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	05/21/2025

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. 50627 Based on interview and record review the facility failed to monitor blood levels of a psychotropic medication (Lithium Carbonate) per physician order for one of five residents (R44) reviewed for unnecessary medications in a sample of 35. Findings Include: The facility's Laboratory Services and Reporting policy, (not dated), documents The facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with state law. The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the timeliness of the services. Assist the resident in making transportation arrangements to and from the laboratory if necessary. All laboratory reports will be dated and contain the name and address of the testing laboratory and will be filed in the resident's clinical record. R44's current Physician Orders Sheet documents an order for Lithium Carbonate Oral Capsule 450 MG (milligrams) twice a day. R44's current Physician Orders Sheet documents an order for Lithium levels to be checked every three months. This order has a start date of 2/5/2024. R44's Lab (Laboratory) Results Report, dated 11/5/2024 documents a lithium level was collected. As of 5/20/25, R44's medical record did not contain documentation of R44's Lithium level lab results after 11/5/2024. On 5/20/2025 at 10:00 AM, V2 (DON/Director of Nursing) verified R44 has not had his lithium level checked since 11/5/2024.

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	05/21/2025

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 38396 Based on Interview and Record Review, the facility failed to ensure the facility's Abuse policy was implemented and followed for two of three residents (R44, R87) reviewed for Abuse in the sample of 35. Findings include: The facility's Abuse, Neglect and Exploitation policy (undated), documents It is the policy of this facility to provide protections for 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. Instances of abuse of all residents, irrespectively 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. This same policy documents Verbal abuse means the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written. This policy also documents The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, misappropriation of resident property, and exploitation that achieves: Identifying, correcting and intervening in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property is more likely to occur with the deployment of trained and qualified registered, licensed, and certified staff on each shift in sufficient numbers to meet the needs of the residents and assure that staff assigned have knowledge of the individual residents' care needs and behavioral symptoms. The facility will have written procedures to assist staff in identifying the different types of abuse- mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services. This includes staff to residents abuse and certain resident to resident altercations. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and providing complete and thorough documentation of the investigation. The facility will have written procedures that include: Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframe's: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. R87's current Care Plan, dated 4/3/25, documents Behaviors: 11/16/24, Verbal altercation with another resident including threats of physical harm. On 5/20/25 at 12:45 PM, V9 (Corporate Nurse) stated the facility does not have any abuse investigations or allegations in the past year for R87. (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	05/21/2025

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/20/25 at 1:20 PM, V4 (Social Service Director) confirmed she wrote the care plan for R87's behaviors on 11/16/24. V4 stated I wrote a note in (R87's) care plan because in morning meeting it was reported that he and (R44) had an altercation, more of just a verbal disagreement over the telephone. There was no nursing progress note. I only have my notes from that morning to show it was talked about in morning meeting. V4 confirmed the disagreement happened on a Saturday and V4 was made aware the following Monday morning. V4 stated I wasn't here over the weekend and it was so long ago that I do not know who the nurse was who reported the incident. On 5/21/25 12:15 PM, V1 (Administrator in Training) confirmed she is the facility's Abuse Coordinator and confirmed there was not an abuse investigation or report to the state agency for the 11/16/24 alleged incident. V1 stated I wasn't made aware (of the alleged argument between R44 and R87). I would expect staff to contact me if something happened over the weekend and I would report and investigate that. I wasn't made aware and I do not recall that incident. Nursing did not call me and (V4) did not update me when she made the care plan as well.

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	05/21/2025

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 38396 Based on Interview and Record review the facility failed to report an allegation of resident to resident abuse to the facility's Abuse Coordinator and the State Agency for two of three residents (R44, R87) reviewed for Abuse in the sample of 35. Findings include: The facility's Abuse, Neglect and Exploitation policy (undated), documents It is the policy of this facility to provide protections for 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. Instances of abuse of all residents, irrespectively 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. This same policy documents Verbal abuse means the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written. This policy also documents The facility will have written procedures that include: Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframe's: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. R87's current Care Plan, dated 4/3/25, documents Behaviors: 11/16/24, Verbal altercation with another resident including threats of physical harm. On 5/20/25 at 1:20 PM, V4 (Social Service Director) confirmed she wrote the care plan for R87's behaviors on 11/16/24. V4 stated I wrote a note in (R87's) care plan because in morning meeting it was reported that he and (R44) had an altercation, more of just a verbal disagreement over the telephone. V4 stated I wasn't here over the weekend (11/16/24) and it was so long ago that I do not know who the nurse was who reported the incident. On 5/21/25 12:15 PM, V1 (Administrator in Training) confirmed she is the facility's Abuse Coordinator and confirmed there was not an abuse report sent to the state agency for the 11/16/24 alleged incident. V1 stated I wasn't made aware (of the alleged argument between R44 and R87). I would expect staff to contact me if something happened over the weekend and I would report and investigate that. I wasn't made aware and I do not recall that incident. Nursing did not call me and (V4) did not update me when she made the care plan as well.

