen collection and testing in a manner consistent with standards of practice. Data to be used in the surveillance include laboratory reports, antibiotic use, medication regimen review reports, skills validation for hand hygiene, personal protective equipment and high-risk procedures, rounding observation data, documentation of signs and symptoms in clinical records and transfer/discharge summaries for new or readmitted residents.The Antibiotic Stewardship Program policy, not dated, documents the program includes antibiotic use protocols and a system to monitor antibiotic use. Antibiotic use protocols include that laboratory testing which shall be in accordance with current standards of practice. The facility uses the updated McGeer criteria to define infections. Antibiotic use shall be measured by monthly prevalence, antibiotic starts and/or antibiotic days of therapy. Documentation includes assessment forms and data collection forms for antibiotic use, process and outcome measures.The Legionella Surveillance policy, dated 11/26/24, documents the facility shall use the McGreer criteria when diagnosing pneumonia.The facility's McGeer Criteria for Long Term Care Surveillance Definitions for Infections Updated 2012 documents for Urinary Tract Infections (UTI) without indwelling urinary catheters surveillance definition:Must fulfill both 1 AND 2.1. At least one of the following sub criteria:Acute dysuria or pain, swelling, or tenderness of testes, epididymis, or prostateFever or leukocytosis, and one or more of thefollowing:Acute costovertebral angle pain or tendernessSuprapubic painGross hematuriaNew or marked increase in incontinenceNew or marked increase in urgencyNew or marked increase in frequencyIf no fever or leukocytosis, then at least two ofthe following:Suprapubic painGross hematuriaNew or marked increase in incontinenceNew or marked increase in urgencyNew or marked increase in frequency2. At least one of the following microbiologiccriteria:At least 100,000 cfu/mL (colony forming units per milliliter) of no more than 2 species of organisms in a voided urine sample at least 10,000 cfu/mL of any organism(s) in a specimen collected by an in-and-out catheter.For Urinary Tract Infections in resident with a catheter both criteria must be present:At least 1 of the following subcriteria:1. Fever, rigors, or new-onset hypotension, with no alternate site of infectionEither acute change in mental status or acute functional decline, with no alternate site of infectionNew onset suprapubic pain or costovertebral angle pain or tendernessPurulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostateAnd2. Must have Urinary catheter specimen culture with at least 10,000 cfu/mL of any organism. The facility's October 2025-December 2025 Resident Infection Control logs document the following:1. R1's Medication Administration Record (MAR) dated December 2025 documents R1 received Levaquin (antibiotic) 12/9/25 thru 12/15/25 for Pneumonia.There is no documentation in R1's medical record that a McGreer form was completed for R1's Pneumonia treatment.The Monthly Report of Resident Infections dated December 2025 did not include R1's infection surveillance data. 2. R7's MAR dated December 2025 documents R7 was treated with an antibiotic for Sepsis (Blood Stream Infection) secondary to a Urinary Tract Infection, although did not identify the organism that contributed to R1's Sepsis diagnosis.R7's Hospitalization Record dated 12/18/25 documents R7's urine culture grew Proteus Mirabilis greater than 100,000 cfu/mL.The Monthly Report of Resident Infections dated (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	December 2025 did not include R7's culture results from the 12/18/25 hospitalization.There is no documentation in R7's medical record that a McGreer form was completed for R7's Sepsis treatment. 3. R8's MAR dated November 2025 and December 2025 document R8 received Ciprofloxin (antibiotic) 11/29/25 thru 12/4/25 for a Urinary [NAME] Infection.R8's records include a urine culture report dated 11/26/25 which documents greater than 100,000 Escherichia Coli.There is no documentation in R8's medical record that a McGreer form was completed for R8's Urinary Tract Infection treatment.The Monthly Report of Resident Infections dated November 2025 and December 2025 did not include an entry for R8's Urinary Tract Infection. 4. R29's MAR dated October 2025 documents R29 received Doxycycline (antibiotic) 10/14/25 thru 10/24/25 for a thigh abscess.There is no documentation in R29's medical record that a McGreer form was completed for R29's Skin Infection treatment.The Monthly Report of Resident Infections dated October 2025 did not include an entry for R29's Skin Infection treatment. 5. R53's MAR dated November 2025 documents R68 received Ciprofloxin (antibiotic) on 10/29/25 thru 11/7/25 and Rocephin (antibiotic) on 11/17/25 thru 11/20/25 for a Urinary Tract Infection.The Monthly Report of Resident Infections dated November 2025 did not include R53's urine culture results.There is no documentation in R53's medical record that a McGreer form was completed for R53's Urinary Tract Infection treatment. 