

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 09/12/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure a resident's call light was within reach for 1 of 3 residents (R1) reviewed for accommodation of needs in the sample of 3. The findings include: On 9/12/25 at 10:47 AM, R1 was lying in bed. R1's nightstand was located on the left side of her bed. R1 was unable to move her left arm independently. R1 said that on a date that she does not recall, an aide came into her room at night and took her call light away. R1 said that she threw it and said that she was using it too much. On 9/12/25 at 12:07 PM, V4, Certified Nursing Assistant (CNA) said that R1 does use her call light frequently. V4 said that she uses it every one to two hours throughout the night and typically wants to be repositioned in bed. V4 said that on the date of the incident, she was working nights and day shift. V4 said that typically R1 would call to get up around 7:00 AM and on that day she did not call so she went into her room around 7:30 AM to get her up. V4 said that R1's call light was on her nightstand and not within reach of her. V4 said that R1 is unable to turn herself so she would not have been able to place it on the nightstand nor reach it if she needed something. V4 said that R1 told her that the CNA from night shift came in and took it away from her and told her that she was using it too much. On 9/12/25 at 1:05 PM, V5 (CNA) said that if a resident is in bed, the call light should be clipped on or near them. On 9/12/25 at 1:57 PM, V2 (Director of Nursing) said that R1 came to the facility after having a CVA and is unable to move her left side but is able to move her right side. V2 said that R1 is fairly alert and oriented. V2 said that R1 is able to use her call light and it should be pinned to her chest when she is in bed. V2 said that R1 would not be able to reach her call light if it was on her nightstand. On 9/12/25 at 12:07 PM, V1 (Administrator) said that it was reported to her by V4 that when she went into R1's room, her call light was on her nightstand and not within reach and R1 had told V4 that the night CNA told her that she was using it too much and took it away. V1 said that she started an investigation and R1 told her the same story so V3 was terminated. R1's Minimum Data Set assessment dated [DATE] shows that her cognition is intact, has an impairment to one side of her upper and lower extremities and requires substantial/maximal assistance for bed mobility. R1's Activities of Daily Living Care Plan shows that she has a self-care performance deficit related to CVA with hemiplegia affecting her left side with intervention of: Encourage to use bell to call for assistance. The facility's Call Light: Accessibility and Timely Response Policy shows, Staff will ensure the call light is within reach of resident and secured, as needed.</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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