STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145987	A. Building B. Wing	06/22/2026

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on Interview and Record Review, the facility failed to implement its abuse policy when an allegation of staff-to-resident sexual abuse was received for one of four residents (R2) reviewed for abuse in the sample of four. Findings Include:The facility's Abuse, Neglect, and Exploitation policy dated 1/30/2026 documents, Policy explanation and compliance guidelines, 1. The facility will develop and implement a written procedure that: c. includes training for new and existing staff on activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, reporting procedures, and dementia management and resident abuse prevention. 3. The facility will provide ongoing oversight and supervision of staff in order to ensure that its policies are implemented as written. Prevention of abuse, neglect, bribery and exploitation, the facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, bribery, misappropriation of resident property, and exploitation that achieves: B. Identifying, correcting and intervening in situations in which abuse, neglect, exploitation, bribery, and/or misappropriation of resident property is more likely to occur with the deployment of trained and qualified, registered, licensed, and certified staff on each shift in sufficient numbers to meet the needs of the residents, and assure that staff have assigned have knowledge of the individual residents care needs and behavioral symptoms.On 6/18/2026 at 12:30 PM, I attempted to contact R2 and left a message. R2 is no longer a resident at the facility.On 6/18/26 at 12:55 PM, V8 (Certified Nursing Assistant, CNA) confirmed she has heard rumors about V3 (CNA) having a sexual/personal relationship with a resident who used to live in the facility (R2). V8 stated, I don't know if anyone has mentioned the rumors to (V1). I first heard about this in a group conversation with other CNAs (V5 and V6) a few months ago. It was said that (V3) previously had a relationship with (R2) while he was in the facility and after discharge.V1 (Administrator) confirmed he was the abuse coordinator and stated he was not aware of the allegation of R2 and V3 (Certified Nurse Assistant) having a relationship while R2 was a resident or after he was discharged . V1 stated he was not the Administrator at the time R2 was a resident and had no knowledge of this allegation. V1 stated he became aware of the allegation today (6/18/2026) after staff started talking about it, no one had come to me to tell me about the allegation until today.

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