

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057638		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/13/2026	
NAME OF PROVIDER OR SUPPLIER ALLURE OF PINECREST				STREET ADDRESS, CITY, STATE, ZIP CODE 414 SOUTH WESLEY AVENUE , MOUNT MORRIS, Illinois, 61054			
(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			S0000			04/29/2026
	Complaint Investigation: 2614066/2973426						
S9999	Final Observations			S9999			04/29/2026
	Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)						
	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 300.1010 Medical Care Policies						
	h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.						
	Section 300.1210 General Requirements for Nursing						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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S9999	Continued from page 1 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: 2) All treatments and procedures shall be administered as ordered by the physician. 3) 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. These Regulations are not met as evidenced by: Based on observation, interview, and record review the facility failed to monitor a urinary catheter gastrostomy tube (g-tube) placement, failed to have policies in place for the care of a urinary catheter g-tube, and failed to have policies in place for replacing a urinary catheter g-tube for 1 of 2 residents (R1) reviewed for gastrostomy tubes in the sample of 4. The facility also failed to provide documentation showing staff was qualified to replace a gastrostomy tube (g-tube) per standards of practice practice for 1 of 4 residents (R1) reviewed for staff qualifications in the sample of 4. This failure resulted in R1's being hospitalized due to her gastrostomy tube advancing into her small intestine causing a partial small bowel obstruction and pancreatitis. Findings Include: 1. On 4/13/26 at 10:10 AM, V10 (R1's Physician) said the g-tube should be in the stomach not the jejunum (middle section of the small intestine). R1's g-tube advancing into the jejunum could cause a blockage of the bile duct which in turn could lead to pancreatitis. V10 said he did not recall speaking to staff about changing out R1's urinary catheter g-tube. V10 said that is something that is typically done in the emergency room by a doctor. V10 said			S9999			04/29/2026

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S9999	Continued from page 2 he would have had the resident sent out to have the procedure done. V10 said on an emergent basis (the tube came out) a nurse might place the g-tube back but then the resident would still be sent out to the emergency room to make sure the tube was correctly placed. V10 said there would be complications if the g-tube is not in the correct place. On 4/13/26 at 12:10 PM, V1 (Administrator) said she did not know if V2 had any certification or training on changing a urinary catheter g-tube and to ask V2 directly. On 4/13/26 at 12:16 PM, V2 (Director of Nursing/DON) said she was not sure what prompted R1's urinary catheter g-tube to be changed, the nurse approached her and said the family wanted her to change it. V2 said it was a routine procedure, a standing order, and she didn't speak with V10 (R1's Physician). V2 said she replaced R1's 16 French with a 20 French urinary catheter because R1's stoma had stretched and the 20 French and the feeding would go in easier. V2 said she didn't speak with V10 regarding the use of the 20 French versus the 16 French either. V2 said the procedure was not something that was normally done at this facility. V2 said she had experience from a previous facility. V2 said she had no certification, just hands on training from her previous employer. V2 said there was not a policy or procedure at this facility for changing the g-tube. On 4/13/26 at 12:57 PM, V2 said she spoke with her previous employer, and they were not able to provide any certifications or competencies regarding urinary catheter g-tube replacements for her. R1's Hospital Discharge Summary dated 3/15/26 shows "(R1) with a history of major Cerebral Vascular Attack resulting in right sided hemiparesis and aphasia was admitted from long term skilled nursing facility for a leaking g-tube, fever, and an episode of vomiting. Son who is Power of Attorney is at bedside and states that the facility changed out (R1's) g-tube and the placed a 20 French urinary catheter. The son states it had been leaking since that time. On evaluation (R1's) g-tube was found to be displaced into the proximal jejunum. Labs were significant for an elevated lipase, consistent with pancreatitis. A cat scan (computed axial tomography) of the abdomen confirmed the placement of the g-tube position. Gastroenterology was consulted and successfully replaced the g-tube. The patient was treated with intravenous fluids and medications for pancreatitis. Procedure Note: Standard g-tube,			S9999			04/29/2026

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S9999	Continued from page 3 20 French with outside stopper- The balloon of the old g-tube was deflated (it was a urinary catheter placed through the gastrostomy stoma). It was noticed that urinary catheter use as the g-tube had migrated into the jejunum. Only the tip of the urinary catheter was showing at the skin site. Last it was causing partial bowel obstruction and substantial leakage from the stoma site." The facility's Care and Treatment of Feeding Tubes dated 12/1/25 shows "Only tubes designed or intended for enteral feeding will be utilized, except under extenuating circumstances and for the shortest time possible. Directions for staff regarding the conditions and circumstances under which a tube is to be changed will be provided: When to replace and/or change a feeding tube (generally as ordered/scheduled by the physician, when a long-term feeding tube comes out unexpectedly, or when the tube is worn or clogged). The importance of, and frequency of, inspecting the feeding tube and infusion plug to identify splits or crack that could produce leakage. Instance when a tube can be replaced within the facility and by whom. Instances when a tube must be replaced in another setting (e.g. hospital)." On 4/9/26 at 10:09 AM, V13 (R1's son) said after R1's g-tube was replaced, the tube was leaking. The only part of the tube sticking out of R1 was the nipple on the end. V9 and V2 were at the bedside looking at R1's g-tube. V2 asked him if he did this, which he told her no. Shortly after R1 was sent to the emergency room. V13 said R1 was exhibiting pain and the tube feeding was leaking all over. On 4/9/26 at 12:22 PM, R1 was sitting in a wheelchair at the nurses' station with her gastrostomy tube connected to a feeding pump running at 65 cc/hr. V4 (Licensed Practical Nurse/LPN) showed this surveyor R1's gastrostomy (g-tube) site. V4 said R1's g-tube was put in at R1's last hospital stay. R1's g-tube extended out from R1's abdomen with a small circular disc around the entrance site and was connected to tubing leading to the feeding pump. R1's abdominal area around the g-tube site had a small amount of dried tube feeding. On 4/9/26 at 2:08 PM, V2 (Director of Nursing/DON) said R1 admitted to the facility with a surgically			S9999			04/29/2026

