STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145920	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Prophetstown	310 Mosher Drive Prophetstown, IL 61277

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on interview and record review, the facility failed to ensure bedtime snacks were offered every evening for five residents (R22, R29, R31, R42, R59) of five residents in attendance in a group meeting in the sample of 41. Findings include:On 9/24/25 at 10am, five residents (R22, R29, R31, R42/Resident Council President, R59) attended a group meeting in the activity room.All five residents reported not consistently getting offered or getting snacks in the evening. R22 stated, They bring in a big bowl with different snacks we can pick from, but they're not always offered. On 9/24/25 at 2:45pm, V9, Evening Cook, stated Dietary staff pass out evening snacks every night around 6:30pm to the 200 and 300 units. V9 stated the Dietary staff document on a snack log if the resident actually takes the snack. V9 stated they don't document if the resident refused, Only document if the resident actually takes the snack.V9 stated the snack logs are kept in the kitchen, not in the resident record. On 9/24/25 at 3:10pm, V2, DON (Director of Nursing) stated CNA's (Certified Nursing Assistants) don't really have anything to do with passing the evening snacks, however, it's everyone's responsibility. V2 stated CNAs don't document (about the snacks) because they don't pass them out. Evening Snack Logs for 200 and 300 Units during July, August and September 2025 show inconsistent, incomplete documentation indicating entire days with no recordings of snacks taken or offered by residents. These omissions include R22, R29, R31, R42 and R59. Facility Policy - Offering/Serving Bedtime Snacks, dated 2024, documents:It is a practice of this facility to offer and serve residents with a nourishing snack in accordance with their needs, preferences and requests at bedtime on a daily basis.Policy Explanation and Compliance Guidelines:The nursing staff offers bedtime snacks to all residents in accordance with the resident's needs, preferences and requests on a daily basis.Nursing staff delivers and serves snacks to residents.Intake of bedtime snacks is documented on a resident snack sheet.

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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(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 - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to prevent cross contamination by not ensuring staff wore the appropriate personal protective equipment (PPE) when entering the room of a covid positive resident (R34) and failed to perform hand hygiene after exiting R34's room or prior to entering other resident rooms on the unit. This failure affects 18 of 18 residents (R3, R4, R6, R12, R14, R16, R18, R23, R25, R34, R35, R37, R38, R46, R54, R57, R60, R61) reviewed for infection control in the sample of 41.The findings include:Facility provided Centers for Medicare and Medicaid Services-802 form dated 09/23/2025 that showed R3, R4, R6, R12, R14, R16, R18, R23, R25, R34, R35, R37, R38, R46, R54, R57, R60, R61 all reside on the 100 locked unit. Form also indicated under the section for infections, covid for R34.On 09/23/2025 at 09:45 AM, a contact precaution and a droplet precaution sign was posted on R34's room door, with a three-drawer clear plastic bin next to R34's room door that contained multiple yellow isolation gowns, a box of disposable (K95) respirator masks, and two boxes of latex gloves. At 09:46 am, R34 was sitting in a recliner chair in her room, asleep. On 09/23/2025 at 09:47 AM, V13 (CNA/Certified Nursing Assistant Coordinator) indicated R34 is on contact isolation because she is covid positive then said staff should wear K95 masks, a gown, and gloves when entering R3's room. R34's face sheet documented an admission date of 02/06/2025, with a past medical history not limited to Covid-19, dated 09/17/2025.R34's progress note, dated 09/17/2025, documented, resident has congestion, and states that she feels sick. This nurse performed a COVID test on the resident. The COVID test is positive. Verified by this nurse and the day shift nurse. [Director of Nursing] and Administrator notified. [Nurse Practitioner] notified. Nurse Practitioner ordered guaifenesin (Mucinex) 600 milligrams twice daily by mouth x 10 days, encourage fluids, and isolation. R34's active physician orders as of 09/25/2025 showed but not limited to: Covid 19 symptom evaluation assessment once daily every night shift related to Covid 19 for 11 days with start date of 09/17/2025; Covid 19 monitoring for loss of smell, fatigue, gastrointestinal (GI) upset, shortness of breath (SOB), cough and decreased