

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Niles Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 9777 Greenwood Niles, IL 60714	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46066</p> <p>Based on observations, interviews, and record review, the facility failed to follow the pharmacy policy by not noting and implementing open date labels for three of 31 (R76, R196, and R203) residents reviewed during medication storage and labeling task in the sample of 61.</p> <p>Findings include:</p> <p>On 12/03/24 at 10:01 AM inspection of the 3rd floor (high side) medication cart was conducted. Opened and undated medication was observed for:</p> <p>R76 - Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT (Fluticasone-Salmeterol) - no open date written.</p> <p>R196 - Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT (Budesonide-Formoterol Fumarate Dihydrate) - no open date written.</p> <p>R203 - Fluticasone Furoate-Vilanterol Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT (Fluticasone Furoate-Vilanterol) - no open date written.</p> <p>R76's active physician order dated 10/04/2024 reads in part, Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT (Fluticasone-Salmeterol) 1 puff inhale orally two times a day for Acute respiratory failure with hypoxia.</p> <p>R196's discontinued physician order dated 02/11/2023 - 05/06/2024 reads in part, Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT (Budesonide-Formoterol Fumarate Dihydrate) 2 puff inhale orally at bedtime related to OTHER ASTHMA.</p> <p>R203's active physician order dated 11/08/2023 reads in part, Fluticasone Furoate-Vilanterol Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT (Fluticasone Furoate-Vilanterol) 1 puff inhale orally one time a day related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE.</p> <p>R76's November 2024 medication administration record shows that R76 has been getting the inhaler as scheduled, two times a day.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Niles Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 9777 Greenwood Niles, IL 60714	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R203's November 2024 medication administration record shows that R203 has been getting the inhaler as scheduled, one time a day.</p> <p>On 12/03/24 at 10:20 AM V20 (Registered Nurse) stated, I always put an open date on inhalers when I initially open them. I don't know if it makes any difference, but it is better when they're dated because when it's not used regularly it may be used long after its opened. Certain medication, especially with shortened expiration date, such as inhalers, have to be used within specific date, those medication lose its effectiveness.</p> <p>On 12/03/24 at 02:53 PM V3 (Director of Nursing/DON) stated, it is important to date shortened expiration date medications upon opening, in order to know how long they're good for. If nurses don't date shortened expiration medications upon opening, they may get used passed recommended time, and then those medications become ineffective and don't work as they should. Two out of three inhalers identified to be undated during medication label and storage task, are good to use for 6 weeks from open date and one is good for 3 months. V3 (DON) presented surveyor with visual evidence that the above inhalers are dated now, surveyor asked how does V3 (DON) know when those inhalers were opened, V3 (DON) responded, We estimated the open date.</p> <p>Pharmacy policy United R: Expiration guidelines for inhalation products dated 07/2013 reads in part, Once these products are opened, they, must be used within a specific timeframe to avoid reduced potency, and potentially, reduced efficacy. Advair diskus (fluticasone/salmeterol) 1 month after removed from foil pouch, Symbicort (budesonide/formoterol) 3 months after removed from foil pouch, Breo Ellipta Discard 6 weeks after removal from foil tray.</p>		