

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Allure of Moline		STREET ADDRESS, CITY, STATE, ZIP CODE 430 South 30th Avenue East Moline, IL 61244	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>30899</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff responded to one resident (R4) request for assistance in a timely manner of three residents reviewed for call lights.</p> <p>Findings include:</p> <p>Facility Policy/Call Lights: Accessibility and Timely response, dated 2/1/23, documents:</p> <p>All staff members who see or hear an activated call light are responsible for responding.</p> <p>Current Physician Order Summary Report indicates R4 has diagnoses that include Colostomy, Cataracts and Glaucoma.</p> <p>On 4/9/24 at 2:55pm, two call lights were activated (lit) at the centralized call light board at the nurse's station. One of the activated call lights had been activated from R4's room. While walking down the hallway toward R4's room, which was located at the end of the hallway, R4's light was activated (lit) above his room door. On the same side of the hallway as R4's room, and two rooms before R4's room, V6/CNA (Certified Nurse Assistant) was sitting against the wall facing toward R4's room. On approach to where V6 was sitting, noted V6 with her head down looking at her personal cell phone. At that time, V6 was asked if she was responsible for answering call lights - specifically R4's light which was still activated. V6 stated she hadn't noticed R4's light was on, and quickly put her phone down and stated she would answer R4's light. Upon entering R4's room, R4 stated he needed help getting his socks on and also needed help with his colostomy bag, which was noted to be leaking stool through his pants. R4 stated he was going to miss his smoke break if he doesn't get timely help. V6 stated his call light had been on for at least 5 minutes and stated, Even 5 minutes is a long time when you have (feces) on your skin.</p> <p>Current Care Plan indicates R4 is at risk for falls due to history of falls and visual/hearing impairments. Interventions include (R4) needs prompt response to all requests for assistance.</p> <p>On 4/9/24 at 3:15pm V1, Administrator, stated she has had a difficult time getting staff to not be on their cell phones when they are working. V1 stated V6 had just come on shift at 2pm, and should have been answering call lights and not on her cell phone.</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
---	-------	-----------