STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145801	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Luther Home	505 College Avenue Ottawa, IL 61350

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on interview and record review, the facility to ensure licensed staff dispensed physician-ordered medications for one of three residents (R1) reviewed for medication administration in a sample of three. Findings include: The facility's Medication Administration General Guidelines, dated 02/26, documents that medications are administered as prescribed in accordance with the manufacturer's specifications, good nursing principles and practices, and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication. This form also documents that medications are prepared only by licensed nursing, medical, pharmacy, or other personnel authorized by state regulations to prepare medications. V4's, Certified Nursing Assistant, Termination Detail, dated 4/16/26, documents involuntary gross misconduct and breach of policy/procedures. V5's, Registered Nurse, Termination Detail, dated 4/16/26, documents involuntary gross misconduct for termination.R1's current Physician Order Sheet documents that R1 can take Tylenol (analgesic) 325mg 2 tabs every six hours as needed for pain. V1's, Administrator, Interview Notes, dated 4/16/26 at 10:55am, documents that V5 was asked if she had ever given a medication to a CNA (Certified Nursing Assistant) to administer. V5, Registered Nurse, stated yes the other night when (R4) was in pain. V5 gave a Norco to (V4) to give to him (R4). Asked (V5) what she was doing and why she did not give the med herself. (V5) stated that she was on the phone with the pharmacy. (V1) asked if there were any other times that she had given a medication to a CNA to administer, and she said yes, it was months ago when she had a gas leak at her apartment. She gave (V4) a Tylenol for (R1). This form documents that V5 was notified that it was not OK to give a CNA any medication to administer, that they are not licensed to do so, and that this was a huge policy violation, along with putting her own license at risk.On 5/12/26 at 2:00pm, V4, Certified Nursing Assistant, stated that V5, Registered Nurse, handed her a cup with two pills in it to give to R1. V2 stated that she thought that it was 2 Tylenol (analgesic). V4 stated that V5 was busy with another resident and could not get to R1, so she gave her the medications to help V5. V4 stated that she also gave another resident pain medication, but could not remember who the resident was. On 5/12/26 at 2:30pm, V1, Administrator, stated that it was brought to her attention that V5 gave V4 medications to pass. V1 stated that she spoke with V5, and she confirmed that she gave V4 Tylenol to give to a resident. V1 stated that V5 told her that she was on the phone with the pharmacy and could not get away to give R1 her medications, so she had V4 give them to her. V1 verified that both V4 and V5 were terminated for gross misconduct.

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