

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 04/20/2024
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 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>33970</p> <p>Based on interview and record review, the facility failed to prevent the verbal abuse of one resident (R2) of three residents reviewed for abuse.</p> <p>Findings Include:</p> <p>The facility's undated Abuse, Neglect and Exploitation policy documents, 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 procedure that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.</p> <p>The facility's Abuse, Neglect and Exploitation policy documents 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. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.</p> <p>The facility's Abuse, Neglect and Exploitation policy defines verbal abuse as the use of oral, written or gestured communication or sounds that willfully include disparaging and derogatory terms to residents or their families, or within hearing distance regardless of their age, ability to comprehend or disability.</p> <p>An Abuse Investigation, dated 03/08/24, documents V6 (Certified Nurse Aide) reported during her just completed shift on third shift, V5 (Certified Nurse Aide) had told her to take R2's urinal away from him. The Investigation documents V6 refused to do so, then V5 took R2's urinal from him.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/19/24 at 12:00 PM, R2 stated, A while ago on third shift (V5/Certified Nurse Aide) told (V6/Certified Nurse Aide) to take away my urinal away from me. The one girl (V6/Certified Nurse Aide) said no I am not going to do that, so she (V5/Certified Nurse Aide) came in here and took it. R2 stated V5 went stomping out after taking his urinal, and V6 got him a new one. R2 stated V5 (Certified Nurse Aide) is bad news and this is not the first time she has taken away my urinal, this is just the first time she did it in front of someone else. R2 stated V5 would take away his urinal and then be mad that his bed was wet. If I made her mad or asked for too much through the night she would just take it away from me. I think just to show me she could. I am so tired of her.</p> <p>The Abuse Investigation included interviews with other residents regarding V5 (Certified Nurse Aide.) R2's interview dated 3/11/24 documents R2 stated V5 told him he could do more for himself if he wanted to and refused to button his shirt sometimes.</p> <p>R7's interview dated 3/11/24 documents R7 said, (V5, Certified Nurse Aide) never wants to help me, says I can do it myself and that I could do more for myself if I would just try.</p> <p>The Final Abuse Investigation, dated 3/14/24, documents the allegation of verbal abuse was founded, and V5 (Certified Nurse Aide) was terminated from the facility for abuse.</p> <p>On 4/19/24 at 3:00 PM, V1 (Administrator in Training) stated (V5, Certified Nurse Aide) did not give me any information or feedback when I asked her about the incident. She contacted her union and all communication has been through them. I asked her and the union both for some sort of statement or explanation regarding the allegations, and I got no response.</p> <p>On 4/19/24 and 4/20/24 phone calls and messages left for V5 (Certified Nurse Aide) were not answered.</p>		