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	05/21/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 38396 Based on Interview and Record Review, the facility failed to investigate an alleged incident of resident to resident verbal abuse for two of three residents (R44, R87) reviewed for Abuse in the sample of 35. Findings include: The facility's Abuse, Neglect and Exploitation policy (undated), documents It is the policy of this facility to provide protections for 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. Instances of abuse of all residents, irrespectively 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. This same policy documents Verbal abuse means the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written. This policy also documents An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and providing complete and thorough documentation of the investigation. R87's current Care Plan, dated 4/3/25, documents Behaviors: I have a history of displaying behavioral symptoms related to severe mental illness; dementia; difficulty adjusting to life in the long-term facility; poor/ineffective coping skills; history of noncompliance with recommendations from health care professionals. Behaviors manifested by verbal aggression and physical aggression directed at peers; socially inappropriate/disruptive behavior. 11/16/24, Verbal altercation with another resident including threats of physical harm. R87's Nursing Progress Notes, dated November 2024, does not document any details related to the care planned 11/16/24 altercation. On 5/20/25 at 12:45 PM, V9 (Corporate Nurse) stated the facility does not have any abuse investigations or allegations in the past year for R87. On 5/20/25 at 1:20 PM, V4 (Social Service Director) confirmed she wrote the care plan for R87's behaviors on 11/16/24. V4 stated I wrote a note in (R87's) care plan because in morning meeting it was reported that he and (R44) had an altercation, more of just a verbal disagreement over the telephone. There was no nursing progress note. I only have my notes from that morning to show it was talked about in morning meeting. V4 confirmed the disagreement happened on a Saturday and V4 was made aware the following Monday morning. V4 stated, I wasn't here over the weekend and it was so long ago that I do not know who the nurse was who reported the incident. I would assume V1 (Administrator in Training) was also at the same morning meeting. (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	05/21/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/21/25 12:15 PM, V1 (Administrator in Training) confirmed she is the facility's Abuse Coordinator and confirmed there was not an abuse investigation for the 11/16/24 alleged incident. V1 stated, I wasn't made aware (of the argument between R44 and R87). I would expect staff to contact me if something happened over the weekend and I would report and investigate that. I wasn't made aware and I do not recall that incident. Nursing did not call me and (V4) did not update me when she made the care plan.

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	05/21/2025

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34048 Based on interview and record review the facility failed to provide a copy of the bed hold policy for residents discharging to the hospital for four of four residents (R14, R19, R34, and R52) reviewed for bed holds in the sample of 35. Findings include: The facility's Bed Hold Notice, undated, documents that it is the policy of this facility to provide written information to the resident and/or the resident representative regarding bed hold practices both well in advance, and at the time of, a transfer for hospitalization or therapeutic leave. 1. R14's medical record documents that R14 was discharged to the hospital on 1/5/25. R14's medical record does not contain documentation that a written notice of the facility's bed hold policy was given to R14 or R14's resident representative. 2. R52's medical record documents that R52 was discharged to the hospital on 1/27/25. R52's medical record does not contain documentation that a written notice of the facility's bed hold was given to R52 or R52's resident representative. 32061 3. R19's medical record documents that R19 was hospitalized on [DATE], 3/21/2025, 4/19/2025 and 5/16/2025. R19's medical record does not contain documentation of written notice to R19 or R19's resident representative, of the facility bed hold policy. 4. R34's medical record documents that R34 was hospitalized on [DATE] and 3/23/2025 . R34's medical record does not contain documentation of written notice to R34 or R34's resident representative, of the facility bed hold policy. On 5/19/25 at 12:45pm, V1, Administrator, stated that bed holds were not given to the residents at the time of the transfer. V1 verified the facility does not send the Bed Hold Notices as they should and is aware of it being an issue.

