

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145608	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER South Holland Manor Hth & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 2145 East 170th Street South Holland, IL 60473	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>38796</p> <p>Based on interview and record review the facility failed to follow their practice and ensure to transcribe a physician order to include the right dose, right diagnosis, and duration for prednisone 60mg (milligram) tablets, and failed to complete an order for Norco 7.5mg-325mg for 3 days for one of one resident (R1) reviewed for physician orders.</p> <p>Findings include:</p> <p>R1's face sheet shows R1 has diagnosis of osteoarthritis, aftercare following joint replacement, COPD, weakness, lack of coordination, low back pain, and hypertension.</p> <p>On 11/13/24 at 1:46pm V2 (Director of Nursing) said the physician order Prednisone 60 mg by mouth for 5 days for R1 on 6/14/24 was for COPD exacerbation. V2 said the Nurse should have clarified the order with the physician, and transcribed the order as given. V2 said if the nurse was not sure of the order, she should have contacted her (V2) or the physician for clarification. V2 said the Nurse needs reeducation on transcribing verbal orders. V2 said the order for prednisone 1mg (60mg) is not correct as transcribed by the nurse on the medication administration record and physician order sheet. V2 said the pharmacy sent prednisone 10 mg and 50 mg for a total dose of 60 mg. V2 said she does not have supporting documentation denoting that the pharmacy sent 10 mg and 50 mg prednisone, and R1 received 10 mg and 50 mg tablets for a total dose of 60 mg. V2 said when a resident is admitted to the facility with an order for a narcotic, the facility practice is to notify the physician for orders or recommendations, obtain orders from the physician, and have the physician send the prescription over to the pharmacy for the narcotic. V2 said the physician can fax or call in the prescription. V2 said once the pharmacy receives the prescription, they will fill the order/prescription. V2 said the pharmacy will give the Nurse an authorization number that allows them to retrieve the medication from the convience box until the pharmacy delivers the medication.</p> <p>R1's physician order sheet and medication administration record was reviewed with V2, there is no documentation denoting that the pharmacy dispensed 10 mg and a 50 mg tablet. The order is transcribed for 1 mg tablets daily.</p> <p>R1's medication administration record shows Prednisone oral tablet, give 1 mg by mouth one time a day for corticosteroids 60 mg, start 6/15/24.</p> <p>During this survey the facility failed to present the correctly transcribed order for prednisone and failed to present documentation that R1 received the right dose of prednisone 60 mg.</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's physician order sheet dated 6/7/24 shows orders for Norco oral tablet 7.5-325 MG (Hydrocodone-Acetaminophen), give one tablet by mouth every four hours as needed for Pain.</p> <p>R1's progress notes dated 6/11/24 denotes in part a prescription for Norco 7.5mg/-325mg was sent to the pharmacy on 6/11/24.</p> <p>Facility policy for physician orders dated 2/2014 denotes in-part all telephone and or verbal orders must be read back to the licensed personnel taking the order to ensure the information is clearly understood and transcribed. Orders for medication must include name of physician giving order, date and time the order was received, signature of licensed personnel receiving/transcribing the order, name and strength of the drug, dosage and frequency of administration, form or route of administration, reason or problem for which given/diagnosis, quantity to duration of therapy, if any order is determined to be incomplete, illegible or unclear the licensed personnel must clarify the order with the prescribing provider.</p>		