

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Highlight Hlthcr of Woodstock		STREET ADDRESS, CITY, STATE, ZIP CODE  309 McHenry Avenue Woodstock, IL 60098	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on interview and record review the facility failed to administer medications at the scheduled times for 1 of 3 residents (R1) reviewed for pharmacy services in the sample of 3.</p> <p>The findings include:</p> <p>R1's Face Sheet dated 5/5/25 showed R1 was diagnosed with congestive heart failure and lymphedema.</p> <p>A facility assessment done on 3/5/25 showed R1's mental status was intact.</p> <p>R1's orders showed an order for bumetanide (water pill) and potassium to be given twice a day.</p> <p>On 5/5/25 at 10:00 AM, R1 said his morning medications were late on 5/1/25 and 5/4/25 by nearly 3 hours.</p> <p>R1's Medication Admin Audit Report for 5/1/25 showed the morning doses of R1's bumetanide and potassium were scheduled for 7:30 AM. The document showed the medications were administered at 10:15 AM (2 hours and 45 minutes late). The medications were signed off by V6 (Licensed Practical Nurse).</p> <p>R1's Medication Admin Audit Report for 5/4/25 showed the morning doses of R1's bumetanide and potassium were scheduled for 7:30 AM. The bumetanide was signed off as administered at 9:35 AM (2 hours and 5 minutes late). R1's potassium was signed off as administered at 10:36 AM (3 hours and 6 minutes late). The medications were signed off by V6.</p> <p>On 5/5/25 at 10:49 AM, V6 said R1 can be verbally abusive towards her. V6 said on days she works R1's hallway she will have a nurse manager pass R1's medications or will wait for another manager to go with her to pass the medications. V6 said on 5/1/25, V7 (Wound Care Nurse) went with her to pass the medications and on 5/4/25, V8 (Activities Manager) went with her to pass the medications.</p> <p>On 5/5/25 at 11:01 AM, V7 could not recall what time she went with V6 to administer R1's medications on 5/1/25.</p> <p>On 5/5/25 at 11:45 AM, V8 said on 5/4/25 he went with V6 to R1's room around 9:30 AM, so V6 could administer R1's medications.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0755  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 5/5/25 at 1:14 PM, V2 (Director of Nursing) said the facility has scheduled times to administer medications. V2 added that medications should be given one hour before or after the scheduled administration time.  The facility's Medication Administration policy with a reviewed date of 11/2024 showed medications were to be administered within 60 minutes prior to or after scheduled times.		