STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Allure of Stockton		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Front Street Stockton, IL 61085	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39537 Based on observation, interview, and record review the facility failed to ensure a resident was provided catheter care in a dignified manner for 1 of 1 residents (R1) reviewed for catheters in the sample of 13. The findings include: On 6/05/24 at 1:28 PM, V7 (CNA- Certified Nursing Aide) and V8 (Restorative Aide) entered R1's room to provide catheter care. R1's roommate was seated in her wheelchair, watching TV. V7 explained that she was going to provide catheter care to R1 and pulled the privacy curtain between R1's side of the room and the roommate's side. R1's room had 3 windows on the opposite side of her bed. Each window had it's own blind. The center window had the blinds closed, but the left and right window blinds were open. There was a clear view to the sidewalk, street, and diagonal street parking from R1's window. V7 and V8 removed R1's linens and exposed her perineum and lower body. V7 provided catheter care to R1. During this care, a white sedan pulled into the diagonal parking, facing R1's room. A male exited the car and walked down the sidewalk, passed R1's open blinds. R1's body was fully exposed from the waist down. V7 completed catheter care and R1 decided to get up for the afternoon activity. V7 and V8 turned R1 side to side placing an incontinence brief and dressing her. V7 and V8 used a total, mechanical lift to transfer R1 from the bed to her wheelchair. R1's left and right window blinds remained open throughout. R1 said she's used to the CNAs seeing her because she needs help, but wouldn't want anyone to be able to see her private parts. R1's Facesheet dated 6/5/24 showed diagnoses to include, but no limited to: morbid obesity, chronic ischemic heart disease, diabetes, acute on chronic respiratory failure, mild protein-calorie malnutrition, neuromuscular dysfunction of bladder, history of colon cancer, intervertebral disc degeneration (lumbar region), Barrett's Esophagus, cataracts, major depressive disorder, dyshidrosis, seborrheic dermatitis, peripheral vascular disease, psoriasis vulgaris, and gout. R1's facility assessment dated [DATE] showed she had severe cognitive impairment and required substantial/maximal assistance from staff for personal hygiene, toilet use, and rolling side to side in bed. On 6/6/24 at 8:21 AM, V9 (CNA) said it's important to close the privacy curtains and window blinds, during catheter care. V9 said it's for the resident's privacy and dignity. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/6/24 at 9:56 AM, V6 (RN - Registered Nurse) said R1 has had the catheter for a long time. V6 said the privacy curtain and blinds should be pulled during resident care, so no one can see inside. The facility's Catheter Car Policy reviewed 2/1/22 showed, It is the policy of this facility to ensure that resident's with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use . Compliance Guidelines: .3. Provide privacy by closing the door, closing the blinds/curtains, pulling the room dividing curtain, etc . The facility's Resident Rights Policy reviewed 2/1/22 showed, The facility will inform the resident both orally and in writing, in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility . 10. The facility will ensure that all direct care and indirect care staff members, including contractors and volunteers, are educated on the rights of residents and the responsibility of the facility to properly care for it's residents . Resident rights. The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. 4. Respect and dignity. The resident has a right to be treated with respect and dignity .

