

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 04/10/2025
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 observation, interview and record review the facility failed to prevent resident to resident physical abuse for one resident (R4) of four residents reviewed for abuse in the sample of four.</p> <p>Findings include:</p> <p>Facility Policy/Abuse, Neglect and Exploitation dated 2/3/25 documents:</p> <p>It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.</p> <p>Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or anguish, which can include staff to resident abuse and certain resident to resident altercations. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled by the use of technology.</p> <p>Physical abuse includes but is not limited to hitting, slapping, punching, biting, and kicking.</p> <p>On 4/4/25 at 2:01pm Progress Narrative Note indicates R4 was getting coffee at the table by the patio door when R3 threw a coffee canister at R4 hitting him in left knee. R3 then also punched R4 in the chest with her fist. R4 was assessed for injuries with no injuries or redness noted on R4 left knee or chest Note indicates V1, Administrator and physician notified. R4 refused to go to the hospital and stated he had no pain and is going on like normal.</p> <p>On 4/10/25 at 11:45am facility camera video footage of altercation dated 4/4/25 at 1:02pm showed R3 shoving and punching R4 in the chest area near the drink station by the patio door in the main core area of the facility. The video did not include sound (audio). R5 was observed on the video footage to be nearby when the altercation occurred and informed V2, LPN (Licensed Practical Nurse) of the incident between R3 and R4. Staff (V2) immediately responded and attended to R4. Video footage was somewhat blurry and R3 hitting a canister or cup out of R4's hand was not completely visible. The video footage was viewed with V1, Administrator.</p> <p>(continued on next page)</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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(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>On 4/9/25 at 3:05pm R4 stated (R3) threw a water canister at me and hit me and also punched me in the chest with the back of her hand. I didn't get hurt. I'm ok. Staff checked - no bruises or anything. R4 stated he is not afraid of R3 and doesn't know why she hit him.</p> <p>On 4/10/25 at 9:30am R3 was in her room and refused to allow surveyor to enter her room and refused to be interviewed. At no time was R3 seen in the milieu near R4.</p> <p>On 4/10/25 at 9:35am V2, LPN stated I didn't witness the actual incident (between R3 and R4). V2 stated she was notified by staff or another resident - I don't remember which. V2 stated R5 did witness the incident.</p> <p>On 4/10/25 at 9:45am R5 stated she was sitting close to where the incident between R3 and R4 took place. R5 stated she witnessed R3 slap a cup of coffee out of R4's hand then R3 hit R4 in the chest. R5 stated she heard R3 say Only one to R4.</p> <p>On 4/10/25 at 12:40pm V1, stated R3 has severe mental illness, however has not had any type of aggressive behavior for at least six months, but she did hit R4.</p>		