STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145739	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lutheran Home for the Aged	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to have a five percent (5%) or lower medication error rate. There were three (3) medication errors out of 30 medication opportunities, resulting in a 10% medication error rate. Findings include:On 01/21/2026 at 9:30 AM, Medication observation with V13 (Licensed Practical Nurse) completed for R178. R178 has a diagnosis of heart failure, hypertension, and chronic obstructive pulmonary disease. V13 gave Lamotrigine Oral Tablet 150 MG, Bumetanide Oral Tablet 1 MG, and Carvedilol Oral Tablet 6.25 MGPer the Physician order sheet dated January 2026, it reads:1-Lamotrigine Oral Tablet 150 MG, Give 1 tablet by mouth two times a day. Scheduled for 8:00 AM and 8:00 PM.2-Bumetanide Oral Tablet 1 MG, Give 1 tablet by mouth two times a day. Scheduled for 8:00 AM and 5:00 PM.3-Carvedilol Oral Tablet 6.25 MG. Give 1 tablet by mouth two times a day. Scheduled for 8:00 AM and 8:00 PM.On 1/21/2026 at 9:45 AM, V13 said, I am expected to administer medication one hour before or one hour after the scheduled times, and I am a float nurse, and I finished the other side, another hall away, and now I must finish this side. I have 24 residents on this unit.Facility Provided medication administration audit report, and V13 signed medication on 01/21/2026 at 9:43 AM for medications scheduled to be administered at 08:00.On 1/22/2026 at 9:57 AM, V4(Director of Nursing) said, I expect the nurses to administer medications within two hours window, one hour before the scheduled time and one hour after the scheduled time. Medications administered at 9:30 AM and scheduled for 8:00 are considered late.On 1/21/2026 at 1:06 PM, V1(Executive Administrator) provided Policy titled, Medication Administration General Guidelines dated 01/2025, which reads:14. Medications are administered within 60 minutes of the scheduled time, except before or after meal orders, which are administered based on mealtimes. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the nursing care center. Medications should not be given at mealtimes or in the dining room unless specifically ordered with a meal.

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