

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2024
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NAME OF PROVIDER OR SUPPLIER ALLURE OF MOLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 430 SOUTH 30TH AVENUE EAST MOLINE, IL 61244
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(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 Facility Reported Incident of March 28, 2024 IL172123	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.3240 a) 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 300.3240 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) These requirements are not met as evidenced by: Based on record review and interview, the facility failed to ensure resident funds were not misappropriated from resident account for one resident (R1) of three residents reviewed for resident funds. The facility failed to protect R1, a	S9999		

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

TITLE

(X6) DATE
05/08/24

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S9999	<p>Continued From page 1</p> <p>resident with diagnoses of bipolar disorder and autistic disorder, from theft and exploitation when V5 opened an account in R1's name and withdrew \$11,900.00. This failure would result in a reasonable person experiencing anger and anxiety from having a large sum of money removed from their account without their consent.</p> <p>FINDINGS INCLUDE:</p> <p>Facility policy, entitled "Abuse, Neglect, and Exploitation", dated 2023, document, "Misappropriation of Resident Property." means that deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent."</p> <p>R1's Electronic Medical Record document R1's diagnosis to include: Bipolar II Disorder, Epilepsy, Diabetes Mellitus Type II, Autistic Disorder, Unspecified Fall, Dysphagia, Suicidal Ideation, Intermittent Explosive Disorder, Gastro-Esophageal Reflux Disorder, Cleft Palate, and Obstructive Sleep Apnea; and R1's Quarterly Minimum Data Set, dated 3/28/24, document R1's Brief Interview for Mental Status as 15/15, which indicates R1 is cognitively intact.</p> <p>The facility's final report, submitted to the State Agency on 4/3/2024, documents: "Investigation ongoing, Family is not willing to cooperate with staff on investigation progress, however, police report was filed. Previous BOM [V5/Former Business Office Manager] helped resident set up an ABLE (Achieving a Better Life Experience) account debit card, and per the resident and family, [V5] had access to the account; and information, from [Bank] document the following amounts were transferred from R1's ABLE</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>account to V5's [personal electronic money account]: "3/4/24-1K [\$1000.00]/1K/1K/1K; 3/5/24-2K, 3K; 4/1/24-\$100/100/200/500/500/1500". All totaled \$11,900.00.</p> <p>On 4/25/24, a written statement, provided by V1/Administrator-in-Training, documents, "Thursday 3/7/24, [V5] exited her office, across from mine, kind of looked at me sadly. I asked if she was OK, she stated "Yes, I am just not feeling too well and am going to leave a little early to get some cold meds and go home." She did not return to work the next day. Made several attempts to reach out without success. -3/11/24, [R1] let us know he was expecting a new debit card. -3/28/24 [R1's] father came to the facility to see me, I was at a conference, so he left and filed a police report because he received a statement from his son's account that only reflected a small amount of money, rather than the almost \$12,000.00 that was supposed to be in there. This was reported to [State Agency] 3-28-2024."</p> <p>On 4/25/24, at 1:25 p.m., V4/Regional Nurse confirmed V5 should not have taken R1's funds and V5's employment was terminated.</p> <p>(B)</p>	S9999		