appetite every day and night shift related to Covid 19 for 11 days with start date of 09/17/2025; strict isolation-droplet & contact for Covid 19 positive and is to receive all cares, treatments, activities and meals in their private room every day and night shift for 11 days.On 09/23/2025 at 11:50 AM, observed V6 (Laundry Aide) pushing a wheeled clothing rack down the hall on the locked 100 unit. V6 was wearing a surgical mask and was going from room to room distributing personal laundry items into resident rooms. At 11:53 AM, V6 entered R34's room without performing hand hygiene or applying a K95 mask, isolation gown or gloves. V6 hung some clothing items in R34's closet, then exited her room without changing his surgical mask or performing any hand hygiene. V6 then proceeded down the hall of the unit and entered in and out of several resident rooms distributing laundry items. On 09/23/2025 at 11:58 AM, V6 (Laundry Aide) said he was previously in-serviced on wearing PPE when entering isolation rooms, then indicated he didn't think he needed to apply PPE before entering R34's room because he was just going in and out of her room. On 09/25/2025 at 09:30 AM, V3 (Assistant Director of Nursing & Infection Preventionist) said since R34 is covid positive, which is airborne, staff should have on full PPE, which includes a gown, N/K95 mask and gloves, and should perform hand hygiene upon entering/exiting resident's room to prevent cross contamination.On 09/25/2025, V1 (Administrator) provided in-service training and attendance form, dated 09/25/2025, that educated on EBP (Enhanced Barrier Precautions)/ Covid donning and doffing. V6 was included on this training form. Contact Precautions sign provided by facility indicated that everyone must clean their hands before entering and leaving room, put on gloves before room entry and discard before room exit, put on gown before room entry and discard before room exit. Droplet Precautions sign provided by facility indicated that everyone must clean their hands before entering and leaving room, ensure eyes, nose and mouth are fully covered before room entry and remove face protection before room exit. Infection Control Policy and Procedure for Covid-19 policy (page 7) last revised 10/15/2024 reads in part: healthcare workers must use proper PPE when (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	exposed to a resident with suspected or confirmed Covid-19.must wear and N95 respirator, eye protection, gown and gloves.Undated Transmission-Based (Isolation) Precautions policy reads in part: it is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' mode of transmission. For training and quick references purposes, a summary of precautions is contained at the end of this policy. Contact precautions are intended to prevent transmission of pathogens that are spread by direct o indirect contact with the resident or resident's environment.donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission though environmental contamination. Droplet precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (i.e. respiratory droplets that are generated by a resident who is coughing, sneezing or talking). Airborne precautions prevent transmission of pathogens that remain infectious over long distances when suspended in the air. Recommendations for Personal Protective Equipment (PPE): contact-don gloves and gown upon room entry, droplet-don a mask upon room entry, airborne-wear a fit-tested NIOSH-approved N95 or higher-level respiratory protection upon room entry.SARS (Covid-19) precautions: droplet or airborne.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed to adequately monitor daily meal and/or supplemental intakes for a resident (R3) with a significant weight loss. This failure affects 1 of 2 residents (R3) reviewed for nutrition in the sample of 41.The findings include:R3's face sheet documented an admission date of 12/02/2022, with a past medical history that included Parkinson's Disease, dementia, and mild-calorie protein malnutrition. Review of R3's documented weights for the last six months showed a weight of 98.6 lbs. on 03/10/2025 and a weight of 92.0 pounds (lbs.) on 09/10/2025 which is a -6.69% loss.R3's care plan last completed on 09/15/2025 reads: impaired nutrition risk related to impaired cognition and behavioral symptoms. R3 does what the voices tell her to do; she states that they allow her to eat or not.Appetite is poor to fair; risk for malnutrition.R3's care plan interventions included but not limited to assist with meals (feed/set-up) as needed; offer ensure provided by family when meals refused; consult occupational therapy for adaptive devices, per order; encourage intake of nutritional supplements between meals evaluate for signs of impaired