

Illinois State Department of 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 03/04/2026	
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			03/19/2026	
	Annual Licensure and Certification						
S9999	Final Observations		S9999			03/05/2026	
	Statement of Licensure Violations:						
	300.610a)						
	300.1010h)						
	300.1210a)						
	300.1210b)						
	300.1210c)						
	300.1210d)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						

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 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 and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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 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 and shall be practiced on a 24-hour, seven-day-a-week basis: 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 identify a resident's weight loss prior to the weight loss becoming significant. The facility failed to notify the dietician of a resident's		S9999				

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S9999	Continued from page 2 significant weight loss in a timely manner. The facility failed to implement nutritional interventions, as recommended by the dietician, for a resident with significant weight loss. These failures apply to 1 of 2 residents (R45) reviewed for weight loss in the sample of 21. These failures contributed to R45 sustaining a significant weight loss of 8.1% in three months. The findings include: R45's care plan dated 3/7/24 showed R45 was at risk for weight loss due to her diagnoses of dementia and Parkinson's disease. The plan showed, "Provide and serve supplements as ordered... report any significant weight changes..." R45's current care plan showed R45 was not on hospice. R45's 2025-2026 weight record showed R45 weighed 153 pounds (lbs) on 6/2/25 and 140.6 lbs on 9/29/25. This showed R45 sustained a significant weight loss of 8.1%, in three months. The record showed R45's weight decreased to 134.4 lbs on 12/15/25. This showed R45 lost an additional 4.4% of her weight from September 2025 to December 2025. R45's progress notes and resident assessments dated September 2025 through November 2025 showed no documentation R45 was seen by a dietician during that time. R45's notes and assessments showed no documentation that the facility notified the dietician of R45's significant weight loss. A Nutrition/Dietary note dated 12/5/25 showed R45 was seen and assessed by V14 (Dietician) for significant weight loss; almost three months after R45 had sustained a significant weight loss. The note showed R45 "would benefit from fortified foods/oral supplements to aid in meeting nutritional needs for weight management. Registered Dietician to send recommendations for weight management..." The note showed V14 recommended adding nutritional juices with breakfast and nutritional shakes with lunch for R45. R45's Order Summary Report printed 3/4/26 showed no current nutritional juice/supplement orders for R45. R45's December 2025 Medication Administration Record (MAR), January 2026 MAR, and February 2026 MAR showed R45 received no nutritional juice/supplements during those months. On 3/2/26 at 12:54 PM, V11 (Certified Nursing Assistant-CNA) fed R45 lunch. A cup of apple juice and a cup of water were noted on R45's lunch tray. No nutritional shake was noted on R45's tray. V11 was		S9999				

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S9999	Continued from page 3 asked if about R45's apple juice was considered a nutritional juice, and V11 stated, "No that's regular old apple juice." V15 (Dietary Aide) walked by as V11 was feeding R45 and stated, "(R45) doesn't get any supplements with meals." On 3/3/26 at 8:51 AM, V12 (Licensed Practical Nurse-LPN) stated, "(R45) doesn't have a physician order to get fortified juice or a health shake." On 3/3/26 at 10:10 AM, V14 stated she did not become aware of R45's significant weight loss until December 2025. V14 reviewed R45's weight record and stated, "I am responsible for monitoring residents' weights. Facility staff also monitor resident weights. I didn't see her weight loss from June (2025)-September (2025) until now. It looks like she was having insidious weight loss that became significant. I need to get better at monitoring residents with insidious weight loss." V14 stated no one from the facility notified her of R45's significant weight loss in September 2025. V14 stated, "Someone should have caught her weight loss." V14 stated on 12/5/25, "I recommended starting (R45) on nutritional juices at breakfast and nutritional shakes at lunch for her weight loss. My recommendations should have been put in as physician orders. I see now that my recommendations were never carried over or implemented. There are no physician orders for her nutritional drinks. My recommendations aren't documented on her meal ticket either. I also recommended staff assist (R45) with eating in December." V14 stated, had she been aware of or notified of R45's weight loss in September 2025, she would have implemented nutritional drinks and staff assistance with eating for R45 in September. The facility's Nutritional Management policy dated 12/1/25 showed, "Nutritional recommendations may be made by the dietician based on the resident's preferences, goals, clinical condition or other factors and follow up with physician/practitioner for orders as per facility policy..." The facility's Weight Monitoring policy dated 12/1/25 defined significant weight loss/gain as a 5% change in weight in 1 month, 7.5% change in 3 months, and 10% change in 6 months. (B)		S9999				