

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 03/06/2026
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 - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to honor residents' request not to use Styrofoam products during meals for 8 of 12 residents (R2, R3, R6, R8, R9, R10, R11 and R12) reviewed for dignity in the sample of 12. The findings include: On 3/6/26 at 12:40 PM during lunch, R2, R9, R10, R11 and R12 were served their lunch using Styrofoam products including Styrofoam plates, Styrofoam cups, and plastic utensils. R2 stated I have told them before I do not like Styrofoam, I prefer my meals served in ceramic dishes or regular dishes. R9 and R11 both said it would be nice to at least be served our meals in regular dishes. R10 and R12 said this was not the first time they were served using Styrofoam products. R10 and R12 said they would prefer non-disposable dishes rather than Styrofoam. R3, R6 and R8 said they have been served their meals using Styrofoam products before. They would like the regular dishes. V1 (Administrator) who was also in the dining room said she was also wondering why Styrofoam products were being used at lunch; it should not be, they need to use regular dishes. On 3/6/26 at 9:15 AM, V5 (Certified Nursing Assistant-CNA) said Styrofoam products were used during meals to residents that eat in their rooms. On 3/6/26 at 12 PM, V6 (CNA) said Styrofoam products were used at times in the dining rooms during meals and room trays. On 3/6/26 at 1:10 PM, V2 (Director of Nursing) said using Styrofoam during meals is a dignity issue, this is the resident's home, they need to use regular dishes at mealtimes. On 3/6/26 at 2PM, V1 said she had ordered regular dishes to replace the use of Styrofoam products. Regular dishes should be used in the dining rooms and room trays (except when residents were in isolation that requires use of plastic wares.) The facility Policy entitled Promoting and Maintaining Resident's Dignity during Mealtimes (undated) states, it is the practice of this facility to treat each resident with respect and dignity and care for each resident in a manner and in an environment that maintains or enhances his or her quality of life recognizing its residents individuality and protecting the rights of each residents.</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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