Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6006233 12/08/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALLURE OF THE QUAD CITIES

833 SIXTEENTH AVENUE

	MOLINE,	L 61265		
(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) COMPLETI DATE
S 000	Initial Comments	S 000		
	Annual Licensure Survey			
S99 9 9	Final Observations	S9999		
	Statement of Licensure Violations:			
	300.610a) 300.1210b) 300.1210d)1) 300.1210d)3) 300.3240a)			
	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		Attachment A Statement of Licensure Violations	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

GGP011

PRINTED: 02/08/2024 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ **B. WING** IL6006233 12/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE **ALLURE OF THE QUAD CITIES MOLINE, IL 61265** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE DATE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 Continued From page 1 59999 resident to meet the total nursing and personal care needs of the resident. 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: Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure physician ordered pain medications were available at time of admission for a resident experiencing pain for one of one resident (R145) reviewed for pain in

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Findings include:

the sample of 48. R145 was admitted to the facility on 12/01/23 with a fractured sacrum, and remained in constant, severe pain for nearly 40 hours before the first dose of her pain medication

was administered on 12/03/23.

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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 On 12/06/23, V2 (Director of Nursing) provided a copy of (contracted pharmacy's) undated policy titled 'New Admission Policy & Procedure' and stated this policy is utilized by the facility in collaboration with (contracted pharmacy). This			S (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S COMPL		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE MOLINE, IL 61265 (X4) ID PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 On 12/06/23, V2 (Director of Nursing) provided a copy of (contracted pharmacy's) undated policy titled 'New Admission Policy & Procedure' and stated this policy is utilized by the facility in collaboration with (contracted pharmacy). This			IL.6006233	B. WING		12/08/20		
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same policy documents the following: "Process to provide medications prior to the next scheduled delivery: Review contents of the aforementioned boxes (E box or C box) that are on-site at the facility and with the nurse, confirm needed medications are available. If not, medications will either be: sent STAT (immediately) from the pharmacy or called into a local pharmacy and a courier scheduled by pharmacy will pick up the medication and deliver to the facility. If there is a control necessary and we do not have the medication or we cannot for legal reasons transfer the control medication, the pharmacist will contact the facility nurse to ask the prescriber to change the order to a medication or strength of medication that is available. Facility staff is notified to contact pharmacy iffwhen sending an admission after the facility 'cut-off' time to assure the medications will be sent in a timely manner." R145's current electronic medical record documents that R145 was admitted to the facility on the evening of 12/01/23 with the following diagnoses: Fracture of Sacrum; Anxiety Disorder; Arthritis; Sciatica; Age-related Osteoporosis; Spinal Stenosis. R145's Physician's Order Sheet, (dated 12/01/23-12/31/23), documents the following medication order (date of order 12/01/23): Codeine Sulfate Oral Tablet 30 milligrams give 0.5 tablet by mouth every 8 hours as needed for moderate to severe pain.	copy of (contracted titled 'New Admission stated this policy collaboration with same policy document provide medication delivery: Review of boxes (E box or of facility and with the medications are a either be: sent ST pharmacy or called courier scheduled medication and docontrol necessary medication or we transfer the control medication or we transfer the control medication that is notified to contact admission after the medications of the evening of diagnoses: Fraction Arthritis; Sciatica; Spinal Stenosis. R145's Physician 12/01/23-12/31/2 medication order Codeine Sulfate (0.5 tablet by mou	copy of (cortitled 'New Astated this policy provide medications either be: sepharmacy of courier schemedication etransfer the will contact to change the medication at the medication at the medication of the even diagnoses: R145's curredocuments on the even diagnoses: Arthritis; Sci Spinal Stender Su 0.5 tablet by	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 On 12/06/23, V2 (Director of Nursing) provided a copy of (contracted pharmacy's) undated policy titled 'New Admission Policy & Procedure' and stated this policy is utilized by the facility in collaboration with (contracted pharmacy). This same policy documents the following: "Process to provide medications prior to the next scheduled delivery: Review contents of the aforementioned boxes (E box or C box) that are on-site at the facility and with the nurse, confirm needed medications are available. If not, medications will either be: sent STAT (immediately) from the pharmacy or called into a local pharmacy and a courier scheduled by pharmacy will pick up the medication and deliver to the facility. If there is a control necessary and we do not have the medication or we cannot for legal reasons transfer the control medication, the pharmacist will contact the facility nurse to ask the prescriber to change the order to a medication or strength of medication that is available. Facility staff is notified to contact pharmacy if/when sending an admission after the facility 'cut-off' time to assure the medications will be sent in a timely manner." R145's current electronic medical record documents that R145 was admitted to the facility on the evening of 12/01/23 with the following diagnoses: Fracture of Sacrum; Anxiety Disorder; Arthritis; Sciatica; Age-related Osteoporosis; Spinal Stenosis. R145's Physician's Order Sheet, (dated 12/01/23-12/31/23), documents the following medication order (date of order 12/01/23): Codeine Sulfate Oral Tablet 30 milligrams give					

