

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2026
NAME OF PROVIDER OR SUPPLIER MT Zion Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 Woodland Drive Mount Zion, IL 62549	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, interview, and record review, the facility failed to ensure medications were documented as administered after the resident received medications for ten (R2, R4, R6-R8, R11, R13-R16) of 16 residents reviewed for medication administration on a sample list of 16. The Facility's Charting and Documentation Policy dated 7/1/24 documents medications administered should be documented the date and time the medication was provided. The Facility's Medication Administration Procedure Policy dated 11/7/19 documents to chart the medications administered after resident has swallowed medications. On 7/13/26 at 10:20AM, V4 Licensed Practical Nurse (LPN) was observed preparing and administering medications for R2. R2's electronic medical record (EMR) documents R2 received these medications at 8:15AM. On 7/13/26 at 10:35AM, V4 LPN was observed preparing and administering medications for R4. R4's EMR documents R4 received these medications at 7:34AM. At 10:40AM on 7/13/26, V4 LPN stated she documented the morning medications as administered before actually giving them. She explained that after preparing the medications, she was headed to R4's room to administer them; however, staff had already taken the resident to activities. As a result, she waited until the resident returned before administering the medications. V4 further stated that her usual practice is to document medications as administered when she pulls them from the medication cart. V4 stated R6, R7, R8, R9, R11, R13, R14, R15, and R16 had not yet received their 8:00AM scheduled medications. The Facility's Medication Administration Audit Report dated 7/14/26 for the 7/13/26 medication pass documents R6's medications were signed as given at 8:23AM, R7's medications were signed as given at 7:26AM, R8's medications were signed as given at 7:38AM, R11's medications were signed as given at 8:11AM, R13's medications were signed as given at 7:11AM, R14's medications were signed as given at 8:18AM, R15's medications were signed as given at 7:42AM, and R16's medications were signed as given at 8:14AM. On 7/14/26 at 11:55 AM V2 Director of Nursing (DON) stated that V4 should not have marked off medications as given in the residents EMR until after medications were administered. V2 stated she was aware that medications were being given late but not aware the nurses were false documenting.		

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