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S9999	Continued from page 4 placed g-tube. V2 said R1 pulled her g-tube out and was sent to the local emergency room. V2 said there was no surgical team available to put a new g-tube in at the time, so the emergency room inserted a urinary catheter tubing to be used as a gastrostomy tube and sent R1 back to the facility. V2 said R1's discharge orders showed to schedule surgical g-tube placement with the gastrointestinal surgeon within 1-2 weeks. V2 said the family requested to wait for a video swallow test to be done before having the surgical g-tube placed in hopes that R1 would not need a g-tube. V2 said R1's husband requested that R1's temporary urinary catheter g-tube be changed and because she had experience, she changed the catheter. V2 said when she changed the catheter tubing, she did not mark or measure the tubing where it entered R1's abdomen, but she recalled approximately 12 inches or so of tubing extending out of R1's abdomen. V2 said to check that the tube is in the correct place in the stomach, gastric content is aspirated. V2 said staff monitor placement by checking gastric content before administering medication, water flushes, or feeding. V2 said staff does not monitor tube placement by checking for the markings on the tubing or measuring the tubing. V2 said the day after she replaced R1's g-tube, staff reported that the tube was leaking, and she assessed R1's g-tube. V2 said R1's g-tube seemed ok to her. V2 said the next day (2 days after replacement) V9 (LPN) called her and said R1's tube was leaking to the point of soaking the bed. V2 said she told V9 to send R1 to the emergency room, that much leaking was not right. V2 said she did not assess R1's g-tube at that time, she didn't want to mess with it anymore. V2 said she read on R1's hospital paperwork that the g-tube had migrated to R1's jejunum (middle section of the small intestine). V2 said after R1 had been admitted to the hospital, V9 reported to her that R1's g-tube had been pushed all the way in, there was no visible tubing on the outside, except the end. R1's Hospital Discharge Instruction dated 2/1/26 shows "Patient's percutaneous endoscopic gastrostomy tube was replaced with a 16 French coude foley catheter. This can be used for tube feeds and medications. Please be gentle when administering medications. Patient will need to follow up with general surgery in the next 1-2 weeks for replacement of the feeding tube with a longer-term g-tube endoscopically. How to care for the tube site: Check the number on the tube (guide mark) where it meets the skin. It should not change. If it does the feeding tube might be coming out. Use tape or an anchoring device to hold the loose end of the tube against the skin. This helps keep the tube			S9999			04/29/2026

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S9999	Continued from page 5 from getting pulled on." R1's Physician Orders shows "check tube placement before initiation of formula, medication administration, and flushing tube." These same orders do not contain orders to check external tube measurements of R1's g-tube. On 4/13/26 at 9:35 AM, V9 (LPN) said she took care of R1 the day R1 was sent out to the hospital for her leaking g-tube. V9 said that day was the first time she had ever seen a urinary catheter used as a g-tube before. V9 said she was not given any education or training regarding the use of this type of g-tube. V9 said the night nurse just told her it was a 16 French urinary catheter with a 10 milliliter balloon. V9 said when she assessed R1 at the beginning of her shift (6:00 AM) she noted the catheter was flush against R1's stomach and there was feeding all over R1's stomach and bed. V9 said she called V2 who came and looked at the tube and said it was not supposed to look like that. V9 said she called to send R1 out to the hospital. V9 said there was no tape or anchoring device that she recalled. V9 said she checks g-tube placement by aspirating stomach contents. On 4/13/26 at 11:30 AM, V11 (LPN) said she doesn't have experience with urinary catheter tubes being used as g-tubes and would check placement by aspirating gastric content. V11 said she was not sure how to tell if the tube had moved in or out of the body. V11 said she had not been educated on that type of g-tube. On 4/13/26 at 11:42 AM, V7 (LPN) said she had not had any education on R1's g-tube and checked placement by listening to the stomach. V7 said R1's was the first type of that g-tube she had encountered. V7 said there were no markings on R1's g-tube external tubing that she could recall. R1's Progress Notes dated 3/6/26 at 12:00 PM shows "Resident g-tube continuously leaking, with the majority of tube feeding coming out around stoma. This nurse attempted to reinflate the balloon with 5 ml (milliliters) more of normal saline however the stoma continues to leak an excessive amount of fluids. Received order to send to emergency room." R1's Progress Notes dated 3/6/26 at 6:04 PM shows "Resident admitted to local hospital with diagnosis of pancreatitis." R1's Care Plan dated 1/9/26 shows "the resident requires tube feeding related to dysphagia." This			S9999			04/29/2026

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S9999	Continued from page 6 same Care Plan shows on "2/6/26 sent to emergency room for g-tube malfunction," but no interventions for care were updated reflecting the urinary catheter used as a g-tube. The facility's Appropriate use of Feeding Tubes Policy dated 12/1/25 shows "Feeding tubes (nasogastric, gastrostomy, jejunostomy, coude urinary catheter) will be utilized in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible." On 4/13/26 at 1:07 PM, V1 said the facility did not have any other policies specific to urinary catheter g-tubes or policies regarding urinary catheter g-tube replacement. (A)			S9999			04/29/2026