STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011373	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF STERLING	612 WEST ST MARY'S STREET STERLING, IL 61081

(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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2): 300.610a) 300.690b) 300.690c) 300.1210b) 300.1210d)6) 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. Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011373	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF STERLING	612 WEST ST MARY'S STREET STERLING, IL 61081

(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 incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. 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 care needs of the resident. 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011373	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF STERLING	612 WEST ST MARY'S STREET STERLING, IL 61081

(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 These requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure coffee was served at a safe temperature to a resident and failed to report serious incidents/accidents. This failure resulted in R3 sustaining a full thickness (third degree) burn to her right thigh from hot coffee. The applies to 2 of 18 residents (R3, R62) reviewed for safety in the sample of 18. The findings include: 1. On 08/29/22 at 09:43 AM, V14 Hospice Nurse said R3 has a burn on outer right thigh from coffee she spilt on herself last week. On 08/29/22 at 11:42 AM, V4 Dietary Manager stated, "we had a resident get burned last week with coffee. It was too hot. The resident who got burned was served coffee that was above 155 degrees. We got a new coffee machine at the beginning of the year and now we are recording the temperature before it goes out to the dining room." On 08/30/22 at 11:15 AM, V3 Assistant Director of Nursing (ADON)/ Wound Nurse said R3 has a burn to her right posterior thigh from hot coffee. V3 stated "R3 spilled coffee on herself, it happened on the weekend on 8/20/22. The original wound had blisters on the area touched by the hot liquid, and then it was reddened around the blisters. It measured 19 centimeters (cm) by 15 cm by 0.1 cm. There was fluid filled blisters. The treatment orders were silver sulfadiazine cream with xeroform gauze dressing and gauze wrap in case the blister drained.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011373	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF STERLING	612 WEST ST MARY'S STREET STERLING, IL 61081

(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		

On 08/30/22 at 01:17 PM, V3 exposed R3's right leg. R3 had an undated dressing on her right thigh. The dressing was saturated with yellow fluid and the edges of the dressing were slightly rolled. R3 had a large area of dark redness that appeared wet/raw looking with yellow/cream colored skin pieces flattened to the wound bed surrounded by an area of slightly less reddened skin. There were smaller reddened areas (down from the large area) closer to R3's knee. The blisters appeared to have drained (flattened).

On 08/31/22 at 950 AM, V8 Licensed Practical Nurse (LPN) stated "It happened on a Saturday morning. R3 asked a new Certified Nursing Assistant (CNA) for coffee. The CNA went to kitchen to get it and then handed it to R3. R3 was sitting up in her chair in her room and R3 spilled it in her lap. I was in another room, and I heard hollering out. The CNA came and got me. The CNA was first in the room, and she removed R3's pants and put cool cloths on it. We got R3 in bed and situated with cool cloths. I called the on-call doctor and I let the doctor know it was a pretty large red area. I called the wound doctor and got orders for Silvadene and Vaseline gauze. I left R3 in bed and gave her morphine. It was a big red area. I frequently checked on her, there were no blisters at the time I left on Saturday evening. Sunday morning when I checked on her, there was big fluid filled blisters. R3 would say she was in pain when asked and I would give her morphine. R3 is also on scheduled for Tylenol which helps her. It (the coffee) was obviously too hot if it burned her. I let the aid know to not give coffee that's too hot.

R3's Burn Incident Report dated 8/20/22 shows, "Resident spilled coffee on her lap. Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011373	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF STERLING	612 WEST ST MARY'S STREET STERLING, IL 61081

