Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		IL6007447	B. WING		09/2	) 3/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		414 SOUT	H WESLEY	AVENUE		
ALLURE	OF PINECREST	MOUNT M	IORRIS, IL	61054		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2417506/IL178158	ation:				
S9999	Final Observations		S9999			
	a) The facility	sure Violatiuons: esident Care Policies shall have written policies and ing all services provided by the				
	facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed				
	h) The facility physician of any ac change in a resider health, safety or we but not limited to, th manifest decubitus of five percent or m The facility shall ob plan of care for the	Medical Care Policies shall notify the resident's cident, injury, or significant nt's condition that threatens the elfare of a resident, including, ne presence of incipient or ulcers or a weight loss or gain ore within a period of 30 days. tain and record the physician's care or treatment of such				
ABORATOR	ically Signed	DER/SUPPLIER REPRESENTATIVE'S SIGN		TITLE		(X6) DATE 10/16/24
STATE FOR	M		6899 .	T28T11	If continue	tion sheet 1 of 8

If continuation sheet 1 of 8

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6007447	B. WING		C 09/23/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
ALLURE	OF PINECREST		TH WESLEY A MORRIS, IL 6 <sup>7</sup>			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 1	S9999			
	accident, injury or c of notification.	hange in condition at the time				
	Section 300.1210 Nursing and Persor	General Requirements for nal Care				
	care and services to practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highes l, mental, and psychological sident, in accordance with nprehensive resident care l properly supervised nursing care shall be provided to each e total nursing and personal esident.	t			
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
		nts and procedures shall be dered by the physician.				
	resident's condition emotional changes determining care re further medical eva	bservations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the record.				
	These Regulations	are not met as evidenced by:				
	failed to obtain the residents (R1, R5) heart failure (CHF). and complete the n	and record review the facility necessary weights on with diagnosis of congestive . The facility failed to obtain ecessary lab work on resident s of CHF and chronic kidney				

<u>Illinois D</u>	epartment of Public	Health				APPROVE		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED		
		IL6007447	B. WING		C 09/23/2024			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	STREET ADDRESS, CITY, STATE, ZIP CODE					
ALLURE	OF PINECREST		TH WESLEY A NORRIS, IL 6					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
S9999	Continued From pa	ige 2	S9999					
	re-hospitalized with and an exacerbatio to 2 of 5 residents (	lures contributed to R1 being diagnoses of fluid overload on of CHF. These failures apply (R1, R5) reviewed for d services in the sample of 5. e:						
	12/20/23 showed R 12/10/23-12/20/23, (infection around th failure. The dischar R1 had diagnoses (CHF) and chronic instructions showed facility on 12/20/23, services, with an or blood count), Creat function), and ALT every Monday." R1 on Monday, 12/25/2	1. R1's hospital discharge instructions dated 12/20/23 showed R1 was hospitalized, from 12/10/23-12/20/23, due to bacterial endocarditis (infection around the heart) and respiratory failure. The discharge instructions also showed R1 had diagnoses of congestive heart failure (CHF) and chronic kidney disease. The instructions showed R1 was discharged to the facility on 12/20/23, for skilled therapy and rehab services, with an order for, "Labs: CBC (complete blood count), Creatinine (measures kidney function), and ALT (measures liver function), every Monday." R1's was to have lab work done on Monday, 12/25/23. The instructions showed R1's hospital weight as 150.4 pounds (lbs).						
	was to be weighed R1's Weights and V no documented we the facility, on 12/20	er dated 12/20/24 showed R1 once a week, for 4 weeks. /itals Summary record showed ight for R1, upon admission to 0/23. The summary showed ted weight as 154.2 lbs on						
	12/21/23 showed R V4 (R1's Physician	bry and physical report dated a was seen and examined by ) in the facility. The note and to have no edema or er extremities.						
	and 12/26/23 were	dical records dated 12/25/23 reviewed and showed no lab						
nois Depar	tment_of Public Health M		6899 T					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SUR COMPLETE	
	IL6007447		B. WING			C 23/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
ALLURE	OF PINECREST		TH WESLEY A MORRIS, IL 61			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 3	S9999			
		d on R1 on 12/25/23 or I's hospital discharge				
	R1's nurses note dated 12/28/23 showed R1 had developed "some edema" to her bilateral feet and ankles. The note showed R1's physician (V4) was notified.					
	new physician orde orders were: 1) Dra panel), A1C (blood studies) on R1. The (R1's physician) wit 2) Weigh R1 daily f	a dated 12/28/23 showed two rs were placed on R1. These w a CBC, CMP (metabolic sugar level), and TSH (thyroid e order showed to text V4 th R1's lab results. or the next 7 days. Facility R1's weights to V4 (R1's				
	showed no lab worl R1 on 12/28/23. R1	dical records dated 12/28/23 k was drawn or completed on 's electronic medical records re drawn on R1 until 1/3/24.				
		/itals Summary record showed ight for R1 on 12/28/23.				
	note dated 12/29/23 examined by V11 N attendance. The not to have mild edema note showed V5 (Fa concerned" about F NP "explained to (V creep up the leg, (F	(Nurse Practitioner) progress 3 showed R1 was seen and IP with V5 (Family of R1) in ote showed V11 NP found R1 a to her feet and ankles. The amily of R1) "was very R1's lower leg swelling. V11 (5) that if the edema starts to R1) becomes increasingly short I, etc., that this would be of	t			