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36186 Based on observation, interview and record review the facility to complete assessments including wound measurements for a resident with a reoccurring wound. This applies to one of two residents (R6) reviewed for non-pressure wounds in the sample of 13. The findings include: The facility face sheet for R6 shows diagnoses to include heart disease, hemiplegia, obesity, chronic kidney disease and mild protein-calorie malnutrition. The facility assessment dated [DATE] for R6 shows him to be cognitively intact and is dependent on staff for all activities of daily living. The weekly skin assessments for R6 dated 5/14/24, 5/21/24 and 5/28/24 shows scar tissue open to left buttock. No measurements or other assessment of the wound observed in the record. On 6/5/24 at 9:56 AM, R6 was observed lying in bed receiving incontinence care by the staff. A small opening was observed on R6's left lower buttock near his leg. The area that was open was surrounded by a darker red color skin. No drainage was observed at the open area. On 6/5/24 at 1:41 PM, (V2) Assistant Director of Nursing said she is responsible for the weekly wound assessments. V2 said R6's wound to his left buttock has been opening often, but heals quickly. R6 was seen by the wound care physician before, but is currently not being seen. V2 said the area is the same area and the Physician determined it to be an area of trauma. V2 said the staff are trying to figure out why the area is re-opening so frequently. V2 said when a resident is seen by the wound care physician, the weekly measurements are documented with that assessment. V2 said the weekly wound assessments she uses does not have a place for wound measurements and she relies on the Certified Nursing Assistants to let her know if the wounds are getting bigger or smaller. V2 said it's important to monitor the wounds weekly for improvement and to see if the current wound treatment is working or needs to be changed. The facility policy with a revision date of 2/1/22 for wound treatment management shows 5. treatment decisions will be based on: b.) characteristics of the wound 2)size-including shape, depth, and presence of tunneling and/or undermining The effectiveness of treatments will be monitored through ongoing assessments of the wound .

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39537 Based on observation, interview, and record review the facility failed to ensure a resident had an anchoring device for an indwelling catheter for 1 of 1 residents (R1) reviewed for catheters in the sample of 13. The findings include: On 6/5/24 at 1:28 PM, V7 (CNA - Certified Nursing Aide) and V8 (Restorative Aide) entered R1's room to provide catheter care. V7 and V8 pulled R1's blankets down and moved her gown to expose R1's perineum and lower legs. R1 had a silicone, indwelling catheter in place. The catheter was not anchored to her leg. The catheter tubing ran along R1's right leg, curled on the bed, then extended to the catheter bag that was hooked on the bed-frame. R1's right and left thigh did not have any tape or evidence of a securing device being in place. R1's bedding did not contain a catheter anchoring device. V7 (CNA) provided catheter care, then R1 decided she wanted to get dressed for the day and participate in an activity. V7 and V8 rolled R1 side to side while applying an incontinence brief, dressing R1, and transferring R1 to the wheelchair with a mechanical, total lift. R1's catheter was not anchored to her leg. R1's Facesheet dated 6/5/24 showed diagnoses to include, but no limited to: morbid obesity, chronic ischemic heart disease, diabetes, acute on chronic respiratory failure, mild protein-calorie malnutrition, neuromuscular dysfunction of bladder, history of colon cancer, intervertebral disc degeneration (lumbar region), Barrett's Esophagus, cataracts, major depressive disorder, dyshidrosis, seborrheic dermatitis, peripheral vascular disease, psoriasis vulgaris, and gout. R1's facility assessment dated [DATE] showed she had severe cognitive impairment and required substantial/maximal assistance from staff for personal hygiene, toilet use, and rolling side to side in bed. R1's Progress Note dated 5/7/24 showed the CNA reported to the nurse that R1's indwelling catheter was out with the balloon intact. On 6/6/24 at 8:21 AM, V9 (CNA) said the facility has white adhesive dressing that hold the resident catheters in place. V9 stated, They are nice and they keep the catheter from pulling. I think they are supposed to be used when a resident has a catheter. On 6/6/24 at 9:56 AM, V6 (RN - Registered Nurse) said R1 has had the catheter for a long time. V6 said in May R1's catheter had dislodged, with the balloon intact. V6 said she wasn't sure why that happened. The surveyor asked why R1 didn't have a catheter anchoring device in place. V6 said R1's catheter should have an anchoring device to keep the catheter for dislodging. The facility's Catheter Car Policy reviewed 2/1/22 showed, It is the policy of this facility to ensure that resident's with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39537 