

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145739	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Lutheran Home for the Aged		STREET ADDRESS, CITY, STATE, ZIP CODE  800 West Oakton Street Arlington Hts, IL 60004	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on interview and record review, the facility failed to provide ordered chemotherapy drugs for one of three residents (R1) reviewed for medications in the sample of three.</p> <p>The findings include:</p> <p>R1's Admission Record shows he was admitted to the facility on [DATE] with diagnoses including congestive heart failure, secondary malignant neoplasm of bone, malignant neoplasm of prostate, low back pain, chronic kidney disease, and osteoarthritis. R1's admission record shows the listed pharmacy as the pharmacy that the facility goes through.</p> <p>R1's Order Summary Report dated June 26, 2024 shows an order dated June 10, 2023, Nursing to inform guardian office for any changes in resident status and when refill needed for orgovyx. It also shows an order for abiraterone acetate oral tablet 250 mg daily for prostate cancer started May 15, 2023 and an order for orgovyx oral tablet 120 mg daily for prostate cancer started on August 18, 2023.</p> <p>R1's MAR (medication administration record) dated April 1, 2024-April 30, 2024 shows R1's Abiraterone acetate tablet was not available on April 15, 19-21, 25, and 28-29, 2024. R1's Orgovyx was not available on April 25, 2024. R1's MAR dated May 1, 2024-May 31, 2024 shows R1's abiraterone acetate tablet was not available on May 2-12, May 14, and May 16-31, 2024. R1's orgovyx was not available on May 5, 2024, May 9, 2024, and May 28, 2024. R1's MAR dated June 1, 2024 shows R1's abiraterone acetate tablet was not available on June 3, 2024.</p> <p>On June 26, 2024 at 2:27 PM, V6 Memory Care Manager said R1's Guardian reached out to her in regards to R1's medications not being available. V6 said that V4 (R1's Guardian) was filling in for V5 (R1's primary guardian) while V5 was out of the office. V6 said V4 told her that V4 received a voicemail from the floor nurse saying that the facility was running out of R1's chemotherapy medications for his prostate cancer. V6 said she worked with the guardian and the guardians supervisor to obtain R1's chemotherapy medications. V6 said that V3 RN (Registered Nurse) called V4 and left V4 a voicemail that R1's medications needed to be refilled. V6 said that V5 normally ordered R1's chemotherapy drugs through a specialty pharmacy. V6 said that since this incident, there is now an order in R1's orders to call the guardian for refills prior to running out of the medications.</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
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On June 26, 2024 at 11:16 AM, V4 said she was covering for R1's regular guardian which was V5. V4 said that R1 had a urology appointment on May 14, 2024 where he was going to find out if the urologist wanted to continue his abiraterone medication. V4 said she spoke to R1's urologists office that said they wanted R1 to continue his medication. V4 said she called V6 on May 17, 2024 and V6 had told V4 that V6 was not aware that R1 was out of his abiraterone medication so she assumed he had his medications. V4 said a floor nurse called V4 (but couldn't understand her name) on May 28, 2024 and said that R1 was out of his orgovyx chemotherapy medication. V4 said she asked the nurse why they ran out of R1's medication and the nurse said she did not know. V4 said she then called V6 on May 29, 2024 to report that R1 was out of his medications. V4 said she assisted with obtaining R1's orgovyx on May 30, 2024 and the medication was delivered to the facility on [DATE]. V4 said she went to the facility to see R1 on May 31, 2024 and spoke with V3 RN. V4 said that V3 RN said she had not given R1 his chemotherapy medications because the facility didn't have them in stock.</p> <p>On June 27, 2024 at 10:41 AM, V3 RN said she was new to the unit. She started about the second week of May. V3 said she noticed R1 did not have his abiraterone medication. V3 said after two days of not having the medication, V3 called the facility pharmacy to order it and the pharmacy said they would send the medication the following day. V3 said she waited an additional two days, when the medication was still not in the facility V3 said she then called R1's guardian to report that R1 did not have the medication. V3 said a couple days later, the guardian got in touch with a specialty pharmacy and ordered R1's medication. V3 said there was no information as to how the facility obtains R1's medications. V3 said she did not know if the facility was able to obtain R1's chemotherapy medications through the facility pharmacy. V3 said typically the facility staff calls the pharmacy for refills when there are three pills left. V3 said that R1's chemotherapy drugs are very important and are used to destroy the cancer cells.</p> <p>On June 27, 2024 at 1:45 PM, V5 (R1's Primary Guardian) said she had been R1's guardian for years, so she is very familiar with him. V5 said that R1's chemotherapy medications were never an issue until R1 moved from the assisted living side of the facility to the long term care side of the facility. V5 said that when R1 moved to the long term care side, the medication got delivered to the facility's shipping doc. V5 said she spoke with the facility's shipping doc manager to let him know to keep an eye out for R1's medications. At one point, V5 said the facility's pharmacy took over in providing both of the medications. V5 said she made a visit to the facility in April 2024 and the nurse let V5 know that there was some issues with R1's insurance. V5 said the nurse said that R1 had a low quantity of medications remaining but was not out.</p> <p>The facility's Physician Order Entry in the Electronic Health Record policy revised November 15, 2017 shows, In accordance with section 300.1810, all medications, treatments and other orders shall be given only upon the written, facsimile or electronic order of a licensed prescriber.</p> <p>The facility's General Nursing and Personal Care policy revised October 25, 2016 shows, General nursing care will be provided on a 24 hour, seven day a week basis. Medication, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. All treatments and procedures shall be administered as ordered by the physician.</p>		