STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145429	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wentworth Rehab & Hcc	201 West 69th Street Chicago, IL 60621

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 32338 Based on interview and record review, the facility failed to administer medications as ordered by the physician and failed to document the reasons for not administering medications as ordered. These failures affected 5 residents (R1, R2, R3, R4, and R5) of 5 residents, reviewed for medication administration, missed medications, and documentation of medications not given. Findings include: On 6/12/24 at 10:45am, R1 was observed in bed and interviewed regarding his missed medications. R1 stated that a few times, the nurse did not give him his medications. R1 explained that each time he was not given his medications, the nurse gave reasons like the computer was down, the medication was not available, or she could not find the keys. R1's BIMS (Basic Interview for Mental Status) dated 5/9/24 shows a score of 15 (Cognitively Intact.) On 6/12/24 at 12:05pm, V2 (Director of Nursing) presented the MAR (Medication Administration Records) and POS (Physician Order Sheets) for R1-R5 for May 2024. The MARs had several missing entries that were blank without any chart codes. The physician orders and missed doses without chart codes for explanation of why the doses were not given were reviewed as follows: The missed medications include but are not limited to the following: R1 - 5/9/24 - Divalproex Sodium oral tablet 500mg(milligrams) 1 tablet 2 times a day-missed at 9am and 5pm on 5/15/24, 9am on 5/22/24, and 5pm on 5/31/24. Levetiracetam 1000mg oral tablets 2 times a day - missed at 9am and 5pm on 5/15/24, 9am on 5/22/24, and 5pm on 5/31/24. R2 - 11/2/20 -Hydralazine 25mg 1 tablet by mouth 3 times a day - missed on 5/22/24 at 9am and 2pm. 6/4/20 - Lisinopril 20mg 1 tablet by mouth daily - missed on 5/22/24. R3 - 10/24/23 - Keppra 500mg 1 tab 2 times a day - missed at 12pm on 5/20/24 and 5/22/24. 10/24/23 - Depakote 125 mg 1 tablet 2 times a day - missed at 9am on 5/20/24 and 5/22/24. R4 - 12/8/23 - Clopidogrel 75mg 1 tablet daily - missed on 5/13/24. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145429	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wentworth Rehab & Hcc	201 West 69th Street Chicago, IL 60621

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12/8/23 - Aricept 5mg 1 tablet one time daily - missed on 5/13/24. R5 - 4/23/24 - Potassium Chloride 20 meq (milliequivalents) by mouth once daily - missed at 9am on 5/20/24 and 5/22/24. 5/15/24 - Xarelto oral tablets 20 mg once a day - missed at 9am on 5/20/24 and 5/22/24. On 6/12/24 at 1:43pm, V3 (LPN/Licensed Practical Nurse) stated that MAR should not be left blank, and she (V22) usually writes the chart codes to show if the resident refused or if the resident is out of the facility. On 6/12/24 at 1:55pm, V6 (LPN) stated that she (V3) usually uses the chart code on the MAR to indicate if a resident refused the medication or if the resident is out of the building, or in the hospital, and that the nurse must not leave the MAR blank. V6 explained that if the nurse does not document the medication given, then, it wasn't given. On 6/12/24 at 2:15pm, V2 (Director of Nursing) stated that the expectation is for nurses to document the chart code in the MAR and document in the progress notes to explain why the medication was not given, but that sometimes the nurse is very busy. V2 stated she(V2) would do in-service to educate nurses to ensure that all nurses document properly on the MAR and don't just leave the MAR blank without any explanation of why the medication was not given. Facility's policy dated 09/2020 titled Medication Administration states: Medications will be administered in accordance with the established policies and procedures. #1 states: Drugs must be administered in accordance with the written orders of the attending physician.