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 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Galesburg	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident unplanned death was investigated and reported to the state agency, within the required time frame. This failure has the potential to affect all 84 residents currently residing in the facility.R1's electronic medical record documents that R1 was admitted to the facility on [DATE] with the following diagnoses: Frontotemporal Neurocognitive Disorder, Major Depressive Disorder, Dysphasia, Chronic Obstructive Pulmonary Disease, Anxiety Disorder and Diabetes Mellitus. R1's Advance Directives form, dated [DATE] documents that R1 was a Full Code.R1's Nursing Progress Notes, dated [DATE] and signed by V3/Registered Nurse documents, (R1) observed to have had a small emesis so nurse helped (R1) to get cleaned up and cleared mouth and neck from emesis. (R1) was then sat up and verbalized feeling okay. Upon arrival back into the room (R1) was observed to have had another emesis so I asked the CNA (Certified Nursing Assistant) assigned to her cares to help her get cleaned up. When the CNA finished cleaning (R1) up (bowel movement and emesis) she stated to the nurse she thought (R1) sounded kind of gurggly. She also stated (R1) verbalized feeling okay and she had a brief conversation with (R1). I then went to the main core (nurse's station) to ask a second nurse (V4/Licensed Practical Nurse) to come listen to (R1)'s lung sounds with me to make sure I was correctly identifying (R1)'s lung sounds. When (V4) got to (R1)'s room, (R1) was having another emesis and slightly pale in color. I immediately called 911. (R1) had a pulse was not unresponsive. When (R1) became unresponsive and (R1)'s pulse was no longer felt, CPR (Cardiopulmonary Resuscitation) was initiated. EMT (Emergency Medical Technician) services arrived and they took over CPR. (R1) was pronounced deceased at 8:13 P.M.R1's Certificate of Death, dated [DATE] documents R1's Immediate Cause of Death as Aspiration Pneumonia (within hours), Chronic Obstructive Pulmonary Disease and Dementia.On [DATE] at 1:35 P.M., V3/Registered Nurse (RN) stated she was the nurse that was present on the evening of [DATE] when R1 died. States R1 had been eating supper in the facility MDR (Main Dining Room) and appeared fine. States she thinks it was after supper and the CNA (Certified Nursing Assistant/CNA) (unable to recall which one) came to her and said that R1 was vomiting. States she went to R1's room, assisted CNA in cleaning up emesis, R1 stated she was fine, and V3/RN left the room. The CNA came back to V3 and said R1 then sounded gurggly. V3 states she asked V4/Licensed Practical Nurse to grab the crash cart and come to R1's room with her, to assist her. V3/RN states when she got to R1's room the second time, R1 had another emesis, was very pale, was gurgling, but had a pulse. V3/RN states she called 911, after she attempted to suction R1. States there was an empty cannister on top of the crash cart at the Back Nurse's Station, but the cannister was not connected and was inoperable. V3/RN stated she was unable to suction R1at that time, R1 became nonresponsive, without a pulse and CPR (Cardiopulmonary Resuscitation) was initiated. Once the emergency crew arrived, they took over CPR and pronounced R1 deceased . R1 Stated she can't recall ever receiving training on the contents of the facility emergency crash cart, or the use of the contents.On [DATE] at 2:53 P.M. V2/Director of Nurses stated she didn't have an investigation into R1's unplanned death. V2/DON also confirmed that (continued on next page)

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: 145987	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026

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Allure of Galesburg	1145 Frank Street Galesburg, IL 61401

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the state agency had not been informed of R1's death.On [DATE] at 3:30 P.M., V1/Administrator stated he did not do an investigation into R1's unplanned death and did not report R1's unplanned death to the state agency.The facility Midnight Census Report, dated [DATE] and provided and confirmed by V1/Administrator documents 84 residents currently reside in the facility.

