(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		IL6003446	B. WING		C <b>12/28/2023</b>
ALLURE OF KNOX COUNTY 280 EAST L		DDRESS, CITY, STATE LOSEY STREET JRG, IL 61401	, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
S 000	Initial Comments		S 000		
	Complaint Investigation	on #23210323/IL167677			
<b>S</b> 9999	Final Observations		S9999		
	Statement of Licensur	re Violations			
	procedures governing facility. The written pose formulated by a Re Committee consisting administrator, the adv medical advisory com of nursing and other spolicies shall comply to	all have written policies and all services provided by the olicies and procedures shall esident Care Policy of at least the			
	Section 300.1210 Ger Nursing and Personal	neral Requirements for Care			
	care and services to a practicable physical, r well-being of the reside each resident's compi plan. Adequate and p care and personal car resident to meet the to care needs of the resident	all provide the necessary attain or maintain the highest mental, and psychological dent, in accordance with rehensive resident care roperly supervised nursing re shall be provided to each otal nursing and personal ident.			
linois Denartr	nent of Public Health				

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

**Electronically Signed** 

01/19/24

Illinois Department of Public Health

ILEGOSA46  B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY IPLETED	
CALIDER OF KNOX COUNTY   CALESBURG, IL. 61401			IL6003446	B. WING		12	
CALIDER OF KNOX COUNTY   CALESBURG, IL 61401	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDERS PLAN OF CORRECTION   INC.   RECULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG	ALLURE (	OF KNOX COUNTY					
encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.  d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:  3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.  These requirements were not met as evidenced by:  Based on interview and record review the Facility failed to respond to Resident call lights in a timely manner and comply with Resident requests for assistance, for four of four Residents (R1, R2, R3	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	ON SHOULD BE LE APPROPRIATE	COMPLETE
and R4) reviewed for call light response in a sample of four. This failure resulted in urinary bladder pain, worsening skin conditions, resident request for discharge and embarrassment.  Findings include:  Facility Call Light Accessibility and Timely	\$9999	encourage residents incontinent of bowel a appropriate treatment urinary tract infections normal bladder functi personnel shall assist who enters the facility catheter is not cathetic clinical condition demicatheterization was not all the catheterization was not all the catheterization was not all the seven-day-a-week baseven-day-a-week baseven-day-a-we	so that a resident who is and/or bladder receives the t and services to prevent and services to prevent and to restore as much on as possible. All nursing the residents so that a resident of without an indwelling erized unless the resident's constrates that eccessary.  Subsection (a), general lude, at a minimum, the expracticed on a 24-hour, asis:  Servations of changes in a moduling mental and as a means for analyzing and suired and the need for action and treatment shall be fand recorded in the cord.  Swere not met as evidenced and record review the Facility desident call lights in a timely with Resident requests for a four Residents (R1, R2, R3) call light response in a aillure resulted in urinary ing skin conditions, resident and embarrassment.	S9999			

Illinois Department of Public Health

STATE FORM SM3811 If continuation sheet 2 of 8

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6003446	B. WING		12	C 2/28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ALLURE	OF KNOX COUNTY	280 EAS	T LOSEY STREET			
ALLONE	or ratex occiti	GALESE	BURG, IL 61401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Response Policy, dat purpose of the Policy adequately equipped Resident's bedside at to call for assistance; to a staff member or ensure appropriate resident's request ar do not promise some  Facility Resident Right Care Facilities, revise Facility must treat you and must care for you your quality of life; Fat to keep your physical highest practical leve the services included  Facility Certified Nurst Description, revised a Residents in accorda from minimal assistant on activities of daily lidevelopment and impin accordance with the care/goals for care prostandards of practice limitations in ability to Resident with bowel at to bathroom); assist we positioning and transpout of beds and chair tasks in accordance with policies and procedur supervisors.	ed 2023, documents: the is to assure the Facility is with a call light at each and toilet to allow Residents call lights will directly relay centralized location to esponse; listen to the address the unit of the address to the address	S9999			
		Policy, dated 2023, ents that are incontinent will reatment and services: the				