swallowing. No therapy consults or evaluations were provided by facility.R3's Nutrition/Dietary Note, dated 09/16/2025 at 09:36 AM, documented by V8 (Registered Dietician) reads, weight warning, -5.0% change over 30 day(s). Res underweight. Significant weight loss x one month.Supplements/fortified foods in place due to varied meal intake. Staff to continue to encourage resident at meals, offer meal substitute if she does not prefer the main entree.On 09/23/2025 at 12:00 PM, R3 was observed sitting up in bed with a lunch plate in front of her on a bedside tray table, and a clear plastic cup of what appeared to be a shake next to the plate. R3 indicated she did not want to eat, and the plate appeared untouched. No staff were observed encouraging R3 to consume any food or drink and did not observe R3 attempt to feed herself. On 09/24/2025 at 09:05 AM, R3 was observed sitting up in bed with a breakfast plate in front of her on a bedside tray table, and a clear plastic cup of what appeared to be a shake next to the plate. R3 indicated she did not want to eat, and the plate appeared untouched. No yogurt was noted on tray table. No staff were observed encouraging R3 to consume any food or drink and did not observe R3 attempt to feed herself. On 09/24/2025 at 09:11 AM, when asked who assists R3 with meals, V13 (CNA/Certified Nursing Assistant Coordinator) said R3 feeds herself but usually won't eat because she hears voices that tell her not to eat. V13 did not indicate whether staff offer supplements or alternate food items to encourage R3 to eat.Review of R3's intake nutrition intakes from 07/23/2025 through 08/07/2025 documented R3 refused (code -98) or consumed 0-50% (code 1, 2) of a meal(s) from 07/23 - 07/30, 08/02 -08/05, and 08/07. No amount eaten is documented for the morning meal on 07/31 or the evening meal on 07/29. R3's intake log from 08/08/2025 through 08/23/2025 documented R3 refused (code -98) or consumed 0-50% (code 1, 2) of a meal(s) from 08/08, 08/11 - 08/12, 08/14 - 08/19, and 08/21 - 08/23. No amount eaten is documented for the evening meal on 08/08, 08/12, 08/17 - 08/18, 08/21, or 08/23. R3's intake log from 08/24/2025 through 09/08/2025 documented R3 refused (code -98) or consumed 0-50% (code 1, 2) of a meal(s) on 08/24 - 08/26, 08/28 - 09/08. No amount eaten is documented for the evening meal on 08/24, 08/26, 08/28, 09/02, and 09/07 - 09/08. R3's intake log from 09/09/2025 through 09/24/2025 documented R3 refused (code -98) or consumed 0-50% (code 1, 2) of a meal(s) on 09/09 - 09/16, 09/18, 09/21 - 09/24. No amount eaten is documented for the afternoon meal on 09/16 or 09/24 or for the evening meals on 09/12, 09/14 - 09/16, 09/21 - 09/24.R3's active physician orders as of 09/25/2025 showed but not limited to ready care 2.0 120 milliliters (ml) three times a day for supplement; chocolate pudding twice daily between meals for meal supplement; ice cream twice daily and offer yogurt at breakfast for supplement; super cereal at breakfast, power potatoes at lunch and dinner.On 09/25/2025 at 10:07 AM, V2 (Director of Nursing) said R3 was last assessed by V10 (Medical Director) on 09/21/2025 and was flagged for body mass index (BMI), with no further documentation provided from V10 by facility addressing R3's significant weight loss. V2 then indicated R3 hears voices and will not eat at times or take medications because of this. She added (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the aides should document all resident consumed meals daily and R3's yogurt, power potatoes, and super cereal come from Dietary, which the aides should document these intakes with their meal intakes. When asked how this surveyor could determine what percentage of R3's documented intakes were for the meals versus the provided supplements, V2 (DON) said, There's no clear-cut way to document or monitor what percentage of food was consumed over the amount of (R3's) supplement. V2 then said the nurses document R3's chocolate pudding and nutritional shake intake on medication administration record (MAR).On 09/25/2025 at 10:36 AM, V8 (Registered Dietician) said R3 triggered for significant weight loss in the last 30 days. V8 added R3 started multiple supplements over the last few months to increase caloric intake due to her medical history that are being documented. V8 then said R3 is on the nutrition at risk list, and she will meet weekly with management to discuss R3's plan of care. Undated Nutritional Management policy provided by facility on 09/25/2025 reads: the facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status in the context of his or her overall condition.Undated Nutritional and Dietary Supplements policy provided by facility on 09/25/2025 reads: it is the policy of this facility that nutritional and dietary supplements will be used to complement a resident's dietary needs in order to maintain adequate nutritional status and resident's highest practicable level of well-being. The facility will provide nutritional and dietary supplements to each resident, consistent with the resident's assessed needs.