STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		7. BOILBING.		С	
		IL6003446	B. WING		02/16/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
ALLURE (OF KNOX COUNTY		LOSEY STREEURG, IL 61401	ET .	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
S 000	Initial Comments		S 000		
	Annual Licensure and	l Certification			
S9999	Final Observations		S9999		
	Statement of Licensul	re Violations			
	300.610a) 300.1210a)				
	300.1210b)				
	300.1210c)				
	300.1210d)6)				
	Section 300.610 Res	ident Care Policies			
		all have written policies and			
		gall services provided by the olicies and procedures shall			
	be formulated by a Re	esident Care Policy			
	Committee consisting				
	administrator, the adv medical advisory com	mittee, and representatives			
	of nursing and other s	services in the facility. The			
		with the Act and this Part.			
		hall be followed in operating e reviewed at least annually			
	by this committee, do	cumented by written, signed			
	and dated minutes of	the meeting.			
	Castian 200 4240 Ca	an and Daminamanta for			
	Nursing and Personal	eneral Requirements for I Care			
		ve Resident Care Plan. A			
		ipation of the resident and nor representative, as			
	applicable, must deve				

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

TITLE (X6) DATE 03/08/24 **Electronically Signed**

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		IL6003446	B. WING		02	C 2 /16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
ALLURE (OF KNOX COUNTY		T LOSEY STREET SURG, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		
\$9999	includes measurable meet the resident's mand psychosocial need resident's compreher allow the resident to a practicable level of in provide for discharge restrictive setting baseneeds. The assessmenthe active participation resident's guardian of applicable. (Section 3) b) The facility shoare and services to a	plan for each resident that objectives and timetables to nedical, nursing, and mental eds that are identified in the nsive assessment, which attain or maintain the highest dependent functioning, and planning to the least sed on the resident's care nent shall be developed with on of the resident and the representative, as 3-202.2a of the Act)	S9999			
	well-being of the resident's complan. Adequate and parent care and personal caresident to meet the tare needs of the resident to Each direct care.	are-giving staff shall review le about his or her residents'				
	nursing care shall inc following and shall be seven-day-a-week ba 6) All necessary to assure that the res as free of accident ha nursing personnel sh	precautions shall be taken sidents' environment remains azards as possible. All all evaluate residents to see beives adequate supervision				

Illinois Department of Public Health

STATE FORM 6899 O5JT11 If continuation sheet 2 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		7 20.25			C		
		IL6003446	B. WING		02	/16/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
ALLURE (OF KNOX COUNTY		LOSEY STREE	т			
	Т		IRG, 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 C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From page	e 2	S9999				
	Based on observation review, the facility fail free of injury from ele three residents (R40) supervision in the sar resulted in R40 sustal left leg/buttock region with a cellular phone plugged into an electrextension cord directly After R40 was incontic charging cube came causing the electrical smoke, resulting in the R40's burn injury has debridements.	were not met evidenced by: n, interview, and record led to ensure a resident was ctrical devices for one of reviewed for accidents and mple of 25. This failure ining a burn injury to R40's after R40 was positioned charging cube that was rical outlet with use of an ly under R40's upper leg. inent of urine, R40's cellular into direct contact with liquid, appliance to spark and le burning of R40's skin. required multiple surgical					
	Policy revised Januar Statement: The residinjury associated with devices, including electrons and the facility's "Risk Matog documents R40 midnight hours. R40's Admission Recadmitted to the facility to include but not limit Mellitus with Diabetic	ectrocution, burns, and fire." anagement" Incident Report with a "burn" on 12/31/23 at ord documents R40 y on 4/26/23 with diagnoses ted to: Type 2 Diabetes Neuropathy; Critical Illness romuscular Dysfunction of					