Based on observation, interview, and record review the facility failed to ensure an opened vial of Tuberculin was labeled with an open date. This has the potential to affect all the residents residing in the facility. The findings include: The facility's CMS form 671 dated [DATE] showed there were 22 residents residing in the facility. On [DATE] at 10:40 AM, V6 (RN - Registered Nurse) used a key to open the black, medication refrigerator, in the facility's only medication room. On the top shelf of the refrigerator was a sealed, clear plastic bag with 3 unopened vials of Tuberculin inside. To the left of this bag was an opened vial of Tuberculin, with approximately ,d+[DATE] of the fluid remaining in the vial. This vial was not labeled with an open date. The surveyor asked V6 what this vial was used for. V6 stated, We use that to do the TB tests on all new admissions and then once a year for our long-term residents. That vial should have an open date on it. It's not labeled, so I will need to throw it away. V6 said the open dates are important, so the nurse knows when the medication had expired. V6 stated, I think those vials are only good for 30 days. V6 said she did not know when the vial had been opened. The facility's Labeling of Medication and Biologicals Policy reviewed [DATE] showed, All medications and biologicals used in the facility will be labeled in accordance with current state and federal regulations to facilitate consideration of precautions and safe administration of medications . 8. Labels for multi-use vials must include: a. The date the vial was initially opened or accessed (needle punctured); b. All opened or accessed vials should be discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. c. Unopened or accessed (needle-punctured) vials should be discarded according to the manufacturer's expiration date .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 36186 Based on observation, interview, and record review the facility failed to clean ceiling fans above the food service area and failed to clean and defrost a freezer. This applies to all residents in the facility. The findings include: The Centers for Medicare and Medicaid (CMS) 671 dated 6/4/24 shows there are 22 residents in the facility. On 6/4/24 at 9:21 AM, the freezer in the dry storage room was observed with large amounts of frost present throughout the entire freezer. The food within the freezer was covered with frost crystals. On 6/4/24 at 11:45 AM, the kitchen staff were observed preparing the lunch trays for the residents. Above the food service area were two working ceiling fans covered with a black substance. The cleaning schedule and procedures check list shows the freezers should be defrosted if ice build up is present. The list also shows to clean ceilings and light fixtures during non-food production hours, clean free from dust and debris. On 6/06/24 at 9:10 AM, (V3) (food service supervisor) said it's important to keep the work areas clean to prevent contamination of the food and the freezer should be defrosted to keep the freezer temperature maintained and to prevent the food from getting freezer burnt. The facility policy for sanitation inspection with a revision date of 2/1/22 shows it is the policy of this facility to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations. 1.All food service areas shall be kept clean, sanitary 4. sanitation inspections will be conducted in the following manner: a) daily-food service staff shall inspect refrigerators. coolers, freezers, storage area temperatures and dishwasher temperatures daily. b) weekly the dietary manager shall inspect all food service areas weekly to ensure the areas are clean and comply with sanitation and food service regulations.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 36186 Based on interview and record review the facility failed to submit required payroll based journal (PBJ) data. This effects all residents in the facility. The findings include: The Centers for Medicare and Medicaid (CMS) 671 dated 6/4/24 shows there are 22 residents in the facility. The [NAME] Report 1705D for the fiscal year quarter 1 2024 shows the facility triggered for failed to have licensed nursing coverage 24 hours a day and one star staffing rating. The facility was able to produce time card records showing a nurse was on duty for all infraction dates of 10/1/23, 10/4/23, 10/5/23, 10/9/23, 10/10/23, 10/13/23, 10/14/23, 10/15/23, 10/19/23, 10/28/23, 10/29/23, 11/11/23, 11/15/23, 11/23/23, 11/24/23, 11/25/23, 12/9/23 and 12/23/23. On 6/05/24 at 11:38 AM, (V4) (Office Assistant) said she receives the spreadsheet from (V5) (Vice President of Operations) and she fills in all the staff hours of the social services, activities, dietary, management staff, and any outside agency staff and returns the spread sheet to V5. V4 said she does not understand why the information did not show up correctly in the PBJ data report. On 6/05/24 at 2:45 PM, V5 he does not understand why the PBJ data is not correct. V5 said he has numerous ways to track the data and have it input into the system.