STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Survey: 2520820/IL185484	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.3240a) 300.3240b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

care needs of the resident.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act)

These Requirements were NOT MET as evidenced by:

Based on record review and interview the facility failed to prevent staff to resident sexual abuse and mental abuse for one of three residents (R1) reviewed for abuse in the sample of four. These findings resulted in R1 being subjected to bribery with alcohol and drugs and sexual abuse by V3 (CNA/Certified Nursing Assistant) on more than 100 occasions, R1 suffering fear and depression, and R1 requiring prophylaxis for prevention of STDs (Sexually Transmitted Diseases).

Findings include:

The facility's Abuse, Neglect, and Exploitation dated 2024 documents, "Policy: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit abuse, neglect, exploitation, and misappropriation of property. Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

which can include staff to resident abuse and certain resident to resident altercations. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology."

The facility's Agreement with the Employees International Union Healthcare Illinois/Indiana dated 5-1-22 through 5-30-25 documents, "These work and safety rules and regulation shall be applicable to each facility and its employee in the bargaining unit. It is essential to the successful operation of the facility's business and the welfare of its patients and employees that fairly established standards of discipline, health, safety, attendance, workmanship, and honesty be maintained. Employees shall have an opportunity to sign formal warning, acknowledging that such warning has been given and to comment on such warning. Maintaining or attempting to maintain a relationship (whether or not consensual) with a resident that is sexual or romantic in nature unless the resident is the employee's spouse. First offense-Discharge."

R1's Pre-Admission Hospital History and Physical dated 5-1-24 documents, "Chief Complaint: Suicidal Ideation. (R1) is a 47-year-old with past reported psychiatric history of Bipolar I Disorder with Psychotic Features, stimulant use disorder (methamphetamine), and alcohol use disorder admitted voluntarily for suicidal ideation in the context of methamphetamine use. (R1) has been

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

non-adherent with medication and utilizing methamphetamine which is likely a significant exacerbating factor. The patient warrants inpatient level of care for safety and stabilization."

R1's Admission Record documents R1 is a 48-year-old admitted to the facility on 5-8-24 with the diagnoses of Bipolar Disorder Severe with Psychotic Features, Suicidal Ideation's, Major Depressive Disorder, Persistent Mood Affective Disorder, Hallucinations, and Psychotic Disorder not due to a substance or know Psychotic Condition.

R1's current Physician's Orders document, "24-hour nursing care. Mirtazapine 30 mg (milligrams) one daily at bedtime for the Major Depressive Disorder. Hydroxyzine HCL (Hydrochloride) 50 mg twice daily for Anxiety. Alprazolam one mg three times daily for Anxiety. Aripiprazole 15 mg one time daily for Bipolar with Severe Psychotic Features."

R1's Brief Interview for Mental Status dated 1-8-25 documents R1 is cognitively intact.

The facility's Serious Injury Incident and Communicable Disease Report dated 1-29-25 documents "(R1) reported that (V3/CNA) has been having inappropriate sexual encounters with (R1). (V3) previously resigned from her position. Last day to work was 1-7-25. (Local) police department notified. (Primary Care Physician) notified. Investigation initiated. Final to follow."

R1's Hospital Emergency Department Notes dated 1-29-25 and signed by V16 (Hospital Physician) document, "Primary diagnosis: Sexual assault of adult. (R1) reports he is here for a rape kit. (R1) reports for something that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

happened three weeks ago. (R1) reports he has showered and changed his clothing. (R1) reports police have been notified and wanted him to have a rape kit. (R1) reports he just showed them the video. (R1) is from a nursing facility and reports the person was a worker but no longer is employed at the facility. RN (Registered Nurse) spoke with the charge nurse at (the hospital). Due to (R1) reporting this happened three weeks ago, (R1) wouldn't be in the time frame for a rape kit. Medical Decision Making: I (V16) have evaluated (R1) and performed medical screening exam. Evidence was not collected. I have discussed all information regarding the risk of contracting sexually transmitted infections as well as the possibility of pregnancy, as applicable, Prophylaxis for gonorrhea, chlamydia, and trichomonas was given. (R1) declined baseline HIV (Human Immunodeficiency Virus) test, (R1) declined other STD testing as noted in orders. Counseling: You (R1) are a survivor of sexual assault. You may have trouble sleeping. You may have anxiety, irritability, depression, and other symptoms. This is normal. They are reactions to trauma. You can get help. Rape crisis centers have free counseling services."

