

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056697		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/15/2026	
NAME OF PROVIDER OR SUPPLIER ALLURE OF GALESBURG				STREET ADDRESS, CITY, STATE, ZIP CODE 1145 FRANK STREET , GALESBURG, Illinois, 61401			
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S0000	Initial Comments Investigation of Facility Reported Incident of 3/1/26/2798001 Complaint Investigation #2624408/2980711		S0000			04/30/2026	
S9999	Final Observations Statement of Licensure Violations: 300.1630 b) 300.1630 e) 300.1810g) Section 300.1630 Administration of Medication: b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to ensure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility. e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report. Section 300.1810 Resident Record Requirements g) A medication administration record shall be maintained, which contains the date and time each medication is given, name of drug, dosage, and by whom administered.		S9999			04/30/2026	

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 These requirements were not met as evidenced by: Based on interview and record review, the facility failed to provide significant medications for High Blood Pressure, Depression, Anxiety, High Cholesterol, and Bipolar Schizoaffective Disorder for one (R3) of three residents reviewed for medications in a sample of seven. These failures resulted in R3 having an increase in blood pressure of 198/101 where he was dizzy and had headaches, and an increase in his anxiety which resulted in R3 getting an increase in his dosage of Hydroxyzine from twice a day to three times a day for his anxiety. Findings include: Facility "Therapeutic Leave" policy, copyright 2025, documents "The facility will coordinate with the resident and/or representative the length of time the resident will be gone to ensure the adequate amounts and appropriate medications is ready for administration while on the leave." R3's electronic health record documents the following medical diagnoses: Schizoaffective disorder Bipolar type; suicidal ideations; major Depressive disorder, recurrent; essential (Primary) Hypertension (high blood pressure); mixed Hyperlipidemia (elevated cholesterol); restlessness and agitation; and anxiety disorder. R3's medical record documents R3's current medication orders for April 2026 documents R3 takes the following: Amlodipine 5mg/Benazepril 10mg given once a day at 7am related to Essential (Primary) Hypertension (high blood pressure) hold for b/p less than 100, with an order date of 1/10/26 and to give at 7AM; Cariprazine HCl Oral Capsule 3 MG Give 1 capsule by mouth one time a day related to Schizoaffective Disorder, Bipolar with an order date of 1/22/26 and to give at 7am; Fenofibrate Oral Tablet 160 MG give 1 tablet by mouth one time a day related to mixed Hyperlipidemia (high cholesterol) with an order date of 1/12/2026 and to give at 7am ; Wellbutrin XL Oral Tablet Extended Release 24 Hour 150 MG give 1 tablet by mouth one time a day related to major depressive disorder, recurrent with an order date of 2/13/2026 and to give at 7am; Hydroxyzine HCl Oral Tablet 50 MG give 1 tablet by mouth two times a day related to anxiety disorder with an order date of 3/30/26 and to give at 7AM which was discontinued on 4/7/26; and was increased to Hydroxyzine HCl Oral Tablet 50 MG give 1 tablet by mouth three times a day related to anxiety disorder with an order date of 4/7/26 and to			S9999			04/30/2026

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S9999	Continued from page 2 give at 7am, 12pm, and 5pm. R3's electronic and paper medical record has no documentation R3 was sent with all his medications for his therapeutic leave. R3's electronic medical record documents on 4/7/26 documents R2 asked his nurse to have his Hydroxyzine (anxiety medication) 50mg/milligrams increased from BID/twice a day to TID/three times a day. This record documents R3 got the extra dose on 4/7/26 at 12pm for anxiety. R3's medical record documents R3's blood pressure/b/p on the day he left (4/3/26) at 8:36AM his b/p was 126/84. Upon R3's return to the nursing home on 4/6/26, his b/p on 4/6/26 at 8:33 AM was 198/101. R3's medical record census sheet documents R3 was on therapeutic leave from 4/3/26 (Friday) until 4/6/26 (Monday) when his census was marked "active" (meaning back in the building from leave). R3's Medical Record nurses note, dated 4/4/26 at 5:30am by V8 LPN documents "Resident. called and stated "he did not get his morning meds this am and they were not packed for the home visit for the rest of the week." Nurse told him he could come back and I could check them for him and that I was sorry that happened". Resident stated "he will try to stay the home visit but if he has problems he will go to the ER." Nurse stated "ok" and notified the Administrator of this." R3's "Medication Regimen Review Nursing Staff Recommendation," dated 4/14/26, documents the following: "Residents medications were reviewed per regional nurse request after resident missed morning medications on hoe visit. It appears resident left on 4/3 and returned on 4/6/26. Of note, B/P (blood pressure) was elevated on return from home visit. Resident also voiced increased depression and anxiety upon return from visit. Amlodipine 5mg/Benazepril 10mg given once a day at 7am related to Essential (Primary) Hypertension (high blood pressure) hold for b/p less than 100. Residents b/p was elevated upon return from home visit which could have been secondary to missing this medication. The antihypertensive effect of Amlodipine is at least 24 hours. The half life of Benazapril is lower at 10 to 11 hours and therefore could lead to an increase in b/p if missed for two days. Cariprazine HCl Oral Capsule 3 MG Give 1 capsule by mouth one time a day related to Schizoaffective Disorder, Bipolar half life is two to	S9999				04/30/2026	

