

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145556	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/27/2026
NAME OF PROVIDER OR SUPPLIER  Winning Wheels		STREET ADDRESS, CITY, STATE, ZIP CODE  701 East 3rd Street Prophetstown, IL 61277	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to check placement of a narcotic pain patch as ordered for 1 of 3 residents (R1) reviewed for patch placement and administration. The findings include: R1s admission record shows he was admitted on [DATE] with multiple diagnoses including other chronic pain and unspecified pain. The January Medication Administration Record (MAR) shows a 11/10/24 order for Fentanyl patch 25 mcg (micrograms)/hour every 72 hours. Apply 1 patch trans dermally (to the skin) every 72 hours for pain. Rotate site and remove per schedule. The MAR also shows an order for Fentanyl Patch placement check every shift. The checks were scheduled for day and night shift. The MAR shows the checks were completed on 1/21/26 for both shifts. On 1/27/26, R1 was observed to have a Fentanyl patch located on his left chest. The patch was dated and initialed by the nurse. The facility incident report of 1/21/26 documents V2 Director of Nursing was notified by nurses during the night shift placement check of R1s Fentanyl patch, the patch was missing. On 1/27/26 at 10:22 AM, V4 Licensed Practical Nurse (LPN) said Fentanyl patches are checked for placement every shift. We go with the outgoing nurse to look at the patch, this way you can check and find it is missing a lot sooner. The patches should have the date and person's initials of who placed it. We document on the MAR it is in place. On 1/27/26 at 10:30 AM, V5 Registered Nurse (RN) said narcotic patches are checked every shift and it is documented on the MAR. The nurse on duty checks the patch, we do not go with the previous (outgoing) nurse. On 1/27/26 at 11:42 AM, V8 LPN said patches should be checked every shift, the previous shift nurse should walk with and verify the patch is in place. V8 said she usually always lays eyes on the patches but the morning of 1/21/26, she was on her way down to see R1s patch and was distracted by other residents and events going on in the hallway. She did not actually see the patch that morning, but documented the patch was in place. V8 said at the end of her shift on 1/21/26, she was checking placement with V7 LPN, and the patch was missing. V8 said she should have checked No on the MAR for patch placement because she did not see it. On 1/27/26 at 11:16 AM, V2 said each Fentanyl patch has an order for both shifts to check placement. Both ongoing and outgoing nurses are to check the placement together. She said V8 should have checked the placement of the patch on 1/21/26, but when asked about it, she did not recall performing the patch placement check. The facility's undated policy for narcotic pain patches documents: It is the policy of this facility to maintain records of all narcotic patches at the time of receiving in the facility until destruction. Policy Explanation and Compliance Guidelines: 8. Verification of the patch site and date will be completed every shift and documented in the medication administration record.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145556
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