6. R68's MAR dated November 2025 documents R68 received Keflex (antibiotic) on 11/8/25 thru 11/13/25 for a Urinary Tract Infection.R68's records include a urine culture report dated 11/4/25 which documents greater than 100,000 cfu/mL Klebsiella Pneumonia.There is no documentation in R68's medical record that a McGreer form was completed for R68's Urinary Tract Infection treatment.The Monthly Report of Resident Infections dated November 2025 did not include R68's culture results from the 11/4/25 hospitalization. 7. R71's MAR dated November 2025 documents R71 received Ampicillin (antibiotic) for 7 days for Urinary Tract Infection from 11/6/25 to 11/13/25.There is no documentation in R71's medication that a McGreer form was completed for R71's Urinary Tract Infection.R71's Progress Note dated 11/6/25 at 1358 states, Clarification received from Urology: Start ampicillin 500 mg TID (three times a day) x (times) 7 days for positive U/A, (urinalysis) will await final urine culture results from Urology.R71's Progress Note dated 11/12/25 at 1019 states, Urology calls and states doctor has reviewed culture results current ABT (antibiotic) sensitive finish current ATB orders.The Monthly Report of Resident Infections dated November 2025 states no urine culture was completed and does not include identified organism. 8. R72's MAR dated November 2025 documents R72 received Bactrim DS (antibiotic) for 5 days for Urinary Tract Infection from 11/11/25 to 11/16/25.There was no urine culture completed for R72 prior to administration of antibiotic. There is no documentation in R72's medical record that a McGreer form was completed for R72's Urinary Tract Infection treatment. 9. R73's MAR dated September and October 2025 documents R73 received Macrobid (antibiotic) for 7 days for a Urinary Tract Infection from 9/29/25 to 10/6/25.There was no urine culture completed for resident prior to administration of antibiotic. There is no documentation in R73's medical record that a McGreer form was completed for R73's Urinary Tract Infection treatment.The Monthly Report of Resident Infections dated September 2025 and October 2025 did not include an entry for R73's Urinary Tract Infection.On 1/15/26 at 2:00 PM, V17 (Chief Nursing Officer) agreed the infection surveillance was not thoroughly conducted, did not meet the required criteria for antibiotic use and did not obtain/review culture results to track and trend infections.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide an appropriate indication for use of an antipsychotic medication for one (R8) of six residents reviewed for unnecessary medications in a sample of 71.Findings include:The facility policy titled, Use of Psychotropic Medication(s), undated, documents not in its entirety, It is the intent of this policy to ensure that residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated. Additionally, these medications should only be used to treat the resident's medical symptoms and not used for discipline or staff convenience, which would deem it a chemical restraint .Psychotropic medications are to be used only when a practitioner determines that the medication(s) is appropriate to treat a resident's specific, diagnosed, and documented condition and the medication(s) is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s).[NAME]-Hill Nurse's Drug Handbook Seventh Edition documents, Quetiapine Fumarate/Seroquel (antipsychotic) indication for use as Schizophrenia with off-label uses for Bipolar Disorder, Mania, Obsessive-Compulsive Disorder, Post Traumatic Stress Disorder, and psychosis related to Parkinson's Disease and is not to be given to elderly patients with dementia-related psychosis. R8's admission Record documents R8's date of admission to the facility was 11/13/25 and her diagnoses include but not limited to Cognitive Communication Deficit, Unspecified Dementia, unspecified severity, with other Behavioral Disturbance, Insomnia, and History of falling.R8's Minimum Data Set (MDS) assessment dated [DATE], documents that R8 is cognitively intact and has had no behaviors.R8's current care plan documents R8 is on psychotropic medications for dementia with other behavioral disturbance, insomnia.R8's Physician orders dated 11/13/25 documents R8 has an order for Seroquel (antipsychotic) 25mg (milligram) 1 tablet at bedtime for Dementia with Behavioral Disturbance.On 1/15/26 at 9:00 AM, V8 (Registered Nurse/RN) stated, Her (R8) behaviors are mainly exit seeking, lack of safety awareness but not too bad lately unless she has a UTI (Urinary Tract Infection). She (R8) is usually easily redirected but does require lots of supervision especially at night. We have to keep her up here in a recliner for a while because she tries to get up on her own all the time.On 1/15/25 at 11:10 AM, V2 (Director of Nursing/DON) stated, I'd have to look at her (R8) Call House notes to see what type of behaviors she was having prior to coming here but she has been good since admitting here. Her only issue is her dementia and lack of safety awareness. I feel she's appropriate to start reducing her Seroquel (antipsychotic) to get her off of it. V2 (DON) would not specifically state that R8's indication for use of the Seroquel was not appropriate but did agree that antipsychotic medications should not be used in dementia patients.