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on observation, interview, and record review, the facility failed to provide an adequate justification for the use of an antipsychotic medication in one resident (R2) with a diagnosis of Dementia of five residents reviewed for unnecessary medications in the sample of 41. Findings include:On 9/23/25 at 9:20am, R2 was sitting in a wheelchair next to her bed waiting for her medications. R2 appeared irritable and somnolent. On 9/23/25 at 12:20pm, R2 was in the hallway in her wheelchair, well-dressed with makeup on and initiated conversation. Mood appeared brighter with appropriate conversation. On 9/24/25 at 1:05pm, R2 was again sitting in the hallway, well-dressed, facial makeup, pleasant and easily engaged. Current Physician Order Summary Report indicates R2 has diagnoses that include Dementia with Psychotic Disturbance, General Anxiety Disorder and Major Depressive Disorder.Summary Report indicates R2 receives Quetiapine (antipsychotic) 50mg (milligrams) twice daily related to Dementia with Psychotic Disturbance. Psychotropic Informed Consent, dated 5/10/22, indicates consent was given for R2's Seroquel (Quetiapine) 50mg twice daily on that date. Medication Regimen Review Prescriber Recommendation, dated 11/8/24, indicates R2 is receiving Quetiapine 50mg twice daily for Schizoaffective. Recommendation indicates Gradual Dose Reductions (GDR's) are periodically recommended for all psychotropics. Alternatively, a prescriber note with clinical rationale for why an attempted dose reduction would impair function or cause psychiatric instability and exacerbate an underlying medical/psychiatric disorder is also recommended.Physician/Prescriber Response to Pharmacy Recommendation dated, 11/8/24, indicates (R2) is still disoriented at times insisting she needs to go to school or get kids; can be irritable at times and indicated to continue the Seroquel at the current dose. Psychiatric Services Note, dated 5/9/25, indicates, Based on clinical information and current presentation, the patient (R2) no longer meets criteria for Schizoaffective Disorder. While (R2) previously exhibited mood instability with psychotic features, her dominant clinical presentation now reflects dementia-related psychotic disturbance. R2's Behavior Monitoring Record, dated 8/27/25 to 9/25/25, indicates on 9/23/25 R2 displayed abusive language.All other days indicated No behaviors observed. R2's Current Care Plan did not include documentation related to R2 receiving Seroquel, any target behaviors or non-pharmacological interventions. On 9/25/25 at 9:15am V2, DON (Director Of Nursing) identified herself as managing the psychotropic medications for residents. V2 stated V11, Psychiatric Physician, is the one who decide R2 was no longer meeting criteria for Schizoaffective and was diagnosed with Dementia. V2 acknowledged R2's behaviors were not severe or prolonged.V2 stated V12, Care Plan Coordinator, is responsible for resident care plans and should have included the Seroquel on R2's Care Plan. Facility Policy/Use of Psychotropic Medication(s) dated 2025 documents: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. Adequate Indication for use refers to the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and after any other treatments have been deemed clinically contraindicated. For psychotropic medications, without documentation in the record explaining that the practitioner has determined that other treatments have been deemed clinically contraindicated, the indication for use is inadequate. Chemical Restraint refers to any drug used for discipline or that makes it more convenient (i.e., less effort) for staff to care for a resident, and not required to treat medical symptoms. This includes instances when a psychotropic medication may be approved to treat certain symptoms, however, nonpharmacological interventions should be used or attempted, unless clinically contraindicated, because they are less dangerous to a resident's health and safety. 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 medications(s) are (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	beneficial to the resident, as demonstrated by monitoring and documentations of the resident's response to the medication(s). Non-pharmacological approaches must be attempted, unless clinically contraindicated, to minimize the need for psychotropic medications, use the lowest possible dose, or discontinue the medications.