| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145304 | A. Building<br>B. Wing | 07/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Elevate Care Riverwoods | 3705 Deerfield Road<br>Riverwoods, IL 60015 |

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) |
|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>35541<br><br>Based on observation, interview and record review the facility failed to ensure medications were administered per facility's policy and procedure for 2 of 5 residents (R2, R3) reviewed for medication administration in the sample of 8.<br><br>The findings include:<br><br>1. On 7/1/24 at 8:38 AM, R2 was seated in her room, eating breakfast. On R2's breakfast tray was a medicine cup that contained thirteen different pills in various shapes and colors. When R2 was asked about the cup of pills, R2 stated, Those are my morning meds (medications). The nurse normally leaves them here for me to take after breakfast. I don't like to take them before I eat. I am not sure what the meds are.<br><br>On 7/1/24 at 8:48 AM, V7 Licensed Practical Nurse (LPN) stated she left (R1's) meds with (R1) to take when she ate. It was just a few minutes ago. V7 stated, I should have stayed with her to make sure she took them.<br><br>2. On 7/1/24 at 9:10 AM, as this surveyor was walking into R3's room, R3 was actively swallowing an unknown number of pills/medications, that he was pouring out of a medicine cup, directly into his mouth. No staff were noted in R3's room. When R3 was asked what he was doing, R3 stated, Just taking my medications. They (staff) leave my pills here (bedside table) around 7 AM every day for me to take when I eat breakfast. They don't watch me take my meds anymore. When I first got here, they watched me take them a couple of times. Now they leave them here for me to take in the morning.<br><br>On 7/1/24 at 9:25 AM, V10 Registered Nurse was asked about R3's medications. V10 stated, Those were his morning meds. I left them for him to take. I should have watched him take them so I can make sure they are taken as ordered. V10 stated R3 had no physician order to self-administer his medications.<br><br>The facility's Medication Administration policy dated 10/25/2014 showed, Medications are administered only by licensed nursing, medical, pharmacy or other personnel authorized by state laws and regulations to administer medications . The person who prepares the dose for administration is the person who administers the dose . The resident is always observed after administration to ensure the dose was completely ingested . |

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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