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review the facility failed to provide appropriate catheter care and failed to provide privacy/dignity of one (R53) resident of five residents reviewed for urinary catheters in a sample of 71.Findings include:The facility's policy titled, Catheter Care, undated, documents not in its entirety, It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use.Privacy bags will be available and catheter drainage bags will be covered at all times while in use.Male: Gently grasp penis, draw foreskin back if applicable.R53's admission Record documents R53's date of admission to the facility was 4/21/22 and his diagnoses include but not limited to Hematuria, Unspecified, Chronic Kidney Disease Unspecified, Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Retention of Urine, Unspecified, Presence of Urogenital Implants, Malignant Neoplasm of Prostate, and Personal History of Urinary Tract Infections.R53's current care plan documents R53 is on Enhanced Barrier Precautions due to indwelling urinary catheter and R53 has indwelling urinary catheter related to BPH (Benign Prostatic Hyperplasia), urinary retention, prostate cancer, and hematuria.R53's Physician orders dated 6/30/25 documents R53 has an order for EBP (Enhanced Barrier Precautions), and orders dated 7/16/25 for 18 F (French) Indwelling (urinary) Catheter with 5 cc (Cubic Centimeter) balloon to dependent drainage. Change catheter Q (every) 3 days and PRN (As Needed) if dislodged or plugged and unable to clear with irrigation, every night shifts every 30 days related to Retention of Urine, Unspecified.R53's Electronic Medical Record documents R53 was treated for urinary tract infections on 7/19/25 for seven days and 10/31/25 for seven days.On 01/14/2026 at 12:52 PM R53 noted to be lying on his bed, covered with a blanket up to his waist and urinary collection bag noted to be hanging on bed frame facing toward the hallway showing pink tinged urine in bag, and not covered by a dignity bag. On 01/14/2026 at 12:55 PM V7 (Certified Nursing Assistant/CNA) observed doing urinary catheter care on R53. V7 (CNA) cleansed hands, placed gloves and gown and proceeded to provide urinary catheter care. R53 was lying on the bed and noted to not be circumcised. During cleansing R53's penis V7 (CNA) did not retract the foreskin of R53's penis.On 1/14/26 at 1:10 PM V7 (Certified Nursing Assistant/CNA) stated, I should have retracted the foreskin when I was cleaning him (R53), and his catheter bag should be covered.On 1/14/26 at 1:30 AM V1 (Administrator) and V2 (Director of Nursing/DON) both stated that all residents with indwelling urinary catheters should have their urinary collection bags in a privacy bag and they both verified that during catheter care on an uncircumcised male the foreskin should be retracted for cleaning.

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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 interview, observation and record review, the facility failed to conduct hand hygiene and change gloves per standards of care and don personal protective equipment (PPE) correctly for two of three residents (R40 and R47) reviewed for infection prevention practices in a sample of 71. Findings include: The facility's policy titled, Personal Protective Equipment, undated, documents not in its entirety, This facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to residents, visitors, and other staff.Change gloves and perform hand hygiene between clean and dirty tasks, when moving from one body part to another, when heavily contaminated or when torn. The Center for Disease Control Sequence for Putting on Personal Protective Equipment (PPE) documents to fasten the back of the gown when putting the gown on. The facility's policy titled, Clean Dressing Change, undated, documents not in its entirety, It is the policy of this facility to provide wound care in a manner in a manner to decrease potential for infection and/or cross-contamination. Physician's orders will specify type of dressing and frequency of changes. Loosen the tape and remove the existing dressing. If needed to minimize skin stripping or pain, moisten with prescribed cleansing solution or adhesive remover to remove tape; remove gloves, pulling inside out over the dressing. Discard into appropriate receptacle; wash hands and put on new gloves; cleanse wound as ordered, taking care to not contaminate other skin surfaces or other surfaces of the wound (i.e. clean outward from the center of the wound. Pat dry with gauze; Measure wound using disposable measuring guide. (Note: If performing photo documentation, remove gloves and wash hands. Photograph wound being careful to avoid any contamination of the camera equipment); Wash hands and put on clean gloves; Apply topical ointments or creams and dress the wound as ordered. Protect surrounding skin as indicated with skin protectant. 