STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146041	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Moline	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 32189 Based on record review and interview, the facility failed to ensure the resident's representative was notified of a change in condition for one resident (R19) of twenty four residents reviewed for a change in condition in a sample of 29 residents. Findings include: The Notification of Change policy, no date, documents, The facility must inform the resident, consult the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification. 2. Significant change in the resident's physical condition. This may include: b. Clinical complications. 3. Circumstances that require a need to alter treatment. This may include: a. New Treatment. On 3/5/24, R19's Minimum Data Set section C documents a Brief Mental Assessment of four (Severe Cognitive Impairment). On 3/26/23, R19's medical record documents (R19) is Covid positive. Isolation precautions initiated. Director of Nursing and Administrator aware. Monitoring ongoing. On 3/28/24, R19's medical record documents, Call placed to family to inform that resident has tested positive for Covid. On 7/18/24 at 1:00 PM, V2 (Director of Nursing) verified the facility did not immediately notify R19's family member or legal representative of R19's change in condition.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146041	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Moline	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 33970 Based on interview and record review, the facility failed to prevent the verbal abuse and neglect of one resident (R70) of 24 residents screened for abuse in a total sample of 29. Findings Include: The facility's Abuse, Neglect and Exploitation policy, dated 2/2023, 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 procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Neglect means failure of the facility, it's employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. Willful means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. On 7/16/24 at 2:00PM during a group meeting, R70 stated, I really don't like (V8/Certified Nurse Aide). She is hateful. She does not like to work that is for sure. She will flat out refuse to help people. She has made me wait before, but eventually she comes back. But I have seen her tell other confused residents 'no' or 'leave me alone.' On 7/16/24 at 2:00 PM during a group meeting, R18 stated, (V8/Certified Nurse Aide) is rude. She won't help anyone that isn't assigned to her. I have heard her call some of the confused residents names like stupid, retarded, and sh*ts. She does not like any of the residents who cannot take care of themselves, she is always yelling at them. I have heard her refuse to help multiple residents and refuse to help her coworkers when they ask. R70's written statement, dated 7/17/24, provided by V1 (Administrator in Training) documents V8 (Certified Nurse Aide)'s attitude is terrible and She refuses to help those that need any real help. R70's statement documents R70 always makes people wait when she isn't busy and then just goes and sits down. She yells at us for turning on our call lights and turns them off and doesn't come back. The Facility's Facility Incident Log, dated 7/16/24, documents, Interview and investigation into this allegation of abuse shows that staff member (V8/Certified Nurse Aid) was verbally inappropriate and abusive towards residents at (this facility). Reports show that she called them little sh*ts creating an environment where residents may be afraid to ask for needed assistance with cares. Also noted in the investigation she has been cross with residents for putting on their call lights. (This facility) has terminated this employee as a result of this founded allegation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146041	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Moline	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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 32189 Based on record review and interview, the facility failed to provide the resident and resident representative with a written notice of transfer, for three of six residents (R41, R74, R94) reviewed for transfer/discharge, in a sample of 29 residents. Findings Include: The Notification of Change policy, no date, documents, The facility must inform the resident, consult the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification. 4. A transfer or discharge of the resident from the facility.1. Competent individuals: a. The facility must still contact the resident's physician and notify resident's representative. R41's medical record documents R41 was transferred to a local hospital on 5/4/24. The record lacked evidence the facility provided the resident and/or resident's representative with a written notice of transfer. R74's medical record documents R74 was transferred to a local hospital on 6/30/24. The record lacked evidence the facility provided the resident and/or resident's representative with a written notice of transfer. R94's medical record documents R94 was transferred to a local hospital on 7/2/24. The record lacked evidence the facility provided the resident and/or the resident's representative with a written notice of transfer. On 7/18/24 at 2:00 PM, V7 (Corporate Compliance Nurse) verified the facility did not provide R41, R74, and R94 or their representatives with a written notice of transfer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146041	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Moline	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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 34542 Based on record review and interview, the facility failed to provide required nursing coverage of a Registered Nurse for July 8-17, 2024. This failure has the potential to affect all 91 residents residing in the facility. FINDINGS INCLUDE: The Centers for Medicare & Medicaid Service/CMS Form 671, entitled Long Term Care Facility Application for Medicare and Medicaid, dated 7/16/2024, documents 91 residents reside in the facility. The facility Nursing schedule (untitled), covering the dates July 8-21, 2024, document the facility does not have the services, of a Registered Nurse/RN, on July 8, 9, 10, 15, 16, and 17, of 2024. The schedule also document on 7/12/24 there is an RN for only 8 hours; and only 4 hours on 7/13-14/2024. On 7/17/2024, at 9:50 a.m., V2/Director of Nursing confirmed the lack of RN coverage on 7/8-17/2024 and stated, We just can't get RN's that want to apply and we have been cited for it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146041	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Moline	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 30678 Based on observation, interview, and record review, the facility failed to follow Enhanced Barrier Protection and Contact Isolation Precautions policy and procedures for five (R24, R36, R66, R88, and R295) of five residents