

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Allure of Walnut		STREET ADDRESS, CITY, STATE, ZIP CODE 308 South Second Street Walnut, IL 61376	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32061</p> <p>Based on interview and record review, the facility failed to perform a PASARR (Pre-Admission Screening and Resident Review) rescreen after the emergence of a newly diagnosed severe mental illness for two of three residents (R4, R27) reviewed for PASARR screening, in the sample of 24.</p> <p>Findings include:</p> <p>The (undated) facility policy, Resident Assessment- Coordination with PASARR (Pre-Admission Screening and Resident Review) Program directs staff, This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability or a related condition receives care and services in the most integrated setting appropriate to their needs. Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review.</p> <p>1. R4's (facility) Face Sheet documents that R4 was admitted to the facility on [DATE] with the following diagnosis: Bipolar Disorder (11/14/23).</p> <p>R4's Notice of PASARR, dated 7/21/20 documents, No Level II required- No Serious Mental Illness.</p> <p>On 4/22/25 at 10:00 A.M., V1/Administrator verified that R4 had not had a PASARR rescreen upon the emergence of a newly diagnosed severe mental illness.</p> <p>34048</p> <p>2. R27's current Face Sheet documents the following diagnosis: Insomnia, Delusional Disorder, Post-Traumatic Stress Disorder, Dementia, unspecified severity, with other Behavioral Disturbance, General Anxiety.</p> <p>R27's PASRR, Preadmission Screening and Resident Review, dated 8/28/23, documents that R27 does not show that she has a serious mental illness or an intellectual/developmental disability (IDD). You do not need more screening unless you have or may have a serious mental illness or an IDD and are experiencing a significant change in treatment needs.</p> <p>(continued on next page)</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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/22/25 at 2:00pm, V1, Administrator, verified that R27 did not have a PASRR screening completed after R27 was diagnosed with a mental illness.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31283</p> <p>Based on interview and record review, the facility failed to ensure a PASARR (Preadmission Screening and Resident Review) Level II screening was completed for one of three residents (R31) reviewed for PASARR screenings in the sample of 24.</p> <p>Findings include:</p> <p>The facility's Resident Assessment- Coordination with PASARR (Preadmission Screening and Resident Review) policy documents the following: All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening. This same policy documents, Positive Level I Screen- necessitates a PASARR Level II evaluation prior to admission. This policy also documents, The Level II resident review must be completed within 40 calendar days of admission.</p> <p>R31's medical record documents R31's current diagnoses to include: Psychotic Disorder with Hallucinations due to known Physiological Condition; Anxiety Disorder; and Major Depressive Disorder. R31's medical record documents the above diagnoses were present at the time of R31's admission to the facility on [DATE].</p> <p>R31's Notice of PASARR (Pre-admission Screening and Resident Review) Level I Screen Outcome (dated 07/18/2) documents the following: PASARR Level I Determination: Refer for Level II Onsite. This same form also documents, Your health care professional and (local agency) completed a PASARR Level I screen for you. This screen shows you need a face-to-face Level II evaluation. PASARR Level I screens and Level II evaluations are required by Federal law. You need this evaluation because you may have serious mental illness or an intellectual/developmental disability. The purpose of this evaluation is to decide whether a nursing facility is able to meet your needs. A clinician working for (local agency) will complete the Level II evaluation with you on behalf of (State Agency).</p> <p>R31's medical record does not contain documentation of that a PASARR Level II screening was ever completed.</p> <p>On 04/23/25 at 09:45 AM, V1 (Administrator) confirmed that R31 has not received a Level II PASARR screening while he has resided at the facility.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>31283</p> <p>Based on interview, observation and record review, the facility failed to ensure a pressure ulcer treatment was completed as ordered for one of two residents (R31) reviewed for pressure ulcers in the sample of 24.</p> <p>Findings include:</p> <p>The facility's Wound Treatment Management policy (dated 2024) documents the following; Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change.</p> <p>R31's Wound Evaluation and Management Summary (dated 04/22/25) documents the following after V8 (Wound Physician) examined R31 on 04/22/25: Stage III pressure wound of the left sacrum full thickness. Surgical Excisional Debridement Procedure: The wound was cleansed with normal saline and anesthesia was achieved using topical benzocaine. Then with clean surgical technique, curette was used to surgically excise 3.70 square centimeters of devitalized tissue including slough, biofilm and non-viable subcutaneous level tissues were removed at a depth of 0.2 centimeters and healthy bleeding tissue was observed. This same form documents the following treatment orders: Discontinue: skin prep (skin protectant). Add: Leptospermum honey apply once daily and as needed if saturated, soiled or dislodged. Gauze island with border apply once daily and as needed if saturated, soiled or dislodged.