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	05/21/2025

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 38396 Based on Observation, Interview and Record Review, the facility failed to ensure a resident requiring dependence on staff for hygiene, was provided a shower weekly, for one of one resident (R79) reviewed for showers in the sample of 35. Findings include: The facility's Resident Showers policy (undated), documents It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice. Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety. On 5/18/25 at 9:25 AM R79 was sitting in his room in a high-back wheelchair. R79 was pleasantly confused with conversation and his hair was slicked back and shiny with an oily appearance. On 5/19/25 at 9:30 AM V11 (R79's family) stated she is able to visit R79 three to four times a week. V11 stated (R79) is scheduled to get baths or showers twice a week and it is on Tuesday and Saturdays. I don't think his hair is getting washed. If I ask they will wash his hair or a lot of times when I am there I will wash it but it always looks greasy and when I know it's been washed I can see it's dry and not greasy looking. On 5/20/25, V1 (Administrator in Training) provided R79's shower sheets for the month of May. These sheets document R79 received a shower on 5/3, 5/7 and 5/10/25. R79's medical record does not document any showers have been provided to R79 from 5/10/25- 5/20/25. On 5/21/25 at 12:35 PM, V2 (Director of Nursing) stated Showers should be twice a week and as requested if staff are able. CNAs (Certified Nursing Assistants) are expected to do a shower sheet with each shower. V2 confirmed that R79's records do not document any showers have been done since 5/10 and stated R79 should have had two to three showers since then. V2 stated if a resident is refusing multiple times to be bathed it should be documented in the notes and there is nothing documented for R79. V2 stated I don't believe he (R79) ever refuses.

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	05/21/2025

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 50627 Based on observation, interview, and record review the facility failed to perform indwelling urinary catheter care per facility policy for one of one resident (R45) reviewed for urinary catheters in the sample of of 35. Findings include: The facility's Catheter Care, (not dated), documents, It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. Catheter care will be performed every shift and as needed by nursing personnel. Compliance guidelines, knock and gain permission to enter the resident's room, explain the procedure, provide privacy by closing the door, closing the blinds/curtains, pulling the room dividing curtain, etc. Gather supplies needed, assist resident to a lying position or the most comfortable position for the resident. Drape resident to expose only the perineal area, perform hand hygiene, don gloves. For a male, gently grasp penis, draw foreskin back if applicable, using circular motion, cleanse the meatus with a clean cloth moistened with water and perineal cleaner (soap). With a new moistened cloth, starting at the urinary meatus moving down, cleans the shaft of the penis, with a new moistened cloth, starting at the urinary meatus moving outward, wipe the catheter making sure to hold the catheter in place so as to not pull on the catheter, dry area with towel. Bag and gather all supplies used, discarding disposable items in the trash can, assist resident to a comfortable, appropriate position, ensure call light is within reach, return room back to the original order, perform hand hygiene. On 05/20/25 at 10:30 AM, V8 (CNA/Certified Nursing Assistant) entered R45's room to perform catheter care. V8 assisted R45 in standing up to complete the catheter care. V8 cleansed R45's perineal area, but did not cleanse R45's meatus and did not cleanse R45's indwelling urinary catheter tube. On 05/20/2025 at 10:45 AM, V8 verified that V8 should have cleaned R45's meatus and cleansed R45's urinary catheter tube. On 5/21/2025 at 10:15 AM, V2 (DON/Director of Nursing) confirmed that during catheter cares for a male, the meatus, perineal area, and catheter tube should be cleansed during catheter cares every time.

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	05/21/2025

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 38396 Based on interview and record review, the facility failed to ensure a resident receiving hemodialysis was provided dialysis prescribed medication and received physician ordered daily weights for one of two residents (R82) reviewed for dialysis in the sample of 35. Findings include: The facility's Hemodialysis policy (undated), documents This facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis. This same policy documents The licensed nurse will communicate to the dialysis facility via telephonic communication or written format, such as a dialysis communication form or other form, that will include, but not limit itself to: Timely medication administration (initiated, held or discontinued) by the nursing home and/or dialysis facility; Physician/treatment orders, laboratory values, and vital signs; Nutritional/fluid management including documentation of weights, resident compliance with food/fluid restrictions or the provision of meals before, during and/or after dialysis and monitoring intake and output measurements as ordered. R82's current Care Plan, dated 10/17/24, documents R82 has diagnoses including, but not limited to End Stage Renal Disease, Dependence on Renal Dialysis, Heart Failure and Hyperkalemia. This care plan documents Hematological Status: I have an alteration in hemological status related to Chronic Kidney Disease, history of Hyperkalemia. Interventions; Administer medications as ordered for Hyperkalemia. Monitor for effectiveness. This Care Plan also documents Dialysis: I need dialysis hemo (hemodialysis) related to End Stage Renal failure. Interventions; Collaborate with dialysis center for best plan of care. Daily weight. Report weight gain of three pounds in one day or five pounds in one week to cardiologist. Lokelma Oral packet 10 grams (sodium zirconium cyclosilicate) give one packet by mouth one time a day every Monday, Wednesday, Friday and Sunday for High potassium, date initiated 4/8/25. R82's current Physician Order Sheet, dated 5/19/25, documents Daily Weight. Report weight gain of three pounds in one day or five pounds in one week to cardiologist. Must be weighed by (mechanical lift) every day shift. Lokelma Oral packet 10 grams (sodium zirconium cyclosilicate) give one packet by mouth one time a day every Monday, Wednesday, Friday and Sunday for High potassium, start date 4/25/25. R82's Nursing Progress notes, dated 4/8/2025 at 9:23 AM, documents Call received from dialysis this AM. Resident (R82) has a high Potassium level of 6.5. New orders received and noted to add low potassium to diet and Lokelma 10 grams on non-dialysis days. Dietary manager and pharmacy updated. R82's Nursing Progress notes, dated 4/30/2025 at 9:57 AM, documents Call placed to (Dialysis Center) to clarify orders. This same note documents Also notified dialysis that we are still having difficulty getting Lokelma. Pharmacy and resident updated. (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	05/21/2025