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

MANE OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, JIP CODE  280 EAST LOSEY STREET CALESBURG, IL 81401  PROFIX  SUMMARY STATEMENT OF DEFICIENCES  FEACH DEFICIENCY WISTS REPRECEDED BY FILL. TAG  SUMMARY STATEMENT OF DEFICIENCES  FEACH DEFICIENCY WISTS REPRECEDED BY FILL. TAG  SORPH TAG  CANOSE REFERENCE ACTION SHOULD BE CROSS REFERENCE ON SHOULD BE CROSS REFERENCE OF COME. CROSS REFERENCE OF CROSS REFERENCE OF COME. CROSS REFERENCE OF COME. CROSS REFERENCE OF CROSS REFERENCE OF COME. CROSS REFERENCE OF COME. CROSS REFERENCE OF CROSS REFERENCE OF CROSS REFERENCE OF COME. CROSS REFERENCE OF CROSS OF CROSS REFERENCE OF CROSS OF CR	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  ALTURE OF KNOX COUNTY  CALESBURG, ILL 51401    PAPER   SUMMARY STATEMENT OF DEPOLICATIONS   CALESBURG, ILL 51401   PAPER   SUMMARY STATEMENT OF DEPOLICATIONS   CALESBURG, ILL 51401   PAPER   SUMMARY STATEMENT OF DEPOLICATIONS   CALESBURG, ILL 51401   PAPER   SUMMARY STATEMENT OF DEPOLICATIONS   CALESBURG, ILL 51401   PAPER   SUMMARY STATEMENT OF DEPOLICATIONS   CALESBURG, ILL 51401   PAPER   SUMMARY STATEMENT OF DEPOLICATIONS   CALESBURG, ILL 51401   PAPER   SUMMARY STATEMENT OF DEPOLICATIONS   CALESBURG, ILL 51401   PAPER   SUMMARY STATEMENT OF DEPOLICATIONS   CALESBURG, ILL 51401   PAPER   SUMMARY STATEMENT OF DEPOLICATION   CALESBURG, ILL 51401   PAPER   SU			II 6003446	B. WING			
MAILURE OF KNOX COUNTY   CALESBURG, IL 61401     MAILURE OF KNOX COUNTY   SUBMARY STATEMENT OF DEFICIENCIES   PREFIX	NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 12/2	0/2023
PALID   SUMMANY SIXTEMENT OF DEPICIENCES   PRETER   PROPERTY   PROPERTY   REGULATORY OR LSC IDENTIFYING INFORMATION)   REGULATORY OR LSC IDENTIFYING INFORMATION)   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFY OR LSC IDENTIFY OR LSC IDENTIFY O	ALLURE (	ALLURE OF KNOX COUNTY			т		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 3  Facility must ensure that Residents who are continent of bladder and bowel upon admission receive appropriate services and assistance to maintain continence unless hisher clinical condition is/becomes such that continence is not possible to maintain; and Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible.  Resident Council Minutes, dated 9/26/23, documents concerns with call lights, cell phone usage and CNA's taking breaks at same time.  Resident Council Minutes, dated 10/26/23, documents concerns with "call lights taking too long, being shut off without assisting," staff on cell phones in hallways and rooms, do not always get fresh water, taking breaks while meal trays are being passed out.  Resident Council Minutes, dated 11/30/23, documents concerns with "call find and concern" of "staff burnout."  1) R1's Physician Order Sheet/POS, dated 12/27/23, documents that R1 admitted to the Facility on 11/24/23, with diagnoses including: Fracture of Body of Stemum, Closed Fracture; Multiple Rib Fractures, Traumatic Pheumothorax, Sequel, Respiratory Failure with Hypoxia, Localized Edema, Chronic Diastolic Heart Failure/CHF, Verborae Fracture, Osteoporosis and Right Clavicle Fracture.  R1's Nursing Note, dated 11/24/23, documents:				RG, IL 61401			
