

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2024
NAME OF PROVIDER OR SUPPLIER Addolorata Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 555 McHenry Road Wheeling, IL 60090	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22499</p> <p>Based on interview and record review the facility failed to ensure a resident received her medications as ordered. This applies to 1 of 3 residents (R5) reviewed for medication administration in the sample of 11.</p> <p>The findings include:</p> <p>R5's EMR (Electronic Medical Record) shows that R5's Admission Evaluation was created at 1:47 PM on 5/29/24.</p> <p>R5's Medication Administration Record for May 2024 shows that R5 was admitted to the facility on [DATE]. This same document shows that R5 was ordered to receive Allegra (Allergy) 24hr 1 tablet, Amlodipine (Antihypertensive) 2.5mg, Cefpodoxime Proxetil (Antibiotic) 200mg, Januvia (Antidiabetic) 25mg, Telmisartan (Antihypertensive) 80mg, Bisoprolol Fumarate (Antihypertensive) 10mg, and Preservision (Supplement) 1 tablet. None of these medications are signed out as given.</p> <p>A Pharmacy Manifest Document dated 5/30/24 shows that R5's medications were not delivered until 4:36 AM on 5/30/24.</p> <p>On 7/19/24 at 2:05 PM V23 (RN) stated, (V22) worked the PM shift on the day of admission. I get the orders from the hospital and clarified them with the doctor. Then I send the orders to the pharmacy, and they put them in the computer. Then I verify them again between the computer and the medication list to make sure they are right.</p> <p>On 7/19/24 at 2:15 PM V22 (RN) stated, The family had their own stock of medications. I remember I talked to the family and told them that the medications had not come in yet from the pharmacy. I don't know if the family gave her medications or not, but I didn't have them yet from the pharmacy and I told them that. The resident was very sarcastic, and it was hard for me to tell if she wanted to take medications or not. I had a difficult time with her because she was always sarcastic, and I couldn't tell if she was joking or not.</p> <p>The facility policy entitled Medication Administration dated 6/1/23 states, Medications are administered in accordance with written orders of the prescriber.</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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