

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Tower Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 759 Kane Street South Elgin, IL 60177	

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>(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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Tower Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 759 Kane Street South Elgin, IL 60177	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure antidepressant medication was obtained from the pharmacy in a timely manner to prevent a resident from missing medication doses as ordered by the physician. This applies to 1 of 3 residents (R1) reviewed for quality of care in the area of missing antidepressant medications in the sample of 5. The findings include: The EMR (Electronic Medical Record) shows R1 was admitted to the facility on [DATE], and was discharged to home on July 1, 2025. R1 had multiple diagnoses including, traumatic brain injury with loss of consciousness, anoxic brain damage, other specified depressive episodes, Parkinsonism, psychoactive substance dependence, generalized anxiety disorder, depressive episodes, atrial fibrillation, and anemia. R1's MDS (Minimum Data Set) dated June 30, 2025 shows R1 had moderate cognitive impairment, required setup assistance with toilet hygiene and showering, and supervision with all other ADLs (Activities of Daily Living). R1 was always continent of bowel and bladder. A Plenary Letter of Office Guardian for Disabled Person shows R1 as a disabled person and V13 (Mother of R1) and V15 (Father of R1) as the permanent guardians for R1. The EMR shows the following order dated April 16, 2025: Venlafaxine Hydrochloride (Effexor) (antidepressant medication), Extended-Release 24-hour. Give 37.5 mg. (milligrams) by mouth one time a day for depression. The order was discontinued by facility staff on June 14, 2025 at 11:43 AM. The EMR shows the following order dated June 16, 2025: Venlafaxine HCL (Hydrochloride) ER (Extended-Release) 24-hour 37.5 mg, give 1 tablet by mouth one time a day for depression. On May 6, 2025, at 11:55 AM, V9 (RN-Registered Nurse) documented, Venlafaxine HCl ER Tablet Extended-Release 24-hour 37.5 mg. Give 1 tablet by mouth one time a day for depression. On Order. On May 21, 2025, at 9:30 AM, V8 (LPN-Licensed Practical Nurse) documented, Venlafaxine HCl ER Tablet Extended-Release 24-hour 37.5 mg. Give 1 tablet by mouth one time a day for depression. NA (Not Available). On June 11, 2025, at 9:24 AM, V9 (RN) documented, Venlafaxine HCl ER Oral Capsule Extended-Release 24-hour. Give 37.5 mg. by mouth one time a day for depression. Not available. On June 10, 2025, at 9:28 AM, V8 (LPN) documented, Venlafaxine HCl ER Oral Capsule Extended-Release 24-hour. Give 37.5 mg. by mouth one time a day for depression. NA. On June 13, 2025 at 1:57 PM, the facility's pharmacy sent the following notification to the facility dated June 13, 2025: Attention Medication Coordinator: The medication prescribed is not covered by insurance or may require a prior authorization. Resident: R1. Medication prescribed: Venlafaxine Tab 37.5 ER, Give 1 tablet by mouth daily for depression. The Resident's insurance prefers the following alternative medication(s): Venlafaxine Cap 37.5 ER. Please have the provider review alternative medications. If approved, discontinue order, and send a new order for the alternative medication. Please reply by email or fax if: No changes - reason. Please send prescribed medication. I am aware of the issue referenced above. Please note, facility may incur bill of \$21.88. Admin/DON (Director of Nursing) Name and Signature. Please note lack of action may result in delays in receiving medication. On June 14, 2025, at 11:56 AM, V11 (LPN) documented, Venlafaxine HCl ER Oral Capsule Extended-Release 24-hour. Give 37.5 mg. by mouth one time a day for depression. Medication reorder to capsule instead of tablet. The facility's Order Audit Report dated June 14, 2025, at 11:41 AM shows V11 entered the following order for R1: Venlafaxine HCl ER Oral Capsule Extended-Release 24-Hour, Give 1 mg. by mouth one time a day for depression. The pharmacy sent a second notification to the facility regarding R1's Venlafaxine, dated June 14, 2025. The notification shows the medication order needed clarification because the Venlafaxine was ordered as 1 milligram by mouth one time a day. The above prescribed medication needs clarification from the prescriber: Verify dose, 1 mg. is not available in the market. On June 15, 2025, at 8:16 PM, V12 (RN) documented, Resident returned from pass with his parents. Mother (V13) also asked if Effexor had been received and as of yet, it has not been received. Mother would like [V14] (NP-Nurse Practitioner) to see [R1] in the morning regarding Effexor. The facility's Order Audit Report dated June 16, 2025, at 3:29 AM shows V19 (LPN) entered the following order for R1: Venlafaxine HCl ER Oral Capsule Extended-Release 24-Hour. Give 37.5 mg. by mouth one time a day for depression. On June 16, 2025, at 8:33 AM, V12 (RN) documented, Called pharmacy to follow-up on delivery of Effexor and per pharmacy they have it showing to be delivered today at 11:00 AM. Will check then to ensure delivery. On June 16, 2025 at 11:00 AM, V10 (LPN) documented: Venlafaxine HCl ER Oral Capsule Extended-Release 24-hour. Give 37.5 mg. by mouth one time a day for depression. NA. Ordered from pharmacy will be delivery today. Pharmacy documentation shows R1's Venlafaxine was delivered to the facility on June 16, 2025 at</p>		