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S9999	Continued from page 3 four days.Fenofibrate Oral Tablet 160 MG give 1 tablet by mouth one time a day related to mixed Hyperlipidemia (high cholesterol) half life is 20 hours. Wellbutrin XL Oral Tablet Extended Release 24 Hour 150 MG give 1 tablet by mouth one time a day related to major depressive disorder it is not recommended to abruptly discontinue Bupropion/Wellbutrin therapy, and the half life is also approximately 21 hours after chronic dosing. Hydroxyzine HCl Oral Tablet 50 MG give 1 tablet by mouth three times a day related to anxiety disorder. Increased on 4/7/26; residents orders was for 50mg twice daily when gone for home visit. Hydroxyzine has a half life of approximately 20 hours in adults. It is possible to experience rebound anxiety if abruptly stopping." R3's current care plan has no documentation that R3 has a history of false allegations or not being truthful. R3's MDS/minimum data set, dated 1/23/2026, documents R3 is cognitively intact. On 4/13/2026 at 11:42 AM, R3 was in his room, dressed, shoes on, and sitting on the edge of his bed. R3 stated on the morning of 4/4/26 he called the facility to let them know he did not receive any morning medications for the weekend. At that time, R3 provided white envelop medication packets dated 4/3/26, 4/5/26, and 4/6/26 which indicated his name and to "Take at 5pm" signed byV10 LPN. On 4/15/26 at 2:25PM, R3 was dressed, alert and oriented in his room, and stated he left on 4/3/26 about 5pm and was given his medications for 4/3/26 nighttime in a white medication packet envelop to take home. He stated his medications were already packed for the day before his brother came to get him because he told the nurse early he was leaving so the medications would be ready to be given to him when he left. R3 stated he was given his medication packets right before he left (4/3/26) and R3 stated he never paid attention to what the medication packets were the nurse gave him (he just put them in his pocket after he saw the one marked 4/3/26 at 5pm, and multiple other medication packets) because he has never had a problem before with not getting all his medications. R3 stated he got his night medication for 4/3, 4/4, and 4/5/26. R3 stated his b/p was "The highest it had ever been after the weekend because I did not get my b/p medications for three days." R3 stated he came back on 4/6/26 about 8am and the nurse checked his b/p and it was high. R3 also stated he was more anxious, dizzy, and had headaches after the			S9999			04/30/2026

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S9999	Continued from page 4 weekend from not getting his medications for the morning for three days on Sat, Sun, and Mon. "After the nurse noticed my b/p was high I got medications for 4/6/26 in the morning." On 4/15/26 at 11:15AM, V8 Licensed Practical Nurse/LPN stated "(R3) called me when he was out on leave, he stated he did not get his morning medications for while he was on leave, I told him he could come back in and we could see what medications he was missing, he stated he did not have a ride back to the nursing home because he was (out of town 45 minutes away), he told me he would go to the ER/Emergency Room if he had any problems, and I notified (V1 Administrator). We usually chart in the medical record when they go out on home visits and if medications were sent, we use a lot of agency nurses here, and when (R3) came back he said he was anxious so I got an order to increase his Hydroxyzine 50mg from twice a day to three times a day. (R3) has been getting the Hydroxyzine three times a day since the home visit. (R3) has never called or stated before he has not gotten his medications when on a home visit except for this time, he is alert and oriented and able to speak for himself. I do not know who packed his medications or sent them with him, but we pack them for each day for morning, noon, evening or night and indicate that with their name and the dates on the packets. He goes home frequently on home pass and has never complained of not getting his medications before. Sometimes residents refuse medications, and each nurse distributes the medications their own way (when asked if the medication cards indicate whether the medications were punched out on the day they were to be given)." On 4/15/26 at 1:01PM, V9 RN/Registered Nurse Nurse Consultant stated nursing home staff said (R3) has never complained of not getting his medications on home pass before; and R3's blood pressure was elevated when he came back and they rechecked it and it went down after medication. "I know he missed his B/P medications; his chart does not have a note in the record that he was sent with his medications and there usually is; his brother brought him home that weekend; his MAR/Medication Administration Record does not have where he was sent home with his medications; I am not sure why the medications missing were only for day shift (acknowledged it was a PM shift agency nurse that packed the medications);" and stated she verified with R3 that he had all his PM shift medications and he left on the PM shift of 4/3/26. "None of the medications missing were			S9999			04/30/2026

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S9999	Continued from page 5 narcotics, they were for his B/P, cholesterol, and mental health. He does have a history of depression and anxiety and gets frequent medication changes either to increase or decrease. The medications are delivered in cards for the month, and some places push them out of the card on the numbered day of the month they are to be given but that was not done here because we have agency and they just dispense the medication from any day on the card." (B)		S9999			04/30/2026	