STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **0057786**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/19/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allure Of The Quad Cities	**833 SIXTEENTH AVENUE , MOLINE, Illinois, 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) COMPLETION DATE
S0000	Initial Comments Investigation of Facility Reported Incident of 8/21/25, 2606986	S0000		10/13/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 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 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 care needs of the resident. c) Each direct care-giving staff shall review and be	S9999		09/19/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following 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. These requirements are not met as evidenced by: Based on observation, interview and record review the facility failed to ensure a resident was transferred in a safe manner for 1 of 3 residents (R1) reviewed for safety in the sample of 3. This failure resulted in R1 sustaining a fractured right ankle. This past non-compliance occurred from 8/21/25 to 8/29/25. The findings include: R1's admission record shows she was admitted to the facility on 3/9/25 with multiple diagnoses including muscle weakness. The 9/4/25 quarterly facility assessment shows R1 to have severe cognitive impairment. The same assessment showed impaired functional abilities to both lower extremities and requires a wheelchair for mobility. She was dependent on 2 or more staff for transfers to and from the chair/bed. The assessment defines dependent as the helper does all of the effort. The resident does none of the effort to complete the activity. R1's progress notes of 8/22/25 at 1:29 PM, documents the nurse was notified of the resident's right ankle being swollen and bruised. The notes show hospice was notified on 8/21/25 and was prescribed an antibiotic for cellulitis due to ankle being warm to touch and red. Upon assessing resident ankle, it had localized swelling and bruising to the right foot/ankle. Hospice notified again and stated they would order an x-ray. The 8/24/25 x-ray report documents a fracture involving the lateral and medial malleoli with mild displacement. The joint alignment is maintained. There is associated soft tissue swelling. The conclusion of the report shows acute ankle fractures. On 9/19/25 at 12:45 PM, V5 Certified Nursing Assistant (CNA) said R1 requires a mechanical lift, she cannot stand. She said there is always 2 staff when using the	S9999		

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S9999	Continued from page 2 lift, one is needed to help guide the resident, or just in case anything goes wrong. And the other person operates the lift. V5 said R1 cannot get up on her own. Sometimes she will get a little anxious and move around in her bed, but that is all. On 9/19/25 at 9:17 AM, R1 was sitting up in a geriatric chair. Her right foot was wrapped with an elastic bandage and a support boot. Her eyes were closed and had no sign of discomfort. On 9/19/25 at 1:40 PM, V1 Administrator in training stated it was reported to her R1 had an acute ankle fracture of unknown origin. She stated there had been no fall or incident reported related to R1 to explain the fracture. V1 stated during her investigation she discovered V6 CNA was working on 8/20/25 on R1's hallway and already had been suspended due to an inappropriate transfer using the stand lift. She said while V6 was on suspension, this incident arose, and she called V6 to question her about R1 and her transfers. V1 said R1 should be transferred with 2 staff using the mechanical lift, and V6 reported she transferred R1 by standing her up by herself and attempted to pivot her into bed. V1 said that is when she concluded V6 had caused the fracture to R1s ankle. V1 said V6 reported to her she did not ask anyone for assistance; she took it upon herself to transfer the resident independently. She should have used the mechanical lift and asked for help. V1 said she interviewed the staff on duty with V6 and none assisted her with any transfers, and she had not asked for help. V1 said V6 was immediately terminated. The facility's undated policy for safe resident handling/transfers documents it is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. 3. Mechanical lifting equipment or other approved transferring aids will be used based on the residents needs to prevent manual lifting except in medical emergencies. 13. Staff members are expected to maintain compliance with safe handling/transfer practices. Prior to the survey date of 9/19/25, the facility had taken the following actions to correct the noncompliance: 1. Corrective action for residents identified in the deficiency. A. The CNA that transferred the resident	S9999		

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S9999	Continued from page 3 improperly is no longer a certified nurse's assistant at the facility. B. Hospice ordered a portable x-ray on 8/22/25, it was done the same day. The results were shared on 8/24/25 and showed a fracture of the right lateral and medial malleoli with mild displacement. Her ankle was immobilized and elevated per orders and medications given per orders. 2. Identifying other residents with potential for being affected and corrective action. Any resident that needs transfer assistance have the potential to be affected, but no others were identified at the time. 3. Systemic changes to reasonably assure deficiency does not recur. A. In-service was conducted by the administrator with nursing staff on 8/28/25 which included the facilities policy and procedure for safe resident handling/transfer. 4. The DON or designee will conduct QA (Quality Assurance) study to determine 1) does the resident need assistance with transferring, and 2) was the resident transferred safely and per the care plan. The QA study will be completed 5 days a week for 2 weeks, twice weekly for 2 months and weekly for 1 month. Audit results will be forwarded to the facility quarterly QAPI committee for review. (A)	S9999		