reviewed for infection control in the sample of 29. Findings include: The facility's undated Enhanced Barrier Precautions policy and procedures documents, Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. This policy documents Residents requiring enhanced barrier precautions include Residents with wounds and indwelling urinary catheters even if the resident is not known to be infected or colonized with a MDRO (multidrug-resistant organism). PPE (personal protective equipment) for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray (i.e., wound irrigation, tracheostomy care). High-contact resident care activities include: a. Dressing; b. Bathing; c. Transferring; d. Providing hygiene; e. Changing linens; f. Changing briefs or assisting with toileting; Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, PICC (peripherally inserted central catheter) lines, midline catheters; h. Wound care: any skin opening requiring a dressing. The Implementing Contact versus Enhanced Barrier Precautions Table 1 documents if Resident has a wound or indwelling medical device, and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO are to use EBP if they do not meet the criteria for contact precautions. The facility's undated Infection Prevention and Control Program policy and procedure documents: All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE. The facility's undated Personal Protective Equipment policy and procedures documents: This facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to residents, visitors, and other staff. Personal Protective Equipment or PPE, refers to a variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents. It includes gloves, gowns, face protection (facemasks, goggles, and face shields), and respiratory protection (respirators). Preform hand hygiene before donning gloves and after removal. Gloves are not a substitute for hand hygiene. Change gloves and perform hand hygiene between clean and dirty tasks, when moving from one body part to another, when heavily contaminate, or when torn. Wear gowns to protect arms, exposed body areas, and clothing from contamination with blood, body fluids, and other potentially infectious material. Wear a mask to protect the face from contamination with blood, body fluids, and other potentially infectious materials during tasks that generate splashes or sprays. The facility's Enhanced Barrier Precautions list, dated 7/18/24, documents there are currently 16 residents identified as Enhanced Barrier Precautions residents. This list included R36, R66, R88, and R295. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146041	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Moline	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. The Order Summary Report for R24, dated 7/18/24, documents R24 is colonized with ESBL (extended-spectrum beta-lactamases) due to asymptomatic. A Physician order on 7/9/24 documents R24 is currently receiving the antibiotic Amoxicillin every 12 hours for 10 days. The current Care Plan for R24 documents, I have history of ESBL in the urine. Current UA (urinalysis) results show current ESBL infection. Intervention listed as Contact Isolation. On 7/16/24 at 11:52 AM, R24 a Contact Isolation sign hung on R24's bedroom door that instructs anyone entering the room to don gloves, gown, and mask. A PPE bin was located just outside of R24's room and red isolation barrels were located inside the room. The PPE bin did not contain any isolation gowns. On 7/17/24 at 9:46 AM, the Contact Isolation sign remained on R24's bedroom door and no gowns were available in the PPE bin outside of R24's room. On 7/16/24 at 11:53 AM, V12, CNA (Certified Nursing Assistant), was standing inside R24's room without PPE on talking with R12. V12, CNA, exited R24's room without performing hand hygiene and stated, We only have to wear PPE if we are doing anything with her urine. V12, CNA, stated R24 is incontinent of urine at times and does wear an incontinence brief. On 7/18/24 at 3:00 PM, V2, DON (Director of Nursing), confirmed staff should be wearing gloves, gowns, and masks anytime they enter a Contact Isolation room. 2. The Order Summary Report for R36, dated 7/18/24, includes the physician order 7/9/24 for Enhanced Barrier Precautions due to wound on buttock as well as use of (Indwelling) urinary catheter every shift. On 7/17/24 at 10:00 AM, there was EBP signage hanging from R36's door. The PPE bin outside of R36's room did not include isolation gowns. On 7/17/24 at 2:00 PM, V9, CNA (Certified Nursing Assistant), entered R36's room. V9, CNA, performed hand hygiene, applied gloves, and performed indwelling urinary catheter and peri care for R36 wearing gloves only. On 7/17/24 at 2:10 PM, V10, LPN (Licensed Practical Nurse), entered R36's room. V10, LPN (Licensed Practical Nurse), performed physician ordered wound care as ordered, wearing only gloves. On 7/17/24 at 2:20 PM, V10, LPN, stated, Oh, I should have had on a gown and mask and forgot. V10, LPN, also stated V9, CNA, should have at least worn a gown during catheter and peri care. On 7/18/24 at 3:00 PM, V2, DON (Director of Nursing), confirmed PPE is to be used for residents in Enhanced Barrier rooms, when performing cares with indwelling urinary catheters, and with wound care. V2, DON, stated the staff are to wear gloves and gowns and are to wear a mask if there is a chance of fluid splashing. 33970 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146041	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure of Moline	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. On 7/18/24, R66's door had an Enhanced Barrier Precautions sign on it. Outside of R66's room there was a clear container with Personal Protective Equipment available. On 7/18/24 at 11:45 AM, V4 (Licensed Practical Nurse) checked R66's gastric tube placement and flushed his tube with water as ordered by the physician. V4 only wore gloves during cares. 4. On 7/17/24, R88's door had an Enhanced Barrier Precautions sign on it. Outside of R88's room there was a clear container with Personal Protective Equipment available. On 7/17/24, V3 (Licensed Practical Nurse/Assistant Director of Nursing) performed wound care on R88's left shin and right heel as ordered by the physican. V3 only wore gloves during the wound care. 5. On 7/18/24, R295's door had an Enhanced Barrier Precautions sign on it. Outside of R295's room there was a clear container with Personal Protective Equipment available. On 7/18/24 at 12:00 PM, V4 (Licensed Practical Nurse) performed wound care to R295's right hip as ordered by the physician. V4 only wore gloves during the wound care. On 7/18/24 at 2:45 PM, V4 (Licensed Practical Nurse) confirmed residents who are in Enhanced Barrier Precautions require staff to don personal protective equipment of gloves and at least a gown for wounds and sometimes a face shield depending on current state of the wound. V4 stated, With (R66's) (gastric tube) I should have put on a gown and a mask, because he can sometimes grab the tube and splash everything everywhere.