

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2025
NAME OF PROVIDER OR SUPPLIER Encore Village		STREET ADDRESS, CITY, STATE, ZIP CODE 350 West Schaumburg Road Schaumburg, IL 60194	

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 ensure a resident received their scheduled medication for 1 of 3 residents (R1) reviewed for pharmacy services in the sample of 3.</p> <p>The findings include:</p> <p>A facility assessment done on 6/7/24 indicated R1 was cognitively intact.</p> <p>On 6/24/25 at 10:25 AM, R1 said the facility ran out of her tramadol (pain medication) causing her to miss a dose.</p> <p>R1's Medication Administration Record (MAR) for June 2024 showed R1 was to get tramadol scheduled four times a day and as needed. The MAR showed on 6/11/24 the 12:00 PM dose of tramadol was not given and to see the Progress Notes.</p> <p>R1's Progress Note entered on 6/11/24 at 1:01 PM showed tramadol was not available and the pharmacy would be delivering more after 2:00 PM. The progress note did not indicate tramadol was retrieved from the medication tower.</p> <p>R1's tramadol Controlled Substance Proof of Use sheet dated 6/7/24 showed after the 6/10/24 8:30 PM dose of tramadol was given, zero remaining tramadol was on hand. The next tramadol Controlled Substance Proof of Use sheet was dated 6/11/24 and the first documented dose was given on 6/11/24 at 5:00 PM. The controlled Substance Proof of Use sheets did not indicate the missing 6/11/24 12:00 PM dose of tramadol was removed from the medication tower.</p> <p>On 6/24/25 at 1:54 PM, V2 (Director of Nursing) said medications should be reordered when the supply gets low and the medications should be reordered early enough to ensure a dose is not missed. V2 added the facility has a medication tower that can be used to obtain medications. V2 said tramadol is kept in the medication tower.</p> <p>The facility's Physician Orders Policy (undated) showed proper channels of communication are used to ensure accurate delivery of medications and treatments to all residents. The nurse may reorder the medication when it is running low. While waiting for the pharmacy delivery, staff may obtain medications from the medication tower if it is available.</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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