

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Dekalb		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 South Second Street Dekalb, IL 60115	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40085</p> <p>Based on interview and record review the facility failed to ensure medication orders were verified prior to administering medications for 1 of 4 residents (R1) reviewed for pharmacy services in the sample of 8.</p> <p>The findings include:</p> <p>R1's face sheet shows she was admitted to the facility on [DATE] with diagnoses including: joint replacement surgery, major depressive disorder and history of falls.</p> <p>A nursing progress note completed on 10/14/24 at 1:56 PM for R1, shows R1 had went out to an appointment with a podiatrist and returned to the facility with new orders for Oxycodone 10-325 milligrams (mg.) every six hours as needed for pain, and to discontinue the current order for Hydrocodone 5-325 mg.</p> <p>R1's Medication Administration Record (MAR) dated 10/1/24-10/31/24 and her current Physicians Order Summary both show the order was carried out and Oxycodone was started, and Hydrocodone was discontinued on 10/14/24.</p> <p>On 10/15/24 at 8:45 AM, R1 said she had gone out to a doctor's appointment yesterday and her medications were changed from Norco (Hydrocodone) to Percocet (Oxycodone) because she was having a lot of pain from a surgery to her foot, and she did not feel the Norco was working well enough. R1 said this morning the nurse gave her Norco, and she was confused if her Percocet was here at the facility or not.</p> <p>On 10/15/24 at 9:50 AM, V6 (Agency Nurse-LPN) said he had administered Norco to R1 at 8:30 AM today. When asked if he had checked the orders first, he stated, she [R1] told me she had an order for it. V6 then checked the MAR and said the order was discontinued. V6 went into the locked narcotic box in the medication cart and there was a full medication card with 30 Oxycodone inside and the medication card containing Hydrocodone was also still in the medication cart.</p> <p>On 10/15/24 at 11:10 AM, V5 (LPN) said R1's current order is for Oxycodone and nurses have to check the orders before giving medications because they cannot give a medication without a current physician's order.</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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The narcotic sign out sheet for R1's Hydrocodone shows V6 signed out 1 tablet and administered it to R1 at 8:30 AM on 10/15/24.</p>