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R82's Medication Administration records for April 1-30, 2025 and May 1-20, 2025 documents throughout April and May, R82's Lokelma order was started and stopped multiple times. These records document that a total of four scheduled doses of Lokelma were not administered in April (4/23, 4/25, 4/28, 4/30) and two scheduled doses were not administered in May (5/4, 5/5). R82's Medication Administration records for April 1-30, 2025 and May 1-20, 2025 document R82 was not weighed on 4/9, 4/14 or 4/27/25 and was not weighed on 5/4, 5/12 or 5/18/25. On 5/21/25 at 12:39 PM V2 (Director of Nursing) confirmed there has been multiple missed daily weights and Lokelma medication administrations missed for R82, throughout April and May 2025. V2 stated Lokelma kept saying it wasn't covered by insurance and we couldn't get it from the pharmacy. I am not sure why her weights would not have been not done on certain days. V2 confirmed that R82's Potassium level was significantly high at the beginning of April when the Lokelma was ordered and the medication was prescribed to lower that level. V2 stated (R82) should be weighed daily as ordered and provided the medications needed to promote her health and dialysis needs.

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	05/21/2025

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. 33975 Based on interview and record review the Facility failed to provide the services of a Registered Professional Nurse (RN) for eight consecutive hours a day, seven days a week. This failure has the potential to affect all 99 Residents in the Facility. Findings include: The Facility's Long Term Care Facility Application for Medicare and Medicaid, dated 5/18/25, documents 99 Residents residing in the Facility. The Facility Assessment Tool, dated 5/5/25, documents: the purpose is to determine what resources are necessary to care for Residents competently, including staff and staffing plan; and decisions about direct care staff, as well as your capabilities to provide services to the Residents in your Facility; serve as a record for staff and management to understand the reasoning for the decisions made regarding staffing and other resources necessary to carry out Facility function; and identify the type of staff members that are needed to provide support and care for the Residents. The Facility's Daily Staff Posting Sheets, dated 5/3/25 through 5/19/25, does not document an eight hour assignment for a Registered Nurse (RN). The Facility Monthly Nursing Schedule, dated 5/4/25 to 5/21/25, does not document an eight hour assignment for a Registered Nurse (RN) on 5/5/25, 5/6/25, 5/7/25, 5/8/25, 5/9/25, 5/10/25, 5/11/25, 5/13/25, 5/16/25, 5/17/25, 5/18/25, 5/19/25, 5/20/25 and 5/21/25. On 5/21/25 at 11:45 am, V9 (Corporate Nursing Officer) stated, We just cannot find Registered Nurses. We increased our hourly pay and offered incentive bonuses, but we just cannot find them. There are RNs out there but we do not want to hire a lot of them due to their poor former work ethic with our company or reputation within the community. We have a dedicated corporate person now just for hiring nurses.

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	05/21/2025

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 - Few	Provide and implement an infection prevention and control program. 32061 Based on observation, interview, and record review the facility failed to apply gloves during Insulin administration for one of three residents (R148) reviewed for Insulin administration in a sample of 35. Findings include: The facility policy, Infection Control Guidelines for All Nursing Procedures, dated August 2012 directs staff, To provide guidelines for general infection control while caring for residents. Standard Precautions will be used in the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases. Standard Precautions apply to blood, body fluids, secretions and excretions regardless of whether or not they contain visible blood. Wear personal protective equipment as necessary to prevent exposure to spills or splashes of blood or body fluids or other potentially infectious materials. R148's current Physician Order Sheet, dated May 2025 includes the following physician orders: Humalog Injection Solution 100 UNIT/ML (Insulin Lispro). Inject as per sliding scale subcutaneously before meals related to Type 2 Diabetes Mellitus. On 5/18/25 at 12:16 P.M.,V6/Licensed Practical Nurse (LPN) prepared to administer insulin for R148. V6/LPN drew up five units of Humalog Insulin and entered R148's room. Without applying gloves, V6/LPN administered the insulin in R148's left arm, exited the room and placed the used syringe in a plastic container. At that time, V6/LPN verified she had administered the insulin without applying gloves.