</p> <p>On 04/23/25 at 01:00 PM, V6 (Registered Nurse) entered R31's room to provide cares to the pressure ulcer located on his sacrum. R31 was lying supine in bed, and V9 (Certified Nursing Assistant) was standing next to R31's bed. V9 indicated she would be providing positioning assistance to R31 during cares. V9 assisted R31 to roll onto his left side while V6 removed the current dressing he had in place. An oblong, open area measuring approximately 3.8 centimeters by 2.5 centimeters was present on R31's sacrum with small amount of scattered slough tissue present. V6 cleansed R31's sacral area and then applied skin prep to R31's recently debrided sacral pressure ulcer. Once R31's cares were completed, V6 and V9 assisted R31 to reposition in bed.</p> <p>On 04/23/25 at 01:12 PM, V6 stated she was not aware that R31 had a new treatment order for his sacral pressure ulcer.</p> <p>On 04/23/25 at 01:15 PM, V2 (Director of Nursing) verified that R31 did not receive the current physician-ordered treatment that was in place following the recent debridement of his sacral pressure ulcer. V2 stated, I'm going to be honest with you. The new order has not been processed yet and we do not have the (leptospermum honey) at the facility. It will have to be ordered. (R31) should not have applied skin prep to (R31's) pressure ulcer.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>31283</p> <p>Based on interview, observation and record review, the facility failed to ensure a range of motion program was implemented for a resident with functional limitations for one of four residents (R31) reviewed for range of motion in the sample of 24.</p> <p>Findings include:</p> <p>R31's Medical Record documents R31's current diagnoses to include: Parkinson's Disease with Dyskinesia; Adult Failure to Thrive, and Chronic Pain.</p> <p>R31's Minimum Data Set Assessment (dated 03/13/25) documents the following in Section GG: R31 has impairment on both sides of his lower extremities.</p> <p>R31's Restorative Observations form (dated 03/13/25) documents the following: R31 has mild (75% of normal) state of mobility in his neck, left hip, right hip, left ankle, and left foot; R31 has moderate (50% of normal) state of mobility in his left knee, right knee, right ankle, and right foot.</p> <p>On 04/21/25 at 01:40 PM, R31 was sitting reclined in a high-back reclining chair in the hallway near his room with a fall alarm in place. R31 was wearing glasses and non-slip socks. A wheelchair cushion with a raised, padded section in the center that was separating R31's legs was in place. R31 stated facility staff do not encourage or assist him to complete any type of range of motion exercises.</p> <p>R31's medical record does not document any type range of motion program in place.</p> <p>On 04/23/25 at 03:25 PM, V2 (Director of Nursing) stated, (R31) does not have a range of motion plan in place and he should.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>31283</p> <p>Based on interview, observation and record review, the facility failed to ensure tubing for an enteral tube feeding was dated, and items utilized during a tube feeding remained clean for one of two residents (R1) reviewed for tube feedings in the sample of 24.</p> <p>Findings include:</p> <p>The facility's Care and Treatment of Feeding Tubes policy (dated 2024) documents, It is a policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible. This policy also documents, Use of infection control precautions and related techniques to minimize the risk of contamination.</p> <p>R1's current Physician's Orders document the following nutritional order: Jevity (nutritional feeding) 1.2 kilocalories per milliliter give 85 milliliters per hour via gastrostomy tube in the evening. Run at 85 milliliters per hour for 16 hours and remove per schedule.</p> <p>R1's current Care Plan documents the following focus: (R1) requires a tube feeding related to dysphagia due to a stroke. She is NPO (nothing by mouth). She receives all of her nutrition and fluids via gastrostomy tube.</p> <p>On 04/21/25 at 08:55 AM, R1 was lying in bed with the head of her bed elevated approximately 45 degrees. A bottle of tube feeding and a tube feeding administration pump were both hanging on a nearby wheeled pole at R1's bedside. R1's bottle of tube feeding was connected to tubing that was in place through the tube feeding pump. R1's tube feeding pump was infusing her tube feeding at 85 milliliters per hour. R1's wheeled pole and the tube feeding pump contained multiple areas of a dried, light brown substance. V5 (Registered Nurse) verified R1's tube feeding pole and the administration pump contained areas of a dried, light brown substance at this time and stated, There are several areas of dried tube feeding on them (R1's wheeled pole and tube feeding pump). They both need to be cleaned. V5 then stated the tubing being utilized to administer R1's tube feeding should be dated with the date it began being used. V5 then located a label attached to the tube feeding tubing, and upon inspection, confirmed that it was blank and did not contain a date. V5 stated, The tubing should be dated and it is not.</p>		