Illinois Department of Public Health

STATE FORM 6899 O5JT11 If continuation sheet 3 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		A. BOILDING.	A. BUILDING.			
		IL6003446	B. WING		02	C 2/ 16/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	-	
ALL LIDE A	OF KNOV COUNTY		T LOSEY STREET			
ALLURE (OF KNOX COUNTY	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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From page	e 3	S9999			
	dated 11/2/23 and 1/2 following: R40 is cogn "dependent" on staff Dependent is describ the effort. Resident d complete the activity. more helpers is requi complete the activity. R40's "Risk Manager V18/Agency Licensed states, "Burn" and is report states, "(R40) underneath (R40's) leurine, and created a la The facility's Initial and State Agency, dated 12/30/23, R40 reques reported feeling a burn This same report door phone charging block bed and plugged into reported that when R the urine entered the burn to R40's buttock R40's COMS-Skin Or 1/18/24, and 1/25/24 "current skin issues" buttocks.	nitively intact and R40 is to roll left and right in bed. ed as "Helper does ALL of oes none of the effort to Or, the assistance of two or red for the resident to ment" Report created by d Practical Nurse/LPN, dated 12/31/23. This same had cell phone power cord eff buttock, cord got wet from ourn." In Final Report to the local 1/2/24, documents that on sted to be repositioned and rning sensation to buttocks. The an extension cord. R40 40 was incontinent of urine, charging port thus causing a sensitive of the				
		sional/General Liability m" documents R40 was				

