STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145886	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aledo Rehab & Health Care Center	304 S.W. 12th Street Aledo, IL 61231

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50627 Based on observation, interview, and record review the facility failed to administer a physician prescribed antibiotic medication to a resident with a diagnosis of lower extremity cellulitis for one of three residents (R1) reviewed for infections in the sample of three. Findings include: The facilities Medication Administration Policy, dated 7/3/2013, documents The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual dose to the proper resident, and promptly recording the time and dose given. The same policy also documents Medications must be prepared and administered within one hour of the designated time or as ordered. Medications must be identified by using the six rights of administration: right resident, right drug, right dose, right time, right route, right documentation. On 6/17/2024 at 10:30 AM, R1 was sitting in her wheelchair at her bedside. R1's left lower leg was wrapped with a bandage and resting on her wheelchair foot pedal. R1 stated at the hospital she was found to have Methicillin Resistant Staphylococcus Aureus (MRSA) in her leg wound. R1 stated, When I got back from the hospital I did no get my antibiotics. The nurse said it wasn't delivered yet. R1's hospital After Visit Summary, dated 6/15/2024, documents R1 was discharged from the hospital on 6/15/2024 with a diagnosis of cellulitis and an order to give Linezolid 600 milligrams (mg), (antibiotic medication) by mouth every twelve hours for seven days. This summary documents the last time Linezolid was administered was on June 15th 2024 at 09:07AM. R1's Skilled Progress Note, dated 6/15/2024 and signed by V4 (Registered Nurse), documents R1 returned to the facility on [DATE] at 1:45 PM. The facilities Pharmacy Delivery Receipt dated 6/15/2024, documents R1's Linezolid medication was delivered to the facility on [DATE] at 07:32 PM. R1's Medication Administration Record (MAR), dated 6/15/2024-6/30/2024, documents on 6/15/2024 R1 had an order for Linezolid 600 mg take one tablet by mouth every twelve hours for seven days. This same MAR documents the first administered dose of Linezolid was given at 08:00 PM on 6/16/2024, 35 hours after the last administered dose. (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
	145886	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aledo Rehab & Health Care Center	304 S.W. 12th Street Aledo, IL 61231

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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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/17/2024 at 12:55 PM, V2 (Director of Nursing) stated I was not here over the weekend. She (R1) came back from the hospital on Saturday. If there was an order it should have been sent to the pharmacy and then they would deliver the medication at night. V2 confirmed the Linezolid should have been delivered on 6/15/2024 and administered as scheduled. V2 stated 36 hours between doses (of antibiotic) should not have happened.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145886	A. Building B. Wing	06/20/2024

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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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. 50627 Based on interview and record review the facility failed to ensure physician ordered laboratory tests were collected as ordered for one of three residents (R1) reviewed for infections in the sample of three. Findings include: The facilities Laboratory Test Policy, dated 9/27/2017 documents Appropriate laboratory monitoring of disease process and medications requires consideration of many factors including concomitant disease and medications, wishes of the resident and family and current standards of practice. Responsibility; physician, license nursing personal, laboratory consultant, pharmacy consultant. Procedure: laboratory testing will be completed in collaboration with Medicare guidelines, pharmacy recommendations and physician orders. R1's Physician Order Sheet, dated 5/1/2024-5/31/2024, documents on 5/29/2024 R1 had an order to Collect CBC (complete blood count), BMP (basic metabolic panel), ESR (Erythrocyte Sedimentation Rate), CRP (C-Reactive Protein test) on Tuesday 6/4/2024 and send to V9 (Infections disease physician) and follow up with V9 on 6/4/2024. R1's Laboratory Report dated 6/7/2024 documents the physician ordered laboratory tests were not collected until 6/7/2024 at 2:42 AM. On 6/17/24 at 12:55 PM, V2 (Director of Nursing) confirmed R1 was supposed to have laboratory values (labs) drawn on 6/4/24 so she could see V9 on 6/6/24. V2 confirmed these labs were not drawn until 6/7/24 and R1's Infectious Disease appointment had to be rescheduled to 6/10/24 as a result. V2 stated she was not aware of the orders and was notified of the error by V9's office staff. On 6/18/24 at 12:18 PM V4 (Registered Nurse) confirmed she wrote R1's order for lab work on 5/29/2024 and it did not get drawn until 6/7/2024. V4 stated I did specifically order these labs as STAT (immediately), multiple times. I called the lab two or three days in a row. They would say they must've missed it and apologized. This is something (labs not being drawn timely) that has been a challenge. V4 confirmed ensuring that lab orders are processed is a nursing responsibility.