

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b> |                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0057281</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                  |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>12/18/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><b>ALLURE OF STERLING</b>    |                                                                                                                                                                                                                                                                                                                                            |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>612 WEST ST MARY'S STREET , STERLING, Illinois, 61081</b> |                                                                                                                          |                                                 |                            |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                               |                                                                         |  | ID<br>PREFIX<br>TAG                                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                 | (X5)<br>COMPLETION<br>DATE |
| S0000                                                        | Initial Comments                                                                                                                                                                                                                                                                                                                           |                                                                         |  | S0000                                                                                                 |                                                                                                                          |                                                 | 12/28/2025                 |
|                                                              | Annual Health Licensure survey.                                                                                                                                                                                                                                                                                                            |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
| S9999                                                        | Final Observations                                                                                                                                                                                                                                                                                                                         |                                                                         |  | S9999                                                                                                 |                                                                                                                          |                                                 | 12/28/2025                 |
|                                                              | Statement of Licensure Violations:                                                                                                                                                                                                                                                                                                         |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
|                                                              | 300.661                                                                                                                                                                                                                                                                                                                                    |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
|                                                              | Section 300.661 Health Care Worker Background Check                                                                                                                                                                                                                                                                                        |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
|                                                              | A facility shall comply with the Health Care Worker<br>Background Check Act and the Health Care Worker<br>Background Check Code.                                                                                                                                                                                                           |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
|                                                              | This requirement was not met as evidenced by:                                                                                                                                                                                                                                                                                              |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
|                                                              | Based on observation, interview and record review the<br>facility failed to ensure all nursing staff had valid<br>nursing license. This applies to all 84 residents<br>residing in the facility.                                                                                                                                           |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
|                                                              | The findings include:                                                                                                                                                                                                                                                                                                                      |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
|                                                              | The facility Centers for Medicare and Medicaid form 671<br>dated 12/16/25 documents 84 residents residing in the<br>facility.                                                                                                                                                                                                              |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
|                                                              | On 12/18/25 at 8:00 AM, this surveyor received an<br>anonymous phone call from a woman indicating while she<br>was visiting the facility on 12/17/25, she overheard<br>staff discussing how V4 Licensed Practical Nurse (LPN)<br>had been working since February with an expired<br>license. She could not provide the names of the staff. |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
|                                                              | On 12/18/25 at 8:30 AM, V14 Human Resources was asked<br>to provide a copy of V4s nursing license. She printed a<br>report from the Illinois Department of Financial and<br>Professional Regulations (IDFPR) showing V4 had not<br>renewed her license, and it expired on 2/28/25.                                                         |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |
|                                                              | On 12/18/25 at 9:00 AM, V4 was working in the facility<br>as the wound nurse. She stated in February she<br>contacted the IDFPR by phone regarding her renewal and<br>was told her license was good until 2027. She was told<br>she did not have to pay for the renewal due to the                                                         |                                                                         |  |                                                                                                       |                                                                                                                          |                                                 |                            |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTIONS   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>0057281 |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                           |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br>12/18/2025 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>ALLURE OF STERLING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>612 WEST ST MARY'S STREET , STERLING, Illinois, 61081 |                                                                                                                          |                                              |                            |
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| S9999                                                  | <p>Continued from page 1<br/>original license being issued just a few months before<br/>in 2024. She could not provide a current license at<br/>this time.</p> <p>On 12/18/25 at 9:15 AM, V1 (Administrator) said when<br/>nursing license come up for renewal the nurses are to<br/>bring in their license. If they do not bring in their<br/>updated license, they are not to be working the floor.<br/>She will need to be sent home immediately.</p> <p>The facility's policy for licensed nurse credentialing<br/>and license verification documents it is the policy of<br/>this facility that all licensed nurses (RN/LPN) have<br/>their credentials and license verified upon initial<br/>employment and biannually thereafter during the term of<br/>employment. 5. If the licensed nurse has not provided<br/>renewal information prior to his/her license's<br/>expiration date, the nurse may not work past midnight of<br/>the expiration date of his/her current license. (C)</p> |                                                                      |  | S9999                                                                                              |                                                                                                                          |                                              |                            |