Illinois Department of Public Health

STATE FORM 6899 O5JT11 If continuation sheet 4 of 10

ILEGOS446 B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
ILE003446 MAKE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ALLURE OF KNOX COUNTY 280 EAST LOSEY STREET GALESBURG, IL 61401 PREPIX GEACH DEFICIENCY MUSTS BE PERCEDED BY FILL REGULATORY OR LSC (DENTIFYING INFORMATION) S9999 Continued From page 4 S9999 Continued From page 4 sinvolved in a resident injury or incident on 12/30/23. This same report documents "incident and injury description" as "(RAI) obtained an electrical burn after lying on a phone charger plugged into an extension cord after urinating thus causing the electrical burn." V20's (R40's Nurse Practitioner) visit note, dated 1/2/24, states, "Chief Complaint: I (R40) received a burn from my charger being in bed." This same note states, "(R40) is being seen today as he suffered a burn to his (left) buttock. (R40) was in his room this morning lying in bed propped up on his side as he reports he has a burn on his (left) buttock as he was laying on his phone which was on the charger. Due to (R40) being incontinent he reports that it caused this (burn) to occur. (R40) did report that his charger was plugged into an extension cord he had from home as he wanted to be able to be on his phone which was on the charger. Due to (R40) being incontinent he reports that it caused this (burn) to occur. (R40) did report that his charger was plugged into an extension cord he had from home as he wanted to be able to be on his phone which was on the charger. Additionally the incident that occurred on 12/30/23. (R40) stated he had his cell phone charging block plugged into an extension cord. It was not the	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED		
ALLURE OF KNOX COUNTY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 4 involved in a resident injury or incident on 12/30/23. This same report documents "incident and injury description" as "(R40) obtained an electrical burn after lying on a phone charger plugged into an extension cord after urinating thus causing the electrical burn." V20's (R40's Nurse Practitioner) visit note, dated 1/2/24, states, "Chief Complaint: I (R40) received a burn from my charger being in bed." This same note states, "(R40) is being seen today as he suffered a burn to his (left) buttock, (R40) was in his room this morning lying in bed propped up on his side as he reports he has a burn on his (left) buttock as he was laying on his phone which was on the charger. Due to (R40) being incontinent he reports that it caused this (burn) to occur. (R40) did report that his charger was plugged into an extension cord he had from home as he wanted to be able to be on his phone while in bed as it was charging." V1's (Administrator) "Incident Follow-Up Note" dated 1/2/24 states, "Spoke with (R40) regarding the incident that occurred on 12/30/23. (R40) stated he had his cell phone charging block plugged into an extension cord. It was not the			IL6003446	B. WING		I	/2024
(24) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) S9999 Continued From page 4 S9999 involved in a resident injury or incident on 12/30/23. This same report documents "incident and injury description" as "(R40) obtained an electrical burn after lying on a phone charger plugged into an extension cord after urinating thus causing the electrical burn in his room this morning lying in bed propped up on his side as he reports he has a burn on his (left) buttock as he was laying on his phone which was on the charger. Due to (R40) being incontinent he reports that it caused this (burn) to occur. (R40) did report that his charger was plugged into an extension cord he had from home as he wanted to be able to be on his phone while in bed as it was charging." V1's (Administrator) "Incident Follow-Up Note" dated 1/2/24 states, "Spoke with (R40) regarding the incident that occurred on 12/30/23. (R40) stated he had his cell phone charging block plugged into an extension cord. It was not the	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
(Ad J ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 4 involved in a resident injury or incident on 12/30/23. This same report documents "incident and injury description" as "(R40) obtained an electrical burn after lying on a phone charger plugged into an extension cord after urinating thus causing the electrical burn." V20's (R40's Nurse Practitioner) visit note, dated 1/2/24, states, "Chief Complaint: I (R40) received a burn from my charger being in bed." This same note states, "(R40) is being seen today as he suffered a burn to his (left) buttock. (R40) was in his room this morning lying in bed propped up on his side as he reports he has a burn on his (left) buttock as he was laying on his phone which was on the charger. Due to (R40) being incontinent he reports that it caused this (burn) to occur. (R40) did report that his charger was plugged into an extension cord he had from home as he wanted to be able to be on his phone while in bed as it was charging." V1's (Administrator) "Incident Follow-Up Note" dated 1/2/24 states, "Spoke with (R40) regarding the incident that occurred on 12/30/23. (R40) stated he had his cell phone charging block plugged into an extension cord. It was not the	ALLUDE	OE KNOV COUNTY	280 EAST I	OSEY STREE	ĒΤ		
PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	ALLUKE	OF KNOX COUNTY	GALESBUI	RG, IL 61401			