R1's Police Report Incident Number 25-003634 dated 1-29-25 at 3:44 PM and signed by V5 (Local Police Officer) documents, "On January 29, 2025, at 3:44 PM I (V5) was dispatched to (the facility) in reference to a Criminal Sexual Assault. During the investigation, the victim (R1), also admitted to sending video of the sexual encounters to other people who work at (the facility). (R1) and (V3), an ex-employee, have been having sexual intercourse for the past six months and just recently stopped having sexual encounters after (V3) quit on January 7, 2025. (R1) would also state they (R1 and V3) have had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

sex approximately 50 times or more. (R1) stated he felt threatened by (V3) and that (V3) has said on several occasions that (V3) could get (R1) kicked out of (the facility) if (R1) did not do what (V3) wanted him to do. (R1) stated (V3) would come into his bedroom, while he was sleeping, and started giving him blow***s. (R1) would wake up and push (V3) away and she would continue to give (R1) a blow**b. (R1) advised that (V3) would also help him with his showers due to him not being able to reach his right side with how badly his left arm is injured. (V3) would help him in the shower and while helping him in the shower (V3) would get naked and bend over so (V3 and R1) could have sex. (R1) stated (V3) would take him to her friend's residence who lived close to the nursing home when (R1) was able to leave on his own time. (R1) and (V3) would go to her friend's residence and have sex, along with (R1) recording some of these sexual encounters happening. (R1) stated the last time (R1) had a blow**b or sex with (V3) was before (V3) quit on January 7, 2025. When (R1) was asked about the recordings he stated he advised (V3) about the recordings and (V3) was okay with him recording the two of them. (R1) showed (V5) one of the videos of (V3) giving (R1) a blow**b in (R1's) room inside (the facility). (R1) stated (V3) would send pictures and videos back and forth of the two masturbating on several occasions. (R1) advised he would like to go to the hospital and have a sex assault kit done.(V1/Administrator) and (V15/Regional Director of Operations) stated they would arrange transportation for (R1) to get to the hospital. (R1) advised he was supposed to leave and spend time with (V3) on January 27th, 2025, but (V3) had canceled plans. (R1) advised he was upset with (V3) due to her not being able to spend time with him. (R1) advised he was feeling down and upset on January 28, 2025.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

While feeling like this (R1) finally told an employee about the sexual encounters between him and (V3). (R1) stated he recorded the two (R1 and V3) having sexual encounters several times with (V3's) permission. (V3) sent the videos via (social media). Once (R1) sent the video to one employee, other employees started to ask (R1) for the video to be sent via (social media). (R1) stated he sent the videos to several employees including (V11/CNA), (V12/CNA), (V13/LPN/Licensed Practical Nurse), and (V14/LPN)."

R1's updated Care Plan dated 6-4-24 to current documents, "Focus: I am at risk for abuse/neglect/exploitation related to my SMI (Serious Mental Illness) diagnoses of Bipolar Disorder with Psychotic Features, Major Depressive Disorder, and Anxiety. Goal: I will verbalize to staff any instanced of abuse/neglect/exploitation through the next review period. Interventions/Task" Provide care in a manner consistent with training and (facility) policies and procedures as appropriate to responsibilities and job tasks. Provide re-assurance if negative feelings occur. Provide regular opportunity for me to communicate my choices, preferences, needs/wants, related to my care and opportunity for me to express my concerns about care. Report any verbalization of abuse/neglect/exploitation to administrator immediately. Focus: Due to personal report of trauma history, I benefit from trauma informed care. I shared that my three-month-old daughter accidentally suffocated after my ex-wife put her in bed with her after coming home from work near Christmas of 2016. Goal: I will share my trauma related history and the challenges it presents to the degree I am comfortable in order to begin the healing and recovery process through the next

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7	S9999		

review. Interventions/Tasks: Encourage me to participate in group/individual psychotherapy/counseling. Monitor of signs/symptoms of PTSD (Post Traumatic Stress Disorder), document, and notify my IDT (Inter-Disciplinary Team) including therapist as applicable, psychiatrist, and Primary Care Provider. Respect my choices/wishes. Offer care and assistance in a way that promotes re-assurance, comfort, choice, dignity, and safety."

On 1-31-25 at 1:30 PM R1 stated, "Around six months ago (June 2024) V3 (CNA) would bring me in alcohol, gummies, and vapes (electronic cigarettes) in to trade for sex. We would have sex in my room with other residents in the room. (R2) caught us several times. We have had sex almost every time (V3) has worked, over 100 times. I would have to have sex when she wanted to, or she would cut me off from vapes or anything else I wanted. It was a threat over my head. I have not had sex with any other residents here. A couple times I woke up to her giving me h**d. I told her to knock it off and she continued to give me h**d. She would say she is union, and they can't fire her, and the facility would never believe anything she said. I recorded with my phone when she would give me oral sex. I felt like she was the one in power. She initiated the sex the first time and the last time. She would bribe me with home visits and would sign me out. She would meet me at the corner of the building so staff would not see us. I went to her house twice and had sex and sex at a hotel once. We would have normal sex and oral sex. She even told me she was pregnant with my child and had a miscarriage. That caused me severe depression as I have had a child of mine die in the past. I have not spoken to her in the last