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>34048</p> <p>Based on interview and record review the facility failed to implement specific PTSD/Post Traumatic Stress Disorder interventions for one of one (R27) residents reviewed for Post Traumatic Stress Disorder in a sample of 24.</p> <p>Findings include:</p> <p>The facility's Trauma Informed Care policy, undated, documents it is the policy of this facility to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally-competent, account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatizing. This form documents that trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.</p> <p>R27's current Face Sheet documents the following diagnosis: Insomnia, Delusional Disorder, Post-Traumatic Stress Disorder, Dementia, unspecified severity, with other Behavioral Disturbance, General Anxiety.</p> <p>R27's Trauma Informed Care Assessment, dated 8/30/23, documents PTSD (Post Traumatic Stress Disorder) Screen: Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example: a serious accident or fire, a fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone be killed or seriously injured, having a loved one die through homicide or suicide. 1. Have you ever experienced this kind of event. The yes box is marked. This form documents that R27 has nightmares about the event(s) or thought about the events when you did not want to.</p> <p>R27's current care plan documents that R27 has a diagnosis of PTSD. R27's PTSD is nightmares. They're not necessarily the same dreams every night but she still has them. R27's care plan does not address the actual trauma or the possible triggers for R27's PTSD.</p> <p>On 4/23/25 at 12:30pm, V7, Minimum Data Set Coordinator, stated that she does not know exactly what R27's PTSD is. V7 verified that she does not know what R27's triggers are for her PTSD. V7 verified that V7's current care plan does not have specific goals and interventions concerning R27's PTSD triggers. V7 stated that even R27's family does not know what R27's PTSD is.</p> <p>On 4/24/25 at 12:15pm, V2, Director of Nursing, stated that she does not know what R27's PTSD is related to. V2 stated that it is thought to be because of her dreams.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>31283</p> <p>Based on interview, observation, and record review, the facility failed to ensure Enhanced Barrier Precautions were implemented prior to administering cares for two of eight residents (R31 and R41) reviewed for Transmission Based Precautions in the sample of 24.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions policy (dated 2025) documents the following: It is the policy of this facility to implement Enhanced Barrier Precautions for the prevention of transmission of multi-resistant drug organisms. 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 also documents, High-contact resident care activities include: Dressing; Bathing, Transferring; Providing hygiene; Changing linens; 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; Wound care: any skin opening requiring a dressing.</p> <p>1. R31's Wound Evaluation and Management Summary (dated 04/22/25) documents R31 has a non-pressure wound on his left anterior leg.</p> <p>R31's current Physician's Orders document the following order: May use EBP (Enhanced Barrier Precautions) per policy as needed for indwelling medical devices, wounds, that require dressings, or infected or colonized with MDRO (Multidrug Resistant Organisms)/XDRO (Extensively Drug-Resistant Organisms).</p> <p>On 04/23/25 at 10:25 AM, a sign indicating Enhanced Barrier Precautions was posted on R31's door. V6 (Registered Nurse) entered R31's room to provide wound care to R31's left anterior leg wound. V6 washed her hands, applied gloves and approached R31, who was lying supine in a low bed. V6 removed R31's current dressing in place, and an oblong, open area measuring approximately 2.5 centimeters by 1.2 centimeters containing a small amount of slough tissue was present on R31's left anterior leg. V6 cleansed R31's wound, applied a collagen-based dressing, and covered the area with a border gauze dressing. V6 did not wear a gown while administering R31's cares.</p> <p>On 04/23/25 at 01:00 PM, V6 (Registered Nurse) stated Enhanced Barrier Precautions should be in place for R31, and verified she did not wear a gown while performing R31's wound care.</p> <p>34048</p> <p>2. R41's current Physician Order Sheet documents to use Enhanced Barrier Precautions per policy as needed for indwelling medical devices, wounds, that may require dressing, or infected or colonized with MDRO/XDRO (Multi-drug-Resistant Organisms/Extensively Drug Resistant Organisms).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/25 at 2:16pm, A sign indicating Enhanced Barrier Precaution was posted on R41's door. V6, Registered Nurse, entered R41's to perform gastrostomy tube care. V6 changed R41's gastrostomy tube insertion site care and flushed R41's gastrostomy tube with water as ordered. V6 performed hand hygiene during care. V6 did not donn a gown during cares.</p> <p>On 4/23/25 at 2:30pm, V6 verified that R41 is on EBP. V6 stated that she did not donn a gown during R41's care.</p>