STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145708	A. Building B. Wing	12/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country Health	2304 C R 3000 N Gifford, IL 61847

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to ensure pain medication was administered as ordered for one (R6) of three residents reviewed for medication administration in the sample of 23.Findings include:On 12/11/25 at 10:05 AM R6 stated that in the summer V17 Nurse Practitioner increased R6's pain medication. R6 stated that for a week, R6 was given the original dose and not the higher dose. R6 stated that V2 Director of Nursing did inform R6 that for a week R6 was given the lower dose and not the new prescribed dose.On 12/11/25 at 1:06 PM V2 Director of Nursing stated that on 7/11/25 R6's Hydrocodone-Acetaminophen was increased from 5 milligrams to 7.5 milligrams. V2 stated that on 7/19/25 V16 Previous Agency Licensed Practical Nurse informed V2 that R6 was receiving the wrong dose of Hydrocodone-Acetaminophen. V2 stated that staff did not remove and destroy the Hydrocodone-Acetaminophen 5-325 milligrams card, they just placed the new Hydrocodone-Acetaminophen 7.5-325 milligrams card behind it and continued to administer the 5-325 milligrams instead of reading the order and card and administering the prescribed 7.5-325 milligram dose. V2 stated that a Medication Error Report was completed on 7/19/25, and the 5-325 milligrams of remaining medications were destroyed per protocol. R6's Physicians Order Sheet dated 7/1/25 at 1:50 PM documents Hydrocodone-Acetaminophen Oral Tablet 5-325 milligrams, give one tablet by mouth every six hours as needed for pain. Discontinued on 7/11/25 R6's Physicians Order Sheet dated 7/11/25 at 1:50 PM documents Hydrocodone-Acetaminophen Oral Tablet 7.5-325 milligrams, give one tablet by mouth every six hours as needed for pain. R6's Medication Administration Record dated 7/11/25 to 7/19/25 documents R6 received Hydrocodone-Acetaminophen Oral Tablet 5-325 milligrams on 7/11, 7/12, two doses on 7/13, 7/14, two doses on 7/15, two doses on 7/16, 7/17 and 7/18/25. R6's Controlled Drug Receipt Record documents R6 received Hydrocodone-Acetaminophen Oral Tablet 5-325 milligrams on 7/11, 7/12, two doses on 7/13, 7/14, two doses on 7/15, two doses on 7/16, 7/17 and 7/18/25. V16's Medication Error Report dated 7/19/25 documents R6's Hydrocodone-Acetaminophen 5-325 milligrams was changed to Hydrocodone-Acetaminophen 7.5-325 milligrams. Type of Error (s): Wrong dose. Person Making error: Floor staff from 7/11/25-7/18/25. The Facility's Medication Administration Policy not dated documents: Objective: To provide accuracy during medication pass to assure quality care for residents. Policy: It's the policy of this facility to accurately administer medication following physician's orders.

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