STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145890	A. Building B. Wing	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eldorado Rehab & Healthcare	1001 A Jefferson Street Eldorado, IL 62930

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** 49664 Based on observation, interview, and record review the facility failed to ensure medications were administered safely for 2 of 5 residents (R2 and R3) reviewed for medication administration in sample of 7. The findings include: R2's Admission Record documents an admitted [DATE] and includes diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Atrial Fibrillation, Reduced Mobility, Anxiety, and Major Depressive Disorder. R2's Minimum Data Set (MDS) dated [DATE] documents in Section C, Cognitive Patterns, a Brief Interview for Mental Status (BIMS) score of 15, indicating R2 is cognitively intact. The same MDS documents in section E, Behaviors, is coded 0 for behaviors. R2's Order Summary Report dated 8/28/2024 does not include orders for Nystatin Powder. R2's Care Plan with a revision date of 7/27/24 does not include focus area or interventions addressing behaviors or R2's ability for self-administration of medications. On 8/28/2024 at 11:10 AM, R2 was observed sitting in her room. A bottle labeled Nystatin Powder was observed sitting on the bedside table next to R2. The bottle was 1/2 full and contained powder. The pharmacy label on the bottle documented R2's name and instructions to apply Nystatin powder 4 times a day for 10 days with order date of 4/3/2024. R2 was alert and oriented to person, place, and time. R2 stated she applied the medication (Nystatin Powder) herself and she still applies the powder under her breast at times. R2 stated she normally keeps it in her bin, but she has been using it, so she sat it on her bedside table. R3's Face Admission Record documents an admitted [DATE] with diagnoses including Major Depression Disorder, Anxiety, Ulcerative Colitis, and Parkinson's Disease with Dyskinesia. R3's MDS dated [DATE] includes a BIMS score of 9, indicating R3 has moderate cognitive impairment. R3's Order Summary Report Physician dated 8/28/2024 documents current orders for Sulfasalazine 500 mg (milligrams) oral tablet, give 2 tablets by mouth three times a day related to ulcerative colitis, and Carbidopa-Levodopa tablet 25-250mg, give 1 tablet by mouth three times a day for Parkinson's disease related to Tremors. (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

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/28/2024 at 11:35 AM, R3 was observed in her room lying in bed asleep. A medication cup containing 1 blue pill and 2 orange pills were observed sitting on bedside table in R3's room. At this time, V6 (Registered Nurse) walked by R3's room. V6 was asked about the medication cup that contained the 3 pills and V6 stated this is not my hall so I didn't leave the pills there, those shouldn't be there. V6 identified the resident lying in the bed as R3 and stated that she is confused. On 8/28/2024 at 11:40AM, V2 (Director of Nursing) entered R3's room. R3 was then sitting up on the side of the bed. R3 noted to be confused. R3 was asked if those were her medications sitting on the bedside table and R3 stated I guess they are. V2 stated well (R3) is very slow at taking her medications, it takes a long time, and she won't take her medications until she is ready to take them. V2 was asked if it is their policy to leave medications at bedside and V2 replied no, it isn't. V2 was asked who the medication nurse that was working the hall and she stated V8 (Registered Nurse). V2 then took the medications and left the room. V2 was asked if R3 could make her own decisions, V2 stated No. V2 then took the medications and left the room. On 8/28/2024 at 12:30 PM, V8 (Registered Nurse) was asked if she was the medication nurse for R3 and V8 stated yes, I am. V8 was asked is R3 was confused, V8 stated yes, she is confused most of the time. V8 was asked if she left medications sitting on the bedside table in R3's room, V8 stated (R3) has this funny thing about wanting to keep them in her room, sometimes she refuses to take them until she eats her cereal, so you just have to go along with her because she is confused, I do it all the time. V8 was asked if she leaves medications in R3's room frequently and she stated, yes because she wants us to. V8 was asked if she knows what the facility policy is on medication administration, V8 stated Our policy says we should not do that. We should probably stand there until she takes them. V8 was asked to pull R3's medication cards from the medication cart to identify what medications were in the medicine cup on R3's bedside table. V8 pulled R3's medication cards and identified that the medications were the 12 PM doses Sulfasalazine 500 mg 2 tablets and Carbidopa-Levodopa 25/250 mg one tablet per the pharmacy label on the medication cards. V8 stated yes, these are the medications that were left in R3's room. On 8/28/2024 at 1:15PM, V2 DON (Director of Nursing) stated her expectation is that medications are not left at the bedside unless ordered by the physician. V2 was asked if R2 and R3 had assessments done to be able to self-administer medications, V2 stated I am not sure and I don't know if those type of assessments are in PCC (Point Click Care). V2 stated she recently did education