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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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure emergency medical equipment was present, functional, routinely checked and available for use during a medical emergency, for one of three residents (RI), reviewed for emergency response. The facility also failed to ensure nursing staff were trained and competent in the contents and operation of emergency equipment. These failures resulted in staff being unable to provide timely life- saving interventions to R1, who suffered an unplanned medical emergency and died. The deficient practice placed all facility residents at risk for delayed or ineffective emergency response.These failures resulted in an Immediate Jeopardy. The Immediate Jeopardy began on [DATE] when R1 experienced a medical emergency and facility staff failed to ensure emergency equipment was available, functioning, routinely checked and staff were competent in its use during a resident emergency.V1 (Administrator), V19 (Corporate Regional Director of Operations) and V20 (Corporate Regional Nursing Officer) were notified of the Immediate Jeopardy on [DATE] at 12:56 P.M. While the immediacy was removed on [DATE], the facility remains out of compliance at a severity Level II as additional time is needed to evaluate the implementation and effectiveness of their removal plan and Quality Assurance monitoring.The (undated) facility policy, Emergency Crash Cart directs staff that the purpose of the policy is to ensure that all supplies critical to basic life support are readily available on the emergency cart. Compliance Guidelines document that the facility will store the emergency cart in a location that is readily accessible; That the equipment/supplies are used only when emergency care is provided; Equipment/supplies are noted and replaced promptly; The emergency crash cart is checked every 24 hours and after every use; Clinical staff are educated on the location and use of the emergency cart and Nursing staff should be familiar with the contents located on and within the cart.The facility form, (monthly) Emergency Crash Cart Checklist, provided by V2/Director of Nurses on [DATE], includes a daily checklist and designated place for staff to initial the presence of the following equipment, Respiratory Equipment: Non-breather Masks, Nasal Cannulas, Ambu Bag, Oral Airways; Suction Equipment: Normal Saline, Yankauer, Suction Kit, Suction Container, Portable Machine; Personal Protective Equipment: Gloves and Additional Supplies: Emergency Cart Checklist, Flash Light, Alcohol Wipes, Lubricating Jelly, Back Board, Blood Pressure Cuff and Stethoscope. R1's facility Face Sheet documents that R1 was admitted to the facility on [DATE] with the following diagnoses: Frontotemporal Neurocognitive Disorder, Malignant Neoplasm of the Right Breast, Dysphagia and Diabetes Mellitus.R1's Nursing Progress Notes, dated [DATE] and signed by V3/Registered Nurse document, (R1) observed to have had a small emesis so nurse helped (R1) to get cleaned up and cleared mouth and neck from emesis. (R1) was then sat up and verbalized feeling okay. Upon arrival back into the room (R1) was observed to have had another emesis so I asked (staff) assigned to her cares, to help her get cleaned up. When the CNA (Certified Nursing Assistant) finished cleaning (R1) up (bowel movement and emesis) she stated to the nurse she thought (R1) sounded kind of gurggly. She also stated (R1) verbalized feeling okay and she had a brief conversation with (R1). I then went to the main core (nurse's station) to ask a second nurse (V4/Licensed Practical Nurse) to come listen to (R1)'s lung sounds with me, to make sure I was correctly identifying (R1)'s lung sounds. When (V4) got to (R1)'s room, (R1) was having another emesis and slightly pale in color. I immediately called 911. (R1) had a pulse was not unresponsive. When (R1) became unresponsive and (R1)'s pulse was no longer felt, CPR (Cardiopulmonary Resuscitation) was initiated. EMT (Emergency Medical Technician) services arrived and they took over CPR. (R1) was pronounced deceased at 8:13 P.M. V4/Licensed Practical Nurse's written statement, provided on [DATE] and dated 12//16/25 at 9:56 P.M., documents, (V3/Registered Nurse/RN) came up to the front nurse's station and asked me if I could listen to (R1's) lung sounds. I said sure. Upon (me and V3/RN) arriving to (R1's) room, (R1) was pale in color and (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Allure of Galesburg		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 Frank Street Galesburg, IL 61401	