If continuation sheet 4 of 8

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED			
		IL6007447	B. WING		C 09/23/2024				
NAME OF I	PROVIDER OR SUPPLIER								
ALLURE	OF PINECREST		TH WESLEY A MORRIS, IL 61						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE			
\$9999	oxygen saturation I supplemental oxygrequired an albuter increase in oxygen nasal cannula, to m levels within the pre R1's skilled evaluat 12/30/23 showed R 155.6 lbs on 12/29/ edema (swelling) to increased (worsene R1's Weights and V no documented we 12/31/23. The sum 154.5 lbs on 1/1/24 R1's nurses note da continued to have p lower extremities. R1's nurses note da R1 to be more conf saturation levels. T crackles present wi to R1's lower extreme emergently, via am an evaluation. R1's hospital records was readmitted to the exacerbation of cor hospital records sh to the hospital due was found to be "flue	evels had decreased while on en. The note showed R1 ol inhaler treatment and a brief , from 3 liters to 5 liters via naintain R1's oxygen saturation escribed parameters. tion nurses note dated R1's weight had increased to (23. The note showed the o R1's lower extremities had ed) to "+3 pitting edema". /itals Summary record showed ights for R1 on 12/30/23 or mary showed R1 weighed  ated 1/2/24 showed R1 pitting edema to her bilateral ated 1/3/24 showed staff found fused, with low oxygen he note showed R1 had "lung ith +3 pitting edema bilaterally" mities. R1 was sent bulance, to a local hospital for ds dated 1/3/24 showed R1 he hospital due to an ngestive heart failure. The owed R1 was "brought back" to increased confusion and uid overloaded".		DEFICIENCY	Y)				
nois Depa	should be obtained	PM, V11 NP stated weights and monitored on residents art failure because "if the							

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED			
	IL6007447		B. WING		C 09/23/2024				
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         414 SOUTH WESLEY AVENUE									
ALLURE	OF PINECREST								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MOUNT MORRIS, IL         61054           SUMMARY STATEMENT OF DEFICIENCIES         ID         PROVIDER'S PLAN           (EACH DEFICIENCY MUST BE PRECEDED BY FULL         PREFIX         (EACH CORRECTIVE           REGULATORY OR LSC IDENTIFYING INFORMATION)         TAG         CROSS-REFERENCED		PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	/E ACTION SHOULD BE CO D TO THE APPROPRIATE				
S9999	Continued From pa	ige 5	S9999						
	condition could spir could wind up back "(R1's) weight really to her edema (to he stated she noted R lower extremities of On 9/23/24 at 9:41 stated he ordered k "check her kidney f V4 stated no lab wo 12/28/23. V4 state in the facility until 1 sent back to the ho condition. V4 stated be done on R1, sta "was becoming mo her on December 2 to her lower extrem weights are to be d Residents, such as failure need to be n their kidneys worse resident can becom monitor residents w along with monitori residents aren't we done, it can impede manage the reside more edematous a done as ordered, th deteriorate" On 9/23/24 at 10:30 Nursing stated all re admission and read the accuracy of a re nursing is responsi	on too much fluid, their ral into CHF and the resident in the hospital." V11 stated, y needed to be monitored due er lower extremities)." V11 NP 1 had "mild edema" to her n 12/29/23. AM, V4 (R1's Physician) ab work on R1 on 12/28/23 to unction and electrolyte status." ork was done on R1 on d R1 had no lab work drawn, /3/24, just prior to her being spital for a change in d he ordered daily weights to rting 12/28/23, because R1 re edematous. When I saw 21st (2023), she had no edema ities." V4 stated, "Labs and one on residents as ordered. (R1), with CHF and/or kidney nonitored closely because if en or CHF worsens, the ne more edematous. I (V4) with CHF by examining them ng their weights and labs. If ighed as ordered or labs aren't e the way I (V4) medically nt. If a resident is becoming nd weights and labs are not nat resident's health could 6 AM, V3 Assistant Director of esidents should be weighed up dmission to the facility to verify esident's weight. V3 stated ble for ensuring residents are ork is completed, as per							

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		IL6007447	B. WING		C 09/23/2024	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		1 037	20/2024
			TH WESLEY A			
ALLURE	OF PINECREST	MOUNT	MORRIS, IL 6 <sup>-</sup>	1054		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC <sup>1</sup>	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 6	S9999			
	<ul> <li>physician order. V3 stated the admitting nurse is responsible for reviewing all resident's hospital discharge instructions and physician orders to ensure these orders are put into place. The Director of Nursing (DON) would then double check the admitting orders to make sure nothing was overlooked.</li> <li>On 9/23/24 at 10:45 AM, V1 Administrator stated she didn't know why R1's weights and labs were not done as per physician order. V1 stated, "(V12 Former DON) was overseeing the weights and labs for (R1) at that time. I (V1) don't know why they weren't done." V1 stated V12 (Former DON) no longer worked at the facility.</li> <li>On 9/23/24, this surveyor made two attempts to contact V12 (Former DON) via phone for an interview but was unsuccessful.</li> </ul>					
	Services policy data purpose of this poli process for the pro- physician ordered s professional standa maintain a schedule (laboratory and rad physician's orders submit timely reque services (laboratory the appropriate ent 2. R5's Admission F	Record dated 7/5/24 showed the facility with diagnosis of	F			
	A physician order d R5 to be weighed d	ated 8/7/24 for R5 showed for laily. The order showed staff 5's physician if R5 gained 3 lbs				

	IT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	or connection	IDENTIFICATION NOMBER.	A. BUILDING:					
		IL6007447	B. WING			C 2 <b>3/2024</b>		
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE				
ALLURE	OF PINECREST		TH WESLEY A MORRIS, IL 6'					
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
S9999	Continued From pa	age 7	S9999					
	or more in one day	or 5 lbs or more in one week.						
	2024 and Septemb documented weigh 8/15/24-8/17/24, 8/	itals Summary dated August er 2024 showed no ts for R5 on 8/7/24-8/8/24, 20/24-8/22/24, 3/24, 9/7/24, or 9/8/24.						
		(A)						