

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/05/2024
NAME OF PROVIDER OR SUPPLIER  Aperion Care Marseilles		STREET ADDRESS, CITY, STATE, ZIP CODE  578 West Commercial Street Marseilles, IL 61341	

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>34048</p> <p>Based on interview and record review the facility failed to transcribe and administer medication per physician order for one of three residents (R1) reviewed for medications in a sample of three.</p> <p>Findings include:</p> <p>The facility's Physician Orders-Entering and Processing, dated 8/22/17, documents to enter the order into the resident's chart under order tab and according to the instructions for the type of order that is received. Be sure to include a diagnosis or indication for use. If a diagnosis is not already in the resident's clinical record, ask the physician for a diagnosis. Medications orders should include: Route, Dose, Time, Frequency, If a treatment, be sure to put in the directions the specific area(s) to be treated.</p> <p>R1's Admission Orders, dated 7/9/24, documents to take Carbidopa-Levodopa (Dopamine Precursor) Oral Tablet 25-100mg (Milligrams) two tablets by mouth six times daily, related to Parkinson's Disease with Dyskinesia, with Fluctuations. This form also documents to take Carbidopa-Levodopa ER (extended release) 50-200mg one tablet by mouth at bedtime.</p> <p>R1's Medication Administration Record (MAR), dated 7/9/24, documents to take Carbidopa-Levodopa ER oral tablet Extended Release 25-100mg two tablets by mouth every four hours. This medication is signed out as being given 7/10/24 through 7/21/24. R1's updated MAR, dated 7/21/24 documents to take Carbidopa-Levodopa 25-100mg take 2 tables six times a day.</p> <p>On 7/31/24 at 2:00pm, V4, Nurse Practitioner, stated that she was reviewing R1's admission orders and found the mistake in R1's Carbidopa-Levodopa orders. V4 verified that she notified V7, Registered Nurse, and had her change the order. V4 verified that R1's should have been getting Carbidopa-Levodopa 25-100mg two tabs six times a day, not Carbidopa-Levodopa 25-100mg ER.</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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