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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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	vomit was coming out of her mouth and nose. I went to (R1's) side and began cleaning up the vomit. I yelled for someone to assist me since (V3/RN) went to the desk to dial 911. While I was cleaning (R1) up, (R1) was moving her head back and forth. Once I cleaned up all the vomit, I asked (R1) if she was okay. (R1) said yes. I went to the front nurse's station to have more CNAs (Certified Nursing Assistants) help and to grab (V3/Registered Nurse) for assistance. I went back into the room and (R1) had a faint pulse. We were asking (V3/RN) to find the crash cart for suction. The crash cart only had trach (tracheal) suctioning, not proper yank (yankauer) with tubing. (R1) looked at me and I checked her pulse. I did not feel one. I told (V13/Certified Nursing Assistant/CNA) to lower the head of the bed so I could begin compressions. I checked her pulse before beginning compressions, and she had one. (R1) began to vomit again, so we raised the head of the bed, and we began to clean her up. I did another pulse check, and the police arrived. (R1) had no pulse. (V3/RN) came in and stated that (R1) was a full code, so I began compressions. Fire (Department) took over with CPR (Cardiopulmonary Resuscitation and moved (R1) to the floor, since she needed to be on a hard surface. They hooked up the AED (Automatic External Defibrillator) pads and continued CPR. They could not shock as (R1) had a pulse and was asystole. Fire (department) intubated and bagged (R1). V3/Registered Nurse/RN's written statement dated [DATE] documents, Around 7 (PM), I went into (R1's) room to give her her medication. I noticed (R1) had spit up some saliva, so I got a wet towel and cleaned up her face and neck area. I asked (R1) was she ok and put the head of her bed up. (R1) said she was ok and thanked me. I proceeded to give (R1) her medication and (R1) swallowed it with ease. (Meds/medications crushed in pudding) per usual. With (R1) still setting up, I proceeded to go get her roommates medications ready. I had a few distractions while getting back to my cart, so I ended up taking (R1's) roommates medications within 5 to 10 minutes later. When I walked into (R1's) room to give her roommate medication, (R1) was gagging and throwing up. (R1) did not throw up very much, it was mostly just saliva and gagging. When (R1) stopped and was able to talk to me. I went out of the room and got (V11/Certified Nursing Assistant/CNA) to help clean (R1's) chin, as it was covered with saliva. When (V11/CNA) went into the room with (R1) she was still talking and thanking us for cleaning her up. I then went to the front of the building to get another nurse who I know has lots of experience with lung sounds. When me and (V4/Licensed Practical Nurse) got back to (R1's) room, (R1) was pale and now vomiting out of her mouth and nose. I immediately went to call 911. (V4/LPN) stayed in the room with (R1) while another nurse came down the hall with the crash cart. When I was finished calling 911, I went back into (R1's) room and she was still gagging and vomiting. The other two nurses were trying to find a suction machine within the crash cart and there was not one. Police arrived and within seconds, (R1) went limp and CPR was started by (V4/LPN). Paramedics took over when they arrived and the medics stated that (R1) was in asystole and her pulse kept going in and out. They moved (R1) to the floor and continued efforts of saving her with the lucas ([NAME] University Cardiopulmonary Assist System). At 8:13 P.M. they called (R1's) time of death.R1's (City) Hospital Ambulance Service Report, dated [DATE] documents that a call was received on [DATE] at 7:40 P.M. from the facility, requesting services, due to a resident with cardiac arrest. P1 (Paramedic 1) was dispatched for a patient unresponsive with no pulse, responded immediately. Upon arrival to scene found (City) Fire Department attending to the patient. Prior to P1 arrival, (City) Fire Department (performed) Treatment: (suctioning) Vomit; Amount: 700 (ML) (milliliters). It was reported by staff that they were doing CPR on the patient for about 10 minutes prior to fire (department) getting there. Patient was found by staff with emesis on her face, lips cyanotic and it was unknown by staff how long she had been down, staff reported patient was checked on about 10 minutes before CPR was first initiated. Patient was switched to cardiac monitor and defib (defibrillator) pads at this time with patient being in asystole. CPR and ventilations with suctioning were continued. IO (Intraosseous) and IV (Intra Venous) were established at this time with first epi (epinephrine) given and fluid bolus started at 1955 (7:55 P.M.). CPR and ventilations were continued with additional epi given at 2002 (8:02 P.M.) and 2008 (8:08 P.M.) due to patient being in asystole after pulse checks. Patient was (continued on next page)

