STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pavilion of Logan Square, The	2242 North Kedzie Chicago, IL 60647

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356 Based on observations, interviews, and review of records the facility failed to provide and/or obtain routine medication for availability in the medical supply for 1 out of 3 residents (R2) reviewed for pharmaceutical services. These failures have the potential to affect 1 resident (R2) that may impede timely administration and adversely affecting a resident's condition due to delay of acquisition of a medication. Findings include: R2 is [AGE] years old, initially admitted in the facility 12/10/2016. R2 diagnosis includes legal blindness, Parkinson's disease with dyskinesia, major depression, and dry eye syndrome. R2 has an order by physician to receive Latanoprost Ophthalmic Solution eye drops scheduled to be given at 07:00 PM, one (1) drop both eyes for legal blindness. On 05/27/2025 at 12:56 PM, R2 was seen alert and able to express thoughts within topic. R2 stated that he must ask for his eye drops before he can receive it. R2 said, Eye drops, I must ask for them. No, I don't receive my eye drop if I did not ask. I received them before I go to bed. And in the afternoon too. R2 said that he is legally blind because he sees things double instead of single form. At the nurse station with V4 (Licensed Practical Nurse) and V5 (Licensed Practical Nurse), medication cart that stores R2's medication was reviewed with V5. V5 checked all drawers and compartments but unable to find R2's Latanoprost Ophthalmic Solution eye drop. V5 informed V2 (Director of Nursing) who went to check the medication cart with V4, unable to find R2's eye drop. V2 went with V3 (Assistant Director of Nursing) to another floor where pharmacy medication dispenser was located. V3 checked supplies of medication for R2 specific to Latanoprost Ophthalmic Solution eye drop. V3 stated that R2's eye drop was not available, then called pharmacy to ask for details related to Latanoprost Ophthalmic Solution medicine. V3 stated that according to pharmacy, it was delivered to the facility on [DATE]. V2 stated that pharmacy should have been informed about R2's eye drops because electronic system automatically informs the pharmacy. V2 stated that in case pharmacy does not deliver medication for residents. It is the responsibility of nurses to request pharmacy to deliver specific medication in order not to run out of stock. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145792	A. Building B. Wing	05/29/2025

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Pavilion of Logan Square, The	2242 North Kedzie Chicago, IL 60647

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	V3 provided documentation from pharmacy dated 05/04/2025 that Latanoprost Ophthalmic Solution eye drops for R2 was delivered on the same date (05/04/2025). Per document, Latanoprost Ophthalmic Solution eye drops have a quantity of 25 uses. Medication Administration Record (MAR) for May 2025 documents that Latanoprost Ophthalmic Solution eye drops has a schedule to be given at 07:00 PM, one (1) drop both eyes for legal blindness. It was recorded as administered daily including date of delivery 05/05/2025 to current date 05/26/2025 or 22 days of use. There was a prior grievance or complaint (Resident / Family Grievance / Complaint Form) dated 05/23/2025 that documents V17 (Family of R2 / POA) was complaining that R2 was not getting his eye drops. The same form was notified by nursing department and was signed by V1 (Administrator). Under Storage of Medications and Medical Supplies policy, dated 12/2017 nursing staff shall be responsible for maintaining medical supply including medication. Under Administering Medication policy dated 11/2020, Director of Nursing Services will supervise and direct all nursing personnel who administer medications and/or related functions.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356 Based on review of records and interview the facility failed to maintain accurate resident record, ensure resident records are readily accessible related to psychotropic medication use for 1 out of 4 residents (R1) reviewed for improper nursing care. These failures can affect 1 resident (R1) who uses psychotropic medication related to correct medical diagnosis and consent documentations. Findings include: R1 is [AGE] years old, initially admitted on [DATE] discharged on [DATE], readmitted on [DATE] and discharged to hospital 3/25/2025. R1 medical diagnosis includes dementia with behavioral disturbance, brief psychotic disorder, and mood affective disorder. Per R1's physician order documents that R1 has an order for the following psychotropic medications: Haloperidol Tablet 5 MG, as needed for aggression for 14 days, Haldol Injection Solution 5 MG/ML (Haloperidol Lactate) inject 5 mg/ml intramuscularly every 6 hours as needed for aggression for 14 days, Olanzapine Oral Tablet 2.5 MG give 1 tablet by mouth in the evening for schizophrenia, psychoses, bipolar disorder and Depakote Oral Tablet Delayed Release 250 MG (Divalproex Sodium) for depression all of these psychotropic medications require consent prior administration. Discrepancies were identified as to the Depakote order dated 02/11/2025, 03/06/2025 and 03/17/2025. Physician orders dated 02/11/2025 and 03/06/2025 for Depakote medication supporting diagnosis for psychotropic medication use for mood affective disorder. Physician order dated 03/17/2025 for Depakote medication supporting diagnosis for psychotropic medication use for depression. On 05/28/2025 at 10:54 AM, V12 (Psychotropic Nurse / Licensed Practical Nurse) stated that nursing staff chose the wrong diagnosis, Depakote was used for mood disorder and not for depression. V12 reviewed all R1's medical diagnosis on the face sheet that does not include depression. V12 stated that he is aware of the difference between two diagnosis and different side effects of prolong use of psychotropic medication. V12 presented consent form for Haldol antipsychotic mediation uploaded on R1's electronic record dated 05/27/2025. V12 stated that medical record just uploaded in R1's electronic record yesterday (05/27/2025), and it should have been uploaded on the date it was signed (03/22/2025). Although R1 has an order for two different Haldol orders, for Haldol 5 MG tablet and Haldol 5 MG per ML injection. R1 has only have one (1) consent form for Haldol 5 MG. V12 stated Now I see what you mean. Consent should be given to both tablet and injection. But I placed PO/per Orem or orally and IM/intramuscular). V12 stated that moving forward he will procure two (2) separate consent forms since there are two (2) different psychotropic medications involved. R1 has an order for Olanzapine Oral Tablet 2.5 dated 03/17/2025 without consent form to start use of psychotropic medication. V12 stated that he went to medical records because it was not uploaded on R1's electronic record. V12 stated that it should have been uploaded once available but medical records failed to upload. Per MAR (Medication Administration Record) for March 2025, R1 was documented of being administered with Depakote for depression.