1. R40's admission Record documents R40's date of admission to the facility was 4/14/23 and her diagnoses include but not limited to Unspecified Dementia, unspecified severity, with Psychotic Disturbance, Pressure Ulcer of Sacral Region, unstageable, Morbid (Severe) Obesity due to Excess Calories, and Type 2 Diabetes Mellitus with Hyperglycemia. R40's Minimum Data Set (MDS) assessment dated [DATE], documents that R40 has severely impaired cognition, is at risk for developing pressure ulcers and has one unstageable pressure ulcer. R40's current care plan documents R40 is on Enhanced Barrier Precautions due to Unstageable pressure injury to sacrum. R40's Physician orders dated 1/9/26 documents R40 has an order for EBP (Enhanced Barrier Precautions) dated 4/4/24 and has a treatment to sacrum for cleanse with N.S (Normal Saline), apply Santyl (Enzymatic Debriding Agent) to wound bed and cover with (Abdominal) pad daily and PRN (as needed). On 01/14/2026 02:30 PM V8 (Registered Nurse/RN), V6 (Registered Nurse/RN), and V10 (Certified Nursing Assistant/CNA) observed doing treatment to R40's sacral pressure ulcer. V8 (RN) was dressed in gown, gloves and face mask and she entered R40's room, grabbed the end of R40's bed (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with her gloved hands and proceeded to move the bed so V10 (CNA) who was also dressed in a gown, gloves and mask could get to other side to help hold R40 over for treatment. V6 (RN) walked into room with gown, gloves, and face mask in place and with her gloved hands pulled privacy curtain around R40's bed. V8 (RN) and V10 (CNA) rolled R40 onto her right side and sacral wound was noted to be open to air with no dressing in place. V8 (RN) still had her initial pair of gloves on, she (V8/RN) grabbed saline wetted gauze from V6 (RN) and cleansed R40's wound. V6 (RN) was still wearing her initial pair of gloves when she (V6/RN) picked up the clean gauze and placed saline on it for V8 (RN). V6 (RN) then grabbed a clean cotton swab and placed a small amount of Santyl (enzymatic debridement agent) on the swab still wearing her (V6/RN) initial pair of gloves and handed the swab to V8 (RN) who was still wearing her initial pair of gloves. V6 (RN) picked up a clean (abdominal) dressing and handed it (dressing) to V8 (RN) who placed the dressing on R40's sacral wound. During the entire treatment to R40's sacral pressure ulcer V8 (RN) and V6 (RN) did not change gloves and wore the initial pair placed when entering R40's room to start treatment. On 1/14/26 at 2:40 PM V8 (Registered Nurse/RN) stated that she probably should have changed her gloves before taking cotton swab with medication on it from V6 (Registered Nurse/RN). On 1/14/26 at 2:43 PM, V1 (Administrator) and V2 (Director of Nursing/DON) both stated that glove changes with hand hygiene in between should be performed when going from something dirty to something clean and stated during wound care gloves should be changed after removing soiled dressing and after cleaning of the wound. 2. R47 was on Enhanced Barrier Precautions due to an indwelling urinary catheter. On 1/14/25 at 10:10 AM, V18 (Certified Nurse Aide/CNA) and V19 (CNA) were observed to perform catheter care on R47. V18's gown was not tied while cares were performed. R47 was incontinent of stool and V18 cleaned stool from the catheter with wash clothes. V18 wet new wash clothes in a pan of water with the same gloves used to clean R47's stool. V18 emptied the pan of water contaminated with stool into R47's bathroom sink, removed gloves and donned new gloves without conducting hand hygiene. V18 then cleansed R47 bottom, removed her soiled brief, then changed gloves without conducting hand hygiene. V19 emptied R47's urine from the catheter bag into a plastic container, placed the container on R47's bedside table, then emptied the container in R47's bathroom sink. V2 removed her PPE and left the room without conducting hand hygiene. V18 and V19 then transferred R47 into her wheelchair and exited the room without conducting hand hygiene, cleansing the bedside table or disinfecting R47's bathroom sink. On 1/15/25 at 1:30 PM, V17 (Chief Nursing Officer) stated hand hygiene should be conducted after each glove change, PPE gowns should be tied in the back, urine or feces contaminated water should not be discarded in a residents sink and urine should not be placed on a resident's bedside table and the bedside table should have been disinfected after use.