STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145703	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silvis Center for Nursing Rehab & Care	1455 Hospital Road Silvis, IL 61282

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview and record review the facility failed to administer medications as ordered, at ordered times for 5 of 8 residents (R1, R2 R3, R4 and R5) reviewed for medication administration in the sample of 8.The findings include:1. On 6/12/26 at 9;30 AM, V3 (Registered Nurse-RN) said she's to pass meds in the skilled unit.On 6/12/26 at 9:40 AM, R1 was sitting in her recliner. R1 said she was waiting for her lidocaine patch for her hip pain, it just aches there V3 (RN) applied R1's lidocaine patch to her right hip. (An hour and 40 minutes late.)R1's Medication Administration Record (MAR) dated 6/26 shows an order to administer Lidocaine Patch to R1's right hipbone every 8AM; remove at bedtime.2. On 6/12/26 at 10 AM, V3 administered R2's Eliquis 5 milligrams for atrial fibrillation. V3 also administered R3's insulin Lispro 3 units for blood sugar of 193 for diabetes. (2 hours late)R2's MAR dated 6/26 show an order to administer Eliquis 5 mg two times a day with morning dose to be given at 8AM. R2's regular insulin according to sliding scale with morning dose to be administered at 8AM3. On 6/12/26 at 10:25 AM, R3 was in bed. R3 was alert and said she had already finished her breakfast. V3 administered R3's Omeprazole capsule for ulcer. R3's medication was administered late and after breakfast. R3's MAR show an order to administer Omeprazole delayed release 40 mg, 30 minutes before breakfast.4. On 6/12/26 at 10:20 AM, R4 was sitting in her recliner. V3 administered R4's antibiotics for urinary tract infections of: Nitrofuratoin100 mg 1 capsule and Cephalexin 500 mg 1 capsule. (An hour and 20 minutes late.)R4's MAR show an order to administer R3's Nitrofurantoin 100 mg 1 capsule two times a day with morning dose given at 8AM and Cephalexin 500 mg give 1 capsule by mouth 4 times a day with morning dose given at 8AM. 5. On 6/12/26 at 10:15 AM, R5 was in bed. V3 administered R5 her Tylenol. R5 showed this surveyor her contracted left hand and said she takes Tylenol for discomfort to her contracted hand. R5 said she has been waiting for her Tylenol extra strength which was due since 8AM. R5's MAR shows an order of Tylenol Extra Strength Oral Tablet 500 MG (Acetaminophen) TID for contracted hand with morning dose to be given at 8AM.On 6/12/26 at 10:30 AM, V3 (RN) said those were the medications due at 8AM which were all late. V3 said she was just informed to work the floor and cover for a Nurse when this surveyor arrived. Medications should be administered an hour before and an hour after it was due.On 6/12/26 at 1PM, V2 (Director of Nursing-DON) said Nurse coverage has been a challenge. Medications should be administered timely.The Facility Policy Medication administration data 2/12/25 shows Drug Administration shall be defined as an act in which a single dose of a prescribed drug or biological is given to a resident by an authorized person in accordance with all laws and regulation governing such act. Medications must be prepared and administered within one hour of the designated time or as ordered.

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