Facility must ensure that Residents who are continent of bladder and bowel upon admission receive appropriate services and assistance to maintain continence unless his/her clinical condition is/becomes such that continence is not possible to maintain; and Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible.  Resident Council Minutes, dated 9/26/23, documents concerns with call lights, cell phone usage and CNA's taking breaks at same time.  Resident Council Minutes, dated 10/26/23, documents concerns with "call lights taking too long, being shut off without assisting," staff on cell phones in hallways and rooms, do not always get fresh water, taking breaks while meal trays are being passed out.  Resident Council Minutes, dated 11/30/23, documents concerns with "short staff" and concern of "staff burnout."  1) R1's Physician Order Sheet/POS, dated 12/27/23, documents that R1 admitted to the Facility on 11/24/23, with diagnoses including: Fracture of Body of Stemum, Closed Fracture; Multiple Rib Fractures, Traumatic Pneumothorax, Sequel, Respiratory Failure with Hypoxia, Localized Edema, Chronic Diastolic Heart Failure/CHF, Vertebrae Fracture, Osteoporosis and Right Clavicle Fracture.  R1's Nursing Note, dated 11/24/23, documents:	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETE
antiembolic treatment (TED hose); continent of bowel and bladder; bruising to right upper/lower extremities and left lower extremity; and	S9999	Facility must ensure to continent of bladder a receive appropriate somaintain continence to condition is/becomes possible to maintain; incontinent of bladder appropriate treatment restore continence to Resident Council Mindocuments concerns usage and CNA's taking the compact of the continent of the continent of the concerns long, being shut off with phones in hallways at the concern of the concerns concerns concern of the concerns concerns concerns concern of the concerns	hat Residents who are and bowel upon admission ervices and assistance to unless his/her clinical such that continence is not and Residents that are or bowel will receive to prevent infections and to the extent possible.  utes, dated 9/26/23, with call lights, cell phone ing breaks at same time.  utes, dated 10/26/23, with "call lights taking too ithout assisting," staff on cell nod rooms, do not always get eaks while meal trays are  utes, dated 11/30/23, with "short staff" and out."  der Sheet/POS, dated that R1 admitted to the with diagnoses including: ternum, Closed Fracture; s, Traumatic Pneumothorax, Failure with Hypoxia, ronic Diastolic Heart are Fracture, Osteoporosis acture.  ated 11/24/23, documents: e, no open areas; c (TED hose); continent of ruising to right upper/lower	S9999			

