

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 07/09/2025
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation, interview, and record review the facility failed to provide privacy for a resident during her shower by not closing the door for 1 of 3 residents (R2) reviewed for privacy in the sample of 8.</p> <p>The findings include:</p> <p>On 7/9/25 at 10:20 AM the C hall shower room door was halfway open, and the shower was on. R2 was naked sitting in shower chair covered in soap. V4 Certified Nursing Assistant (CNA) was washing R2 in the shower. R2 and V4 were asked if they would like the door closed while R2 is in the shower. V4 replied, Yes. R2 stated she wanted the door closed and didn't like that it was open.</p> <p>On 7/9/25 at 12:45 PM, V1 Administrator stated staff are supposed to close the door when giving a resident a shower for the resident's privacy and dignity.</p> <p>On 7/9/25 at 1:38 PM, V5 CNA stated they always shut the door in bathroom and when a resident takes a shower for the privacy of the resident.</p> <p>On 7/9/25 at 1:43 PM, V3 Assistant Director of Nursing (ADON) stated the resident's door should be shut for privacy during care, when on the toilet, and when they are in the shower.</p> <p>The Face Sheet dated 7/9/25 for R2 showed diagnoses including Parkinson's, acute osteomyelitis of left ankle and foot, chronic obstructive pulmonary disease, type 2 diabetes mellitus, severe protein calorie malnutrition, methicillin resistant staphylococcus aureus, bipolar disorder, vertigo, anxiety disorder, hypomagnesemia, nicotine dependence, peripheral vascular angioplasty status with implants and grafts, erysipelas, radiculopathy, hypertension, deep venous thrombosis, Charcot's joint of left ankle and foot.</p> <p>The Minimum Data Set for R2 dated 5/23/25 showed she is alert and oriented with no cognitive impairment. R2 is dependent for toileting and bathing.</p> <p>The facility's Promoting/Maintaining Resident Dignity policy (2024) showed, all staff members are involved in providing care to residents to promote and maintain dignity and respect residents rights. Maintain resident privacy.</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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