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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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	suctioned and igel was switched to tracheal intubation due to excessive amounts of vomit coming up with compressions to protect airway. CPR and ventilations were administered for 25 minutes before calling med control (medical control). Per med control, resuscitation efforts could be discontinued at 2013.R1's (City) Fire Department report, dated [DATE] at 7:42 P.M. documents, Dispatched for a subject experiencing emesis and lips turning blue; immediately followed bythat the PT (patient) was not breathing and no pulse found. Initial PT (patient) contact with two staff members who were performing CPR. Verified no pulse and no respirations and took over one round of compressions. (Emergency Medical Technicians) arrived on scene with the rest and we assisted lowing the PT onto the floor. PT was continuing to vomit and a CNA (Certified Nursing Assistant) was attempting to clean the PT's face while we continue to perform CPR. Staff on scene stated that the PT was last seen conscious approximately 5 minutes ago. Continued compressions while (EMT) prepared BVM (Bag Valve Mask) with O2 (Oxygen). Prepared AED (Automatic External Defibrillator) pads for placement, and performed a jaw thrust to the PT and began to administer AR (artificial respirations) via BVM. Then placed a size 4 supraglottic airway and secured it with the retaining strap; Continued AR via bag valve to the airway. AED cycled three rounds and advised no shock all three times; no carotid pulse was found during each cycle assessment. GHAS (City Hospital Ambulance Service) arrived on scene and PT care and information was transferred to them. Performed suction to clear the PT's airway due to continuous emesis. (City Fire Department) assisted (City Hospital Ambulance Service with preparation of Advanced Life Support intervention as directed by Paramedics. We assisted with placement of the LUCAS device (artificial compression system) to the PT and Continued AR. Multiple more rounds of CPR were performed and ALS (advanced life support) were given until Paramedics were given direction by Medical Control to cease further life saving measures. Equipment was secured and scene was cleaned and prepared for Coroner. R1's Certificate of Death, dated [DATE] documents R1's Immediate Cause of Death as Aspiration Pneumonia (within hours), Chronic Obstructive Pulmonary Disease and Dementia.On [DATE] at 2:30 P.M., a red emergency cart was located at the (facility) Back Nurse's Station. V5/Registered Nurse (RN) was present and stated third shift was responsible for checking the emergency cart daily. V5/RN was unable to locate the emergency cart check sheet for [DATE], or any other month. V5 stated she was not sure where it was. With V5/RN present, the contents of the cart were reviewed. No manual resuscitator (Ambu bag), oral airways, Normal Saline, yankauer suction catheter, suction kits, flashlight, alcohol wipes, lubricating jelly, blood pressure cuff or stethoscope were present on the cart. A suction machine and a blue-topped canister were present in a grey zippered bag, on top of the cart, a tracheal suction tubing in a package, was also in the grey bag. When an attempt was made to connect the tubing to one of three stems on top of the blue cannister, suction was unable to be achieved. A green oxygen tank was present, on the side of the cart. The required backboard was unable to be located on the cart, or in the emergency cart. V5/RN verified the missing equipment and stated the suction machine would be useless as it was, in an emergency. V5/RN states she can't recall ever receiving training on the contents of the facility emergency crash cart, or the use of the contents.On [DATE] at 2:36 P.M., a red emergency cart was located at the (facility) Front Nurse's Station. V6/Licensed Practical Nurse (LPN) and V7/Registered Nurse (RN) were present. The emergency cart was a white tubular cart on wheels, with red mesh drapes. Upon observation of the top of the cart and removal of a covering over the suction machine, large amounts of dust particles were present. No emergency cart sign off sheet was present. Both nurses stated they thought third shift checked the cart, but they weren't sure. The contents of cart were reviewed with V6/LPN and V7/RN present. No manual resuscitator (Ambu bag), oral airways, Normal Saline, yankauer suction catheter, suction kits, flashlight, alcohol wipes, lubricating jelly, blood pressure cuff or stethoscope were present on the cart. A suction machine and blue-topped canister were present, however, the suction machine was inoperable, as there was no tubing to connect the cannister to the suction machine or the suction machine to a suction catheter. A green oxygen tank was hanging from the side of the cart. V6/LPN and V7/RN verified the missing (continued on next page)

