

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145987	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Allure of Galesburg		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 Frank Street Galesburg, IL 61401	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>30899</p> <p>Based on interview and record review the facility failed to ensure two residents (R1 and R3) was free from verbal abuse by an employee of three resident reviewed for abuse.</p> <p>Findings include:</p> <p>Facility Policy/Abuse, Neglect and Exploitation dated 2023 documents:</p> <p>Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse and certain resident to resident altercations. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish.</p> <p>Verbal Abuse means the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance regardless of their age, ability to comprehend, or disability.</p> <p>Final Incident Investigation Report dated 5/16/24 indicates On 5/10/24 V5, RN (Registered Nurse) was overheard being verbally inappropriate with R3. Report indicates V5 was immediately separated from all residents and suspended.</p> <p>Witness V6, LPN (Licensed Practical Nurse) statement indicates V5 asked R3 to step away from the nurses' station and cussed back at (R3). Report also indicates V5 then turned to R1 and yelled See, look what you've caused.</p> <p>Report Conclusion of the investigation determined that V5 had been verbally inappropriate with R1 and R3.</p> <p>Report indicates V5 was terminated from employment.</p> <p>On 5/14/24 at 10:30am R3 stated that V5 did cuss and yell at him/R3 when he was trying to help R1.</p> <p>On 5/16/24 at 10:45am V4, Regional Nurse stated, We concluded our investigation and found the allegation was substantiated.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>30899</p> <p>Based on interview and record review the facility failed to revise care plans for three residents (R1, R3, R4) who smoke of three residents reviewed for care plan revision.</p> <p>Findings include:</p> <p>Facility Policy/Comprehensive Care Plans dated 2023 documents:</p> <p>It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p> <p>The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment.</p> <p>On 5/14/24 at 2:30pm V2, DON (Director of Nursing) stated R1, R3 and R4 have all had their smoking privileges taken away due to repeatedly breaking the smoking rules.</p> <p>On 5/16/24 at 3:00pm V2, DON stated that R1's smoking privileges have been revoked since 12/5/23.</p> <p>NP (Nurse Practitioner) note dated 5/7/24 indicates R1 has lost all smoking privileges due to not following facility smoking rules.</p> <p>On 5/14/24 V1, Administrator and V2, DON (Director of Nursing) stated that R1 continues to obtain contraband, possibly smoking in the bathroom and receiving smoking materials from other residents.</p> <p>On 5/14/24 R1 stated that she's in trouble for having a vape and has been banned from cigarettes since then. R1 stated I have broken the rules since then. R1 identified R3 and R4 as also breaking the smoking rules and having their smoking privileges revoked.</p> <p>Current Care Plan indicates:</p> <p>Due to symptoms of Serious Mental Illness R1 can be an unreliable reporter. R1 may indicate she does not remember information communicated to her and may make statements that are not based in reality.</p> <p>R1 is a smoker and have expressed that she does not have funds to purchase smoking materials. R1 was provided smoking cessation materials and provided nicotine gum. R1 did not follow smoking policy and was observed smoking while also using nicotine gum. R1 was educated on the risks of using smoking cessation and expectation was told to R1 to either use smoking cessation or smoke but not both. Smoking cessation resumed on 11/3/22.</p> <p>R1's care plan does not include revocation of smoking privileges.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2) On 5/14/24 R3 stated he is currently on smoking restriction because he gave cigarettes to R1 (who is also on restriction).</p> <p>On 5/16/24 at 3:00pm V2, DON stated that R3's smoking privileges have been revoked since 4/8/24.</p> <p>NP Note dated 4/17/24 R3 lost walking day pass and smoking privileges due to not following rules-Ordered gum for smoking cessation.</p> <p>R3's care plan indicates R3 is a smoker and requires supervised smoking.</p> <p>R3's care plan does not address non-compliance with smoking rules, specific incidence of non-compliance, revised interventions or current revocation of smoking privileges.</p> <p>3) Progress Note Text dated 5/2/24 indicates: at last smoke break R4 was noted to be outside taking drags off of other resident cigarettes; R4 was educated and brought back inside the facility.</p> <p>On 5/16/24 at 3:00pm V2, DON stated that R4's smoking privileges have been revoked since 4/15/24.</p> <p>R4's care plan indicates R4 is a smoker and is able to carry smoking materials into the community and keep smoking materials in a secured location.</p> <p>R4's care plan does not address non-compliance with smoking rules, specific incidence of non-compliance, revised interventions or current revocation of smoking privileges.</p> <p>On 5/16/24 at 3:10pm V2, DON stated the Social Service Director was responsible for revising the smoking care plans. They just didn't get done.</p>