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		IDENTIFICATION NUMBER:		E CONSTRUCTION	COMPI		
		IL6006233	B. WING		12/08/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADD			ORESS CITY S	TATE ZIP CODE			
833 SIXTEENTH AVENUE							
ALLURE	OF THE QUAD CITIE	S MOLINE, I		-			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		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			-	
	documents, "(R145 PM. PRN (as need	Form (dated 12/04/23)) admitted 12/01/23 at 06:00 ed) pain medication not ded until Sunday (12/03/23)					
	in bed with V9, (R1- R145 remained still isn't as severe if sh much. R145 stated	50 PM, R145 was lying supine 45's daughter) at her bedside. I in bed and explained her pain e doesn't move around too she was just admitted to the ay on 12/01/23, "I arrived					
	around dinner time waiting to speak wir some concerns reg admission. R145 s	" V9 then stated she was th management staff about larding her mother's recent stated she currently has a fter a recent fall and came to					
	the facility to receiv R145 then stated, " get any pain medic was two days, and	e therapy and pain control. When I arrived here, I didn't ine for a long time. I believe it my pain was constant and in't sleep. I couldn't get	*				
	have never experie stated, "My mom di for nearly two days for her at the hospi	n't hungry. It was horrible. I inced pain like this." V9 then idn't get her pain medication . This medication was ordered tal before she arrived here.					
	here and see her a	nction. It was upsetting to sit s miserable as she was. No go that long without anything n."					
	PM, documents the the facility via whee driver and family m orientated at this tir gets increased con tendency to want to	ote, dated 12/1/23 at 06:46 of following: "Resident arrived to elchair van accompanied by embers. She is alert and me, and it is reported that she fusion at night and has a bownder at night. She had a actured her lower back to the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		IL6006233	B. WING12/0		8/2023			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ALLURE OF THE QUAD CITIES 833 SIXTEENTH AVENUE MOLINE, IL 61265								
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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 9999	Continued From page 4		S9999					
		tes her back pain at a level 8 evel 3 at the lowest with						
	at the highest and level 3 at the lowest with analgesia." R145's Progress Note, (dated 12/02/23 and timed 10:31 AM), documents the following: "Per pharmacy 15 milligram codeine tablets are not in stock and will not be until Monday 12/04/23. The pharmacy does have 30 milligram tablets in stock. Communication with (V10, R145's Physician) resulted in new order for codeine sulfate 30 mg tablets, 1/2 tablet by mouth every 6 hours PRN (as needed) for moderate to severe pain (5-10). Script faxed to (V10) for completion and signature. Communicated new order with pharmacy and expected delivery of signed prescription from (V10) later today which will be forwarded to them upon receipt." R145's Progress Note, (dated 12/02/23 and timed 11:07 AM), documents the following: Received signed script from (V10, R145's Physician) and faxed to (contracted pharmacy). R145's Progress Note, (dated 12/02/23 and timed 01:32 PM), documents the following: Contacted (contracted pharmacy) to verify their receipt of resident's prescription. Representative verified receipt and stated that medication would be dispense from the pharmacy and delivered with tonight shipment. Undated statement written by V11 (contracted pharmacy Chief Operating Officer) documents							
	the following regard medication prescrit of stock), we called	perating Officer) documents ding R1's admission, "The ped on 12/01/23 was OOS (out I and informed nurse that we er for either a different pain						
	med or to change t	o 30 milligram (take 1/2 tab), 12/02/23 late morning, and the						

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PRINTED: 02/08/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6006233 12/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE **ALLURE OF THE QUAD CITIES MOLINE, IL 61265 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 5 S9999 med went out on the evening run (12/02/23)." R145's Medication Administration Record, (dated 12/01/23 - 12/31/23), documents R145's first dose of Codeine was not administered until 12/03/23 at 08:51 AM. This same record documents R145 reported a pain level as high as 9 (severe pain) on a 1-10 pain scale. R145's Clinical Admission Evaluation Form. (dated 12/01/23), documents the following: R145 had vocal complaints of, "throbbing pain to lower back," and was rating the pain 8/10 on 12/01/23 at 07:43 PM. R145's Skilled Evaluation, (dated 12/02/23), documents the following: On 12/02/23 at 01:12 PM, R145 was verbalizing constant pain in her sacral area rating 7/10. On 12/06/23 at 11:00 AM, V1 (Administrator in Training) confirmed that R145 was admitted to the facility on the evening of 12/01/23 and did not receive the first dose of the Codeine pain medication that was ordered for nearly 40 hours after arriving to the facility. V1 stated, "(R145) should not have gone that long without her pain medication, especially with a fracture in her sacrum. I am sure that has to be very painful. We do not keep Codeine in the emergency backup medication box, so (V10 R145's Physician) should have been notified as soon as (R145) arrived. We can do better than this. What if something like this occurred with one of my family

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sitting in pain for nearly two days."

members? I would never want my grandmother

(B)