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	equipment and stated the machine would be useless as it is, in an emergency. V6/LPN and V7/RN both stated they can't recall every receiving training on the contents of the facility emergency crash cart, or the use of the contents.On [DATE] at 3:04 P.M., the facility front and back emergency carts were observed with V2/Director of Nurses (DON). At that time V2/DON verified the inoperable suctioning machine on both carts, the missing emergency equipment and the missing Emergency Cart Checklist. V2/DON stated the carts were nasty and needed cleaned. On [DATE] at 12:58 P.M., the facility's Front Nurse's Station emergency cart had a nonfunctioning suction machine, on top. No other suction machine or equipment to suction a resident, in a medical emergency, was available. No emergency cart checklist was present to verify the required contents of the cart, or the functioning of the equipment was present on either the North or South emergency cart.On [DATE] at 4:10 P.M., the facility's Front Nurse's Station emergency cart had a nonfunctioning suction machine, on top. No other suction machine or equipment to suction a resident, in a medical emergency, was available. No emergency cart checklist was present to verify the required contents of the cart, or the functioning of the equipment was present on either the North or South emergency cart.On [DATE] at 1:35 P.M., V3/Registered Nurse (RN) stated she was the nurse that was present on the evening of [DATE] when R1 died. States R1 had been eating supper in the facility MDR (Main Dining Room) and appeared fine. States she thinks it was after supper and the CNA (Certified Nursing Assistant/CNA) (unable to recall which one) came to her and said that R1 was vomiting. States she went to R1's room, assisted CNA in cleaning up emesis, R1 stated she was fine, and V3/RN left the room. The CNA came back to V3 and said R1 then sounded gurggly. V3 states she asked V4/Licensed Practical Nurse to grab the crash cart and come to R1's room with her, to assist her. V3/RN states when she got to R1's room the second time, R1 had another emesis, was very pale, was gurgling, but had a pulse. V3/RN states she called 911, after she attempted to suction R1. States there was an empty cannister on top of the crash cart at the Back Nurse's Station, but the cannister was not connected and was inoperable. V3/RN stated she was unable to suction R1at that time, R1 became nonresponsive, without a pulse and CPR (Cardiopulmonary Resuscitation) was initiated. Once the emergency crew arrived, they took over CPR and pronounced R1 deceased . R1 Stated she can't recall ever receiving training on the contents of the facility emergency crash cart, or the use of the contents.On [DATE] at 2:53 P.M., V2/Director of Nurses (DON) stated she was responsible for checking the emergency carts after each use and periodically. V2 stated she doesn't complete a checklist after she checks the carts. Unable to state when she last checked either cart. Unable to provide documentation of emergency crash cart checklists for the past year, or facility staff training on the emergency cart location, contents of the cart or function of the contents. At that time, V2/DON stated she didn't have an investigation into R1's unplanned death. On [DATE] at 3:23 P.M., V4/Licensed Practical Nurse (LPN) stated she was working the night that R1 had multiple emesis, became unresponsive and died. Stated V3/Registered Nurse yelled for her, and she ran to R1's room. Upon arrival, she yelled at staff to get the crash cart (emergency cart) so R1 could be suctioned. Stated R1 was never suctioned due to the suction machine being inoperable. States she started CPR (Cardiopulmonary Resuscitation) on R1 when she became nonresponsive, a policeman arrived on the scene, followed by the fire department and then the EMT's (Emergency Medical Technicians). EMT's took over the scene and she left the room. Stated R1 was pronounced deceased on the scene and never left the building. Stated she can't recall ever receiving training on the contents of the facility emergency crash cart, or the use of the contents.On [DATE] at 3:30 P.M., V2/DON (Director of Nurses) provided a copy of the facility Emergency Crash Cart Checklist form. Stated the facility emergency carts are supposed to be checked daily to ensure all listed items are present and functioning for use in an emergency. At this time, V2/DON stated she had not implemented the daily Emergency Crash Cart Checklist form, despite R1 experiencing multiple episodes of emesis on [DATE] and facility staff being unable to emergently suction R1 due to an inoperable suction machine on the back nurse's station emergency cart.On [DATE] at 3:30 P.M., V1/Administrator stated he did not do an investigation into R1's (continued on next page)

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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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	unplanned death and did not report R1's unplanned death to the state agency.On [DATE] at 9:40 A.M., V8/Licensed Practical Nurse stated she can't recall ever receiving training on the contents of the facility emergency crash cart, or the use of the contents. On [DATE] at 9:47 A.M., V10/Licensed Practical Nurse stated she can't recall ever receiving training on the contents of the facility emergency crash cart, or the use of the contents.On [DATE] at 9:53 A.M., V9/Licensed Practical Nurse stated she can't recall ever receiving training on the contents of the facility emergency crash cart, or the use of the contents.On [DATE] at 11:07 A.M., V11/Certified Nursing Assistant stated she was the person who assisted R1 on [DATE] when she had multiple emesis. States she alerted V3/Registered Nurse after