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8	S9999		

three days. I have blocked her on all accounts. I lived at an apartment prior to here. The police officer said it was the best thing to do was to go to the hospital for a rape kit. The hospital said it had been over three weeks so there was really no reason to do a rape kit since I have showered, and all the evidence would be gone. She would bring me in alcohol and vapes as a bribe for sex. Once in a while she would bring me in THC (Tetrahydro-Cannabinol) gummies. I am not aware of her having sexual relations with any other residents. I showed some staff the videos because the staff asked me to send them to them. I sent videos to staff on Monday."

On 1-31-25 at 12:55 PM V1 (Administrator) stated, "On Wednesday (R1) reported to me that he felt coerced and raped by (V3). When (R1) reported it on Monday to me, (R1) did not report feeling coerced or raped by (V3). As soon as (R1) reported sex with (V3) as not being consensual, I notified the police and the physician. (R1) was interviewed by the police for three and a half hours. We (the facility) sent (R1) to the hospital to have a rape kit done. A rape kit could not be done since it had been over three weeks since (R1 and V3) had sex. Staff having sex with residents is against company policy and against the employees' union agreement. (V3) had not worked here since January 3, 2025, as (V3) quit after I had suspended her after having reports that (V3) was bringing in CBD (Cannabidiol) gummies to the residents."

On 1-31-25 at 2:10 PM R2 (R1's roommate) stated, "I would hear or see (V3) and (R1) having sex almost every time (V3) worked. I would tell (V3) that it was going to catch up with her and (V3) was going to get fired. I would see (V3) bring in alcohol, vape pens, and weed to (R1). A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9	S9999		

couple times I heard (R1) say he did not want to have sex and (V3) told (R1) if he didn't want to have sex anymore she was not going to bring him in any more alcohol or vapes. It really bothered me that (R1 and V3) would have sex in my room."

On 1-31-25 at 2:20 PM V6 (LPN) stated, "On Saturday night (R1) showed me a video of (V3) performing oral sex on (R1). I was not sure if it was consensual. It is not ethical and against company policy for a staff member to have sex with a resident. (R1) said (V3) had been having sex with him for months."

On 1-31-25 at 2:30 PM V7 (R1's Primary Physician) stated, "(R1) should not be subjected to sex from a staff member. That is unethical and abuse. Staff should not be bringing in drugs or alcohol to the residents."

On 1-31-25 at 4:40 PM V12 (CNA) stated, "Either last Saturday or Sunday (R1) told me (V3) was having sex with (R1) while (V3) was working within the facility. (R1) sent a video on Monday to my (social media) and I saw (V3's) face plain as day, in (R1's) bed, performing oral sex on (R1). That is not okay."

On 1-31-25 at 5:10 PM V14 (CNA) stated, "(R1) told me Sunday night that (V3) was having sex with (R1) in his room with (R1's) roommates in the room. (R1) said for the past six months (V3) would bring him alcohol and THC edibles and have sex with (R1) while (V3) was supposed to be working. (R1) said (V3) had told him she (V3) was pregnant with his child and then told (R1) she had a miscarriage. That was terrible as (R1) has lost a child in the past and was very upset. It is not appropriate for staff to be bringing in drugs and alcohol to the residents or have sex with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000434	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF GALESBURG	1145 FRANK STREET GALESBURG, IL 61401

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 10	S9999		

residents. (R1) sent me a video on my (social media) and the video was (V3's) face and (V3) was giving (R1) a blow**b while in (R1's) bed. There was also a picture of (V3) in the facility's shower room. (V3) had her shirt raised, exposing her breasts to (R1). (V3) was manipulating (R1)."

On 2-1-25 at 12:00 PM V13 (LPN) stated, "(R1) showed me a video on Monday night of (V3) performing oral sex on (R1). It was disgusting. I could see (R1's) face in the video and could tell by the surrounding they (R1 and V3) were in (R1's) bed. (R1) said (V3) would bring (R1) in alcohol and drugs for sex. (R1) said (V3) would have sex with him almost every night she worked. (R1) seemed upset while telling me about it. That is so inappropriate. Staff should never have sex with residents."

On 2-1-25 at 1:00 PM V11 (CNA) stated, "(R1) sent me a video on (social media) of (V3) giving (R1) a blow**b. I could tell it was (V3) on the video. Staff should not have sex with residents."

(A)