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6003446	B. WING		C <b>12/28/2023</b>
ALLURE OF KNOX COUNTY 280 EAST		DDRESS, CITY, STA T LOSEY STREE URG, IL 61401			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
\$9999	"Resident has excoria crevice/vaginal area/la R1's Nursing Note als Treatment was initiated."  R1's POS, dated 12/3 Treatment Order to clacocyx with normal samedicated ointment/h foam dressing until he pressure ulcers; and a guard) to buttocks, various of the bathroom. So for my call light and le they would be back, a until someone came is hours, at about 8:00 phelp my roommate bame, let alone help me with supper time and was to get up and use not, I was not allowed myself, so I had to pe for long periods of time my whole butt was so put stuff on my butt, be not, and it hurt bad be know I got that sore be a long time to get help."	x.  ated 12/3/23, documents, tion to gluteal abia, open areas to Coccyx. o documents that a ed.  /23, documents a eanse R1's open area to	\$9999		

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
IL6003446		B. WING		C <b>12/28/2023</b>		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	-	
ALLUDE (	NE KNOV COUNTY	280 EAST	LOSEY STREE	:T		
ALLUKE	OF KNOX COUNTY	GALESBU	JRG, IL 61401			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOLD CROSS-REFERENCED TO THE APPRODERIGION OF THE APPRODERICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	Continued From page	5	S9999			
	Assistant/CNA) stated (12/7/23) because (R to pack up (R1's) stuff assigned to (R1) on 1 staffed, with only thre (R1) usually would ge but (R1) needed help staffed, I believe she long time. It was righ were trying to get othe Around 7:00 pm, a cotold me that (V7) wen R1's roommate and (I light had been on for According to (V7), (R' and (V7) told (R1) not at that time, that some because (R1) should (R1's) room at about (R1) and (R1) was so discharge from the Farractical Nurse/LPN) even went in earlier to bottom and never told soiled incontinence be bathroom, it took me apm or 9:00 pm to get (R1) usually uses the bathroom in her incort to (R1) because (R1) (R1) talked to the nurs anything was done be day."	2/7/23 and we were short e of us (CNA's) working. It up and use the bathroom, Since we were short had her call light on for a t after dinner time, and we er Residents laid downworker of mine (V7/CNA) It in to R1's room to the help R1) told (V7) that (R1's) call over an hour at that point. I) was being rude to (V7) It to be rude. (V7) told (R1) eone will come back to help not be rude. Finally, I got to B:30 pm or 9:00 pm, to help upset, (R1) was trying to acility. (V8/Licensed was (R1's) nurse and (V8) I any of us that (R1) had a rief or needed help to the going in, finally, around 8:30 (R1) changed and toileted. toilet but had to go to the utinence brief. I apologized was so upset and mad. see, but I am not sure that ecause she left the next				
	2) On 12/27/23 at 10:44 am, R2 stated, "There is an issue with the timely response to call lights. There are long wait times early in the morning and around shift change between 1:30 PM and 2:00 PM. The CNAs (Certified Nursing Assistant)					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	IL6003446		B. WING		C <b>12/28/2023</b>	
ALLURE OF KNOX COUNTY 280 EAST I			RESS, CITY, STA LOSEY STREE RG, IL 61401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
\$9999	change and do not ar I've waited and waited asked if she has ever long response times. R2 stated she someti incontinence brief bed longer for assistance approximately "four to stated, "It's embarras because I need help." experienced long wai roommates. R2 stated know why she had to sore on her butt, may want to help her." R2 not place or remove he because she had a bed of Agency CNAs, but we will have only our has changed drastical nursing career, peopliand have no work eth waiting 2 hours for a deven having to resort an incontinence brief, capable of using the to some times comes intight off but does not lam incontinent when	e desk just before shift aswer lights. There are times d and waited." R2 was been incontinent due to R2 stated, "Oh, Lord, yes." mes has to use her cause she cannot wait any which happens of five times per week". R2 sing to be incontinent just 'R2 was asked if R1 had at times when they were d, "Oh, heavens yes. I don't wait so long. She had a be that's why they didn't also reported that R1 could her own bedpan or even turn and shoulder.  pm, V2 (Director of "We have had to use a lot starting in January (2024), own. Staffing is difficult and lly, for the worse, over my e just do not want to work ic. Residents should not be call light to be answered, or to going to the bathroom in especially when they are oilet."  30 PM R4 stated there is an ime to call lights which ond shift. R4 stated, "Staff or my room and turns my call help me. There are times I I knew I had to go because my call light. We discussed	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	IL6003446 B. WING		B. WING	<del>-</del>	12/2	8/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALLURE (	OF KNOX COUNTY		LOSEY STREE RG, IL 61401	Т		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S9999	4) On 12/27/23 at 12: needs the assistance for toileting. R3 stated President and responsisue. R3 stated she minutes" for someone pushes her call light. long, it's painful." R3 this to the head nurse the aides', but I'm not does. This is an ongo On 12/27/23 at 1:54 pstated, "I have only bweek, but I just had a (12/22/23) with all the were one of the issue to address the major the Resident Council lights and nothing wat to get these problems.	38 pm, R3 confirmed R3 of staff using a sit to stand d R3 is the Resident Council use time to call lights is an has waited "up to 25 e to assist her after she R3 stated, "I've waited so stated that she has reported e in the past who 'talks with sure how much good it sing issue."  om, V1 (Administrator/ADM) een employed here for a	\$9999			

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