(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 states "I burned my leg...burn to right posterior thigh.... resident will be monitored when having coffee at meal and other times..." R3's Wound Evaluation and Management Summary dated 8/25/22 shows "burn wound to the right, posterior, lateral thigh full thickness....Wound size 19 cm x 15 cm x 0.1 cm." The facility's Coffee and Drink Cart Check list shows "coffee is to be temped and recorded before each meal...must be 155 degrees or lower before leaving the kitchen" On 08/30/22 at 11:27 AM, V1 Administrator stated "I did not report either incident. I didn't think they needed to be reported. The burn was already healed." On 08/31/22 at 11:08 AM, V1 stated "we follow our policy which says it's serious if they go to hospital and require treatment, we can't do here then we report it. We followed our policy, it's a gray area which boils down to definition of seriousness. It needs to be more specific." V15 Corporate Nurse would not answer whether a full thickness (third degree) burn of that size would be serious. 2. R62's progress notes dated August 19, 2022, shows, "At 0745 (7:45 AM) CNA (Certified Nursing Assistant) alerted this nurse to residents room and advised that resident was possibly choking on his breakfast. As this nurse approached resident was observed to be red in the face with mouth open, unable to take a breath and unable to cough. This nurse walked up behind resident, attempted to speak to resident but resident was unable to respond so this nurse	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011373	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF STERLING	612 WEST ST MARY'S STREET STERLING, IL 61081

(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 sat resident completely upright and forward some in w/c and the Heimlich was then performed 3x's (3 times) prior to pureed food and phlegm became dislodged from throat." R62's progress notes dated August 20, 2022 shows, "received CXR (chest x-ray) result; called provider, result states, "right basilar infiltrate (pneumonia)". per provider start Z-pak (antibiotic)..." On August 30, 2022 at 11:27 AM, V1 Administrator stated, she did not report the incident to IDPH (Illinois Department of Public Health) because "nothing happened because of his choking." IDPH was not notified of R62's choking incident. The facility's accidents and incidents-investigating and reporting policy (no date) shows, "Policy: The incident/accident report is completed for all unexplained bruises or abrasions, all accidents or incidents where there is injury or the potential to result in injury, allegations of theft and abuse registered by residents, visitors, other, and resident to resident physical altercations. A. Procedure: An "incident" is defined as any happening not consistent with the routine operation of the facility, even out of the ordinary that does not result in bodily or property damage... An "accident" is defined as any happening, unexpected, unintended event not consistent with the routine operation of the facility that can result in bodily injury other than abuse... ...3. The Administrator, Director of Nursing, Assistant Director of Nursing, or Nursing Supervisor must notify the following if a serious injury occurs: a. The Illinois Department of Public Health, by fax, as soon as possible within	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011373	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF STERLING	612 WEST ST MARY'S STREET STERLING, IL 61081

(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 twenty-four (24) hours of the occurrence. On weekends and holidays, the Long Term Care Complaint Hotline phone number may be used if absolutely necessary. I. A narrative follow up summary of the incident is to be sent to the Illinois Department of Public Health within (5) working days..." (B) Statement of Licensure Violations (2 of 2): 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011373	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF STERLING	612 WEST ST MARY'S STREET STERLING, IL 61081

(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 www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to submit background checks, check the Illinois Department of Corrections (IDOC) website, and check the Illinois State (ISP) website within 24 hours of admission. This has the potential to affect all 77 residents that reside at the facility. This applies to 2 of 10 residents (R327, R328) reviewed for background checks. The findings include: The facility CMS 672 dated 8/29/2022 shows there are 77 residents in the facility. On 8/30/2022 the Electronic Medical Record (EMR) showed the admission date for R327 was 8/2/2022. The Illinois State Police (ISP) check, and the Illinois Department of corrections (IDOC) check was submitted on 8/8/2022. On 8/30/2022 the EMR showed an admission date for R328 was 8/3/2022. The Illinois State Police (ISP) check, and the Illinois Department of corrections (IDOC) check was submitted on 8/8/2022. On 8/30/2022 at 12:14PM V18 Director of Social Services said background checks for residents should be completed within 24 hours of admission. V18 said she may have missed R327's and R328's background checks for ISP and IDOC.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011373	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLURE OF STERLING	612 WEST ST MARY'S STREET STERLING, IL 61081

(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 The facility's Identified Offender policy, not dated, states ". . . Conduct a Criminal History Background Check: Within 24 hours of admission . . ." (C)	S9999		