

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Beacon Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 South Finley Road Lombard, IL 60148	

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** 45303</p> <p>Based on interview and record review, the facility failed to ensure medications were obtained in a timely manner to prevent residents from missing medication doses as ordered by the physician.</p> <p>This applies to 2 of 3 residents (R1 and R2) reviewed for improper nursing care in the area of missing medication doses in the sample of 3.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE], with multiple diagnoses including respiratory failure, pneumonia due to coronavirus disease, type 2 diabetes, and hypertension. <p>R1's February 2025 MAR (Medication Administration Record) showed R1 was to receive Magnesium Chloride-Calcium Carbonate oral tablet delayed release 71.5-119 mg (milligrams), one tablet by mouth in the morning for supplement. The MAR continued to show R1 did not receive the medication on February 19, February 20, or February 21, 2025.</p> <p>The EMR showed the following documentation for R1 regarding missing medications:</p> <p>On February 19, 2025, at 10:32 AM, V8 (RN/Registered Nurse) documented, [Magnesium Chloride-Calcium Carbonate] oral tablet delayed release 71.5-119 mg (milligrams), give one tablet by mouth in the morning for supplement. N/A (Not Available).</p> <p>On February 20, 2025, at 9:22 AM, V7 (RN) documented, [Magnesium Chloride-Calcium Carbonate] oral tablet delayed release 71.5-119 mg (milligrams), give one tablet by mouth in the morning for supplement. Unavailable.</p> <p>On February 21, 2025, at 9:30 AM, V6 (RN) documented, [Magnesium Chloride-Calcium Carbonate] oral tablet delayed release 71.5-119 mg (milligrams), give one tablet by mouth in the morning for supplement. Requested medication from family.</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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NAME OF PROVIDER OR SUPPLIER Beacon Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 South Finley Road Lombard, IL 60148	
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(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>On March 3, 2025, at 2:37 PM, V2 (DON/Director of Nursing) said it is the facility's responsibility to obtain a resident's prescribed medications, either from the pharmacy or the facility will obtain the medication. V2 continued to say it was not the family's responsibility to obtain R1's missing medication.</p> <p>2. The EMR showed R2 was admitted to the facility on [DATE], with multiple diagnoses including sepsis, pneumonia, chronic kidney disease, spinal stenosis, hypertension, and left knee replacement.</p> <p>R2's February 2025 MAR showed R2 was to receive Calcium-Vitamin D tablet 600-200 mg-unit, give one tablet two times a day for supplement. The MAR continued to show R2 did not receive the medication on February 17 and February 18, 2025.</p> <p>The EMR showed the following documentation for R2 regarding missing medication:</p> <p>On February 17, 2025, at 9:18 AM, V6 (RN) documented, Calcium-Vitamin D tablet 600-200 mg-unit, give one tablet two times a day for supplement. Not available.</p> <p>On February 17, 2025, at 4:23 PM, V9 (Nurse) documented Calcium-Vitamin D tablet 600-200 mg-unit, give one tablet two times a day for supplement. Waiting for delivery.</p> <p>On February 18, 2025, at 9:36 AM, V6 (RN) documented R2's Calcium-Vitamin D tablet 600-200 mg-unit, was not given.</p> <p>On February 18, 2025, at 5:29 PM, V10 (RN) documented, Calcium-Vitamin D tablet 600-200 mg-unit, give one tablet two times a day for supplement. Awaiting for house supply.</p> <p>On March 3, 2025, at 2:36 PM, V2 said R2's calcium-vitamin D order was changed to a medication we had in stock. V2 said the order change should have happened sooner so R2 did not miss any doses of his medication.</p>		