

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Wheaton Village Nrsng & Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 Manchester Road Wheaton, IL 60187	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure significant medications were administered to residents as indicated by physician orders. This applies to 2 of 5 residents (R3, R4) who were reviewed for medication administration in a sample of 7. Findings Include: On 01/21/2026 at 11:40 AM, this writer asked V4 (Licensed Practical Nurse-Agency) if she could observe medication administration for residents with scheduled medications at 12:00 PM -1:00 PM. V4 said she already finished her afternoon medications, and the review of manual medication administration showed medications were signed off. At 2:00 PM, V2 (Assistant Director of Nursing) said she asked V4 why the residents had finished their afternoon medication so early, and V4 told her she started medication by 10:45 AM. At 3:00 PM, V1 (Administrator) said upon review of the video footage, there was no indication of V4 administering medications to R1-R4 between 10:45 AM and 11:40 AM. 1. On 01/21/2025, at approximately 1:50 PM, R4 said she did not receive her Gabapentin for the afternoon. A review of R4's EMR showed R4 has diagnoses of diabetic polyneuropathy, osteoarthritis, and hemiplegia. R4's MDS dated [DATE] showed R4's cognition was intact, and the physician's order dated 11/25/2025 showed R4 to receive Gabapentin 800 milligrams at 08:00 AM, 01:00 PM, and 05:00 PM. 2. On 01/21/2025, at approximately 12:30 PM, R3's EMR showed R3 has diagnoses of chronic obstructive pulmonary disease and acute and chronic respiratory failure. R3's MDS dated [DATE] showed R3's cognition was intact, and the physician's order dated 01/31/2025 showed R3 to receive Combivent Respimat 20-100 microgram one puff every 6 hours at 05:00 AM, 11:00 AM, 05:00 PM, and 11:00 PM. On 01/22/2026 at 2:34 PM, a review of video footage dated 01/21/2026 from 10:45 AM with V1 (Administrator) and V9 (Director of Nursing) showed V3 (Agency Licensed Practical Nurse) was by the nursing station at 10:15 AM. At 10:41 AM V3 came to the medication cart and opened the medication administration record and came back to the nursing station. At 10:57 AM, V3 went to the bathroom, then to the medication room at 11:04, and returned from the medication room at 11:08 AM. V3 went to the medication room at 11:14 AM and at the medication cart at 11:35 AM. At 11:40 AM, this writer went to V3 for the observation and interview. The video footage did not show V3 having the medication cart by the residents' room, preparing medication, and going to their rooms. On 01/21/2026 at 12:00 PM, 2:00 PM, and 2:00 PM, and on 01/22/2025 approximately at 2:35 PM, V5 (Licensed Practical Nurse), V2 (Assistant Director of Nursing), and V9 (Director of Nursing) respectively said nurses should administer medications as ordered by the physician. The facility's medical administration policy, with no date, stated that drugs will be administered in accordance with orders of licensed medical practitioners in this State, and that the Medication cart shall be moved to the areas closest to the resident before preparing and administering medications.</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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