assisting R1, as R1 began gurgling. Stated V3/RN responded to R1's room and she went to assist another resident and didn't see R1 again that shift. Stated she gave a written statement of the events to V2/Director of Nurses. Stated other staff working that night also gave statements due to the non-working suction machine and the concern for R1.On [DATE] at 11:44 A.M., V14/Medical Doctor (MD) stated that R1's cause of death was aspiration pneumonia, that occurred within hours of her death. V14/MD also stated that had R1 been immediately suctioned, by facility staff, when she began vomiting repeatedly, her death could have possibly been avoided.The facility Midnight Census Report, dated [DATE] and provided and confirmed by V1/Administrator documents 84 residents currently reside in the facility.An Abatement Plan was received on [DATE] at 4:23 P.M., from the facility Administrator. After review, the Abatement Plan was accepted on [DATE] at 4:48 P.M.On [DATE] the surveyor confirmed through observation, interview and record review that the facility took the following actions to remove the Immediate Jeopardy:Identification of Residents Affected or Likely to be Affected:The facility took the following actions to address the citation and prevent any additional residents from suffering an adverse outcome. (Completion Date: [DATE]).CPR was initiated immediately when R1 became unresponsive and continued until EMS (Emergency Medical Services) arrived.The ADON (Acting Director of Nursing) completed a full crash cart audit of both carts and ensured all required components were on the cart and functional on [DATE].Nurses have been educated to verify Crash Cart checklist items are present and equipment is fully functional on 3rd shift.DON (Director of Nurses) to verify weekly that the crash cart checks are being done, and any used or nonfunctional items are to be replaced immediately.Nursing staff have been trained on the contents and how to operate emergency equipment found on the crash cart on [DATE].Actions to Prevent Occurrence/Recurrence:The facility took the following actions to prevent an adverse outcome from reoccurring. (Completion Date: [DATE])The ADON completed a full crash cart audit of both carts in house, and verified all required equipment was on the cart and functional on [DATE]. Any missing, expired or broken items were replaced with fully functioning items.All Oxygen equipment, suction and Ambu bags were checked and verified as being operational.Administrator conducted a facility wide audit of all emergency locations to verify appropriate quantities of emergency equipment.Administrator, Regional Nurse Consultant and ADON provided nursing staff in-service on location of emergency equipment, Emergency response procedures, Basic Life Support and CPR expectations, Crash cart contents, crash cart locations, and operation of oxygen, suction, ambu bag, and other emergency equipment on [DATE]. This training required return demonstration from staff to ensure adequate knowledge. Any staff who do not complete the mandatory training will complete in person training with return demonstration prior to the start of their next shift.Nurses and CNA CPR certification were verified by RDO (Regional Director of Operations). Any clinical staff in need of CPR will obtain within the next 60 days. The facility will ensure a minimum of two CPR certified staff in the building at all times, at least one staff member will be on duty who has been properly trained in medical emergencies as required.Crash Cart check lists will be reviewed and documented on third shift every day.DON or designee will audit the crash cart weekly for verification that the daily checks are being done and all equipment is present and is fully functional.Emergency QAPI was held on [DATE] with the Medical Director.Medical Emergency Response was reviewed and revised to indicate who shall inspect the emergency equipment, the frequency of inspection, identify (continued on next page)

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 04/07/2026
NAME OF PROVIDER OR SUPPLIER Allure of Galesburg		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 Frank Street Galesburg, IL 61401	

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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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	frequency and type of training related to emergency situations, and required documentation.A root cause analysis was completed.All residents in facility are at potential risk to immediate access to emergency equipment throughout the facility.A QA audit will be done weekly for 6 weeks, and then monthly for 3 months to ensure thatWere all crash cart checks completed daily?If something was missing, broken or expired, was it replaced immediately?Did DON or designee do their weekly crash cart checks?Was all clinical staff trained annually or upon hire on Emergency Response Procedures, BLS and CPR expectations, Crash Cart contents, Operation of Oxygen, Suction, Ambu bag, and other emergency equipment (with return demonstration)?Abatement completion date: [DATE]