involved in a resident injury or incident on 12/30/23. This same report documents "incident and injury description" as "(R40) obtained an electrical burn after lying on a phone charger plugged into an extension cord after urinating thus causing the electrical burn." V20's (R40's Nurse Practitioner) visit note, dated 1/2/24, states, "Chief Complaint: I (R40) received a burn from my charger being in bed." This same note states, "(R40) is being seen today as he suffered a burn to his (left) buttock. (R40) was in his room this morning lying in bed propped up on his side as he reports he has a burn on his (left) buttock as he was laying on his phone which was on the charger. Due to (R40) being incontinent he reports that it caused this (burn) to occur. (R40) did report that his charger was plugged into an extension cord he had from home as he wanted to be able to be on his phone while in bed as it was charging." V1's (Administrator) "Incident Follow-Up Note" dated 1/2/24 states, "Spoke with (R40) regarding the incident that occurred on 12/30/23. (R40) stated he had his cell phone charging block plugged into an extension cord. It was not the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE	COMPLETE
inadvertently underneath him. When (R40) was incontinent, the urine ran into the cell phone charger and caused the issue." R40's "Health Status Note" signed and dated by V18/Agency LPN on 12/31/23 at 2:22 AM, states, "(V15/R40's Spouse) removed (R40's) dressing to take pictures of wounds. Dressing reapplied. Open wound continues. Wound edges are now raised and hardened. Several small blisters appearing toward distal end of wound."	S9999	involved in a resident 12/30/23. This same and injury description electrical burn after ly plugged into an exter thus causing the electrical burn after ly plugged into an exter thus causing the electrical burn from my charge note states, "Chief a burn from my charge note states, "(R40) is suffered a burn to his his room this morning his side as he reports buttock as he was lay on the charger. Due to report that it caused did report that his charger that it caused did report that his charge to be able to be on his was charging." V1's (Administrator) "dated 1/2/24 states, "the incident that occurs tated he had his cell plugged into an externation cord, but the incident that occurs tated he had his cell plugged into an externation cord, but the incontinent, the urine charger and caused to R40's "Health Status V18/Agency LPN on "(V15/R40's Spouse) to take pictures of woo Open wound continuer raised and hardened."	rinjury or incident on report documents "incident " as "(R40) obtained an ring on a phone charger usion cord after urinating trical burn." Practitioner) visit note, dated Complaint: I (R40) received ger being in bed." This same being seen today as he (left) buttock. (R40) was in glying in bed propped up on he has a burn on his (left) ving on his phone which was to (R40) being incontinent he this (burn) to occur. (R40) arger was plugged into an defrom home as he wanted is phone while in bed as it Incident Follow-Up Note" Spoke with (R40) regarding tred on 12/30/23. (R40) phone charging block asion cord. It was not the ne cell phone block that was eath him. When (R40) was ran into the cell phone he issue." Note" signed and dated by 12/31/23 at 2:22 AM, states, removed (R40's) dressing reapplied. es. Wound edges are now Several small blisters	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVE COMPLETED	(X3) DATE SURVEY COMPLETED		
		71. BOILBING.	A. BOILDING.				
		IL6003446	B. WING		02/16/20)24	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
		280 EAST	LOSEY STREE	т			
ALLURE (OF KNOX COUNTY	GALESBU	IRG, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE CO	(X5) OMPLETE DATE	
S9999	V18 on 12/30/23 at 12 rounds (R40) request reported burning to be (R40) laying on top of began to smoke and sincontinence. Extensi and then from under (3.5 cm/centimeter x (I (left) lower buttocks. 3 noted just above oper surrounding both wou does report stinging a Sites cleansed. TAO applied, and then ope bordered foam." R40's Order Summar 12/1/23-2/15/24 docu Ointment 250 Unit/GN upper thigh topically extends to be seen as the content of the content	Note" signed and dated by 1:44 PM, states, "During ing to be repositioned and attocks. Staff observed fextension cord that then spark due to (R40's) urinary on cord removed from wall (R40). Upon Assessment, by) 5 cm open area noted to 3 cm x 2 cm blistered area in area to (left) buttock. Skin ands red and thin. (R40) and discomfort to both areas. (Triple Antibiotic Ointment) area covered with y Report dated ments an order for Santyl M (per Gram). Apply to left every day shift for wound h 0.25% (percent) Dakins	S9999	DETICIENCY			
	Alginate-Cover with (1 (every day)." V21's (R40's Wound I Evaluation and Mana: 1/11/24 states, "Burn Full Thickness. Etiolo Detail: From shorted Size (L x W x D/Leng: x 6 cm x 1 cm. Surface Exudate: Light Serous Necrotic Tissue (Esch Adherent Devitalized Granulation Tissue: 1 documents a "Surgica Procedure" was performan."	Physician) "Wound gement Summary" dated Wound of the Left Buttock gy: Burn. Further Etiology but charging station. Wound the by Width by Depth) 5 cm see Area: 30 cm squared. s. Thick Adherent Black nar): 75 % (percent). Thick Necrotic Tissue: 10 %.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				С		
		IL6003446	B. WING		02/16/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E. ZIP CODE		
			LOSEY STREET			
ALLURE (OF KNOX COUNTY		URG, IL 61401			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		
S9999	Continued From page	2 6	S9999			
	margins of viable tiss	ue, remove thick adherent				
	Eschar and devitalize					
	documented as an "in					
		tion and Management				
	,	3/24 states, "Burn Wound of				
	the Left Buttock-Impro	•				
	Area, Full Thickness.	issue, Deceased Surface				
		.1 cm x 0.1 cm. This same				
note documents a "Surgical Excisional						
	Debridement Procedure" to R40's wound was					
	performed on 1/18/24					
	V21's "Wound Evalua	tion and Management				
		5/24 states, "Burn Wound of				
	,	hickness" and documents a				
		Debridement Procedure" was				
	1 -	to "remove necrotic tissue				
	and establish the mar	gins of viable tissue."				
	V21's "Wound Evalua	tion and Management				
	Summary" dated 2/8/2	24 states, "Burn Wound of				
		hickness" and documents a				
		Debridement Procedure" was				
		to "remove necrotic tissue				
	and establish the mar	gins of viable tissue.				
	On 2/14/24 at 9:42 Al	M, R40 was observed sitting				
	up in bed watching R	40's cellular phone which				
	-	pedside table in front of R40.				
		of December 2023, R40's				
		nto an extension cord and in				
		0 stated R40 was positioned at was charging R40's				
	l	nen R40 urinated, the urine				
	1 -	arging port." "I got third				
	_	e of it." R40 stated R40 has				
		couldn't feel the cord under				
		sn't able to reposition off				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6003446	B. WING		02	C 2 /16/2024
NAME (F PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
ΔΗΙΙΙ	E OF KNOX COUNTY	280 EAS	T LOSEY STREET			
ALLO	L OF KITCK GOOTT	GALESB	BURG, IL 61401			
(X4) I PREF TAG	X (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
\$99	the charging cord/cu was calling for help be (phone charging devinitially, then it starter roommate at the time light for me and got the needs help right with the pain and the day. It is getting bettevery shift." R40 starphone cord and extendented that anyone about their use. On 2/14/23 at 9:57 Annowed about their use. On 2/15/24 at 10:51 square shape on the tissue was pinkish renoted. While V4 was R40's wound, R40 womaning, and tensin touch. On 2/15/24 at 10:51 nursing) stated V3 here early morning on on-call nurse. V3 stare who called V3, but V4 that R40's family warrow of R40's newly acquired on 2/15/24 at 10:25 stated R40 had called was "burned from his him." V15 stated, "I of the communication	be himself. R40 stated, "I because I couldn't get off it rice). I felt a tingling sensation d burning really bad. My to (R51) turned on his call the girls to help me. He said, now.' I take Norco to help be do wound treatments every ter. The treatments used to be ted he had been using his tension cord for "months" and tever said anything to him AM, V4 (Licensed Practical is room to change R40's D's soiled dressing was proximate golf-ball sized ted. R40's open wound was redge, resembling a partial is proximal edge. R40's wound ted with slight serous drainage of cleansing and dressing was observed grimacing, grup/pulling away from V4's AM, V3 (Assistant Director of the facility taking pictures in the facility taking pictures)	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING: _					
					С		
		IL6003446	B. WING		02	/16/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
		280 EAS	T LOSEY STREE	ET .			
ALLURE (OF KNOX COUNTY	GALESB	URG, IL 61401				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE	
S9999	Continued From page	e 8	S9999				
	Nursing Assistant) wh	no took care of him rolled					
		ne cord after she changed					
		pe in his bed or under him,					
		e he is clear before they					
		stated R40 admitted with					
		d phone charger back in					
	April 2023. "It (Phone	Charger and Extension					
	Cord) had been there	for months, and no one					
	ever said anything to	me or (R40) about it. We					
	didn't know what we	could or couldn't have."					
	On 2/15/24 at 10:41 /	VM V/12 (Cortified Nursing					
		AM, V13 (Certified Nursing distribution) distribution distribution di la company di la					
		rd charger and cord that					
	plugged into the wall	-					
	plugged into the wall	III 1140 S 100III.					
	On 2/15/24 at 12:03 F	PM, V16 (CNA) stated, "I					
	was walking up the ha	all and (V17/CNA) stepped					
	out and asked me to	help pull (R40) up in bed.					
		changed him. After, (R40)					
		sked for a snack. He said					
		oing.' I tried helping him, but					
		nis nurse know because					
		ore I could do for cramps. I					
		light. Maybe five minutes or					
		s light on again, and his					
		yelling, 'Can you help him?'					
		room (R40) was yelling, 'it , 'where is it burning at?'					
		his bottom. That's when I					
	noticed his phone cor						
		ut of the wall and then pulled					
	it out from under him.						
		lead charging cube and that					
		nd sparks were coming					
		e smoke. I couldn't see his					
		over with the nurse. There					
		lf-sized blister. When we					
		r in the night it was more					
	_	se. I don't usually work with					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		С		
NAME OF D		IL6003446	RESS, CITY, STA	TE 7/D CODE	02/1	6/2024
	ROVIDER OR SUPPLIER		OSEY STREE	•		
ALLURE (OF KNOX COUNTY	GALESBUF	RG, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE	(X5) COMPLETE DATE
S9999	nurse's station and w turned the call light of handwritten reports. I (V22/Licensed Practic other one to (V4/LPN cord from under (R40 been under him; I did went in to pull him up On 2/16/24 at 9:41 Al 12/30/23, V17 had re stated R40 had wante believe he was lying of turn on his side. A littl light on again, anothe with answered the lig didn't see it (the wour asked what happened smoking. V17 stated charger that was in behad to move it to report on 2/15/24 at 12:30 F stated that R40 shoul extension cord in R40 at eam, so we should stated R40 was burne into the port where R40 inadvertently. Attempts to speak with the call with the state of the call with the state of the R40 inadvertently.	changed him. I was at the ent back again when (R51) in for (R40). I wrote out two gave one to my nurse cal Nurse) and I gave the cal nurse it at first when I the first time." M, V17 (CNA) stated on positioned (R40) in bed. V17 and to turn on R40's side. "I can his back and wanted to be bit after, (R40) had his ar CNA (V16) I was working that time." V17 stated, "I and or burning cord), but I do and (V16) said it was v17 recalled R40 having a sed with R40 because V17 cosition R40 initially. PM, V1 (Administrator) do not have been using an observable of when R40's urine went that the cord was a noticed it too." V1 also sed when R40's urine went that the cord was ansion cord. V1 verified R40's and been positioned under the V18 (LPN) and V22 (LPN) and V22 (LPN) and V22 (LPN) and V22 were unsuccessful. No	\$9999			
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