

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Cornerstone Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE  5533 North Galena Road Peoria Heights, IL 61614	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>34048</p> <p>Based on observation, interview and record review, the facility failed to administer medications as ordered by the physician for six residents (R5-R10) on the sample of residents reviewed for medication pass. This failure resulted in medication errors out of thirty-six opportunities for error, for a 22 percent medication error rate.</p> <p>Findings include:</p> <p>The facility's Medication Administration policy, revised 11/18/17, documents that medications must be prepared and administered within one hour of the designated time or as ordered. (I.e., Medication time is 9:00am. The medication can be administered as early as 8:00am and as late as 10:00am. Medication is ordered as daily then medication can be given during the day at resident's preference).</p> <p>On 4/22/24 at 12:40pm, V6, Registered Nurse, gave R7 his medications. V6 told R7 that his Fluticasone (steroid) 50 MCG (Microgram) nasal spray was not available.</p> <p>On 4/22/24 at 1:00pm, V6 gave R9 his Gabapentin (Nerve pain) 100mg (Milligrams) one tablet. R9's MAR documents to take Cranberry tablet daily, but V6 stated that the medication was not available.</p> <p>On 4/22/24 at 1:15pm, V6 performed R10's blood sugar test which was scheduled to be done before meals at 11:00am. R10's blood glucose was 400. V6 received orders to give 10 units of Humalog 10 units subcutaneous.</p> <p>On 4/22/24 at 1:25pm, V6 gave R8 Aspart (antidiabetic) 7 units SQ. R8's MAR (medication administration record) documents to give Aspart 7 units SQ at 11:00am.</p> <p>On 4/22/24 at 1:30pm, V6 stated that the blood sugar tests should have been done before lunch, but she was running late today. V6 stated that the facility is out of quite of few medications. V6 stated that she did order several medications a few days ago, but they have not been delivered yet.</p> <p>On 4/23/24 at 10:20am, V4, Licensed Practical Nurse, stated that R5's Empagliflozin 10mg (antidiabetic), Pantoprazole (proton pump inhibitor) 40mg packet and Zinc (Supplement) 220 mg tablets are not available.</p> <p>On 4/23/24 at 10:50am, V4 stated that R6 has an order for Januvia (Antidiabetic) 100mg tablet daily, but it is not in stock.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/23/24 at 2:00pm, V1, Administrator, verified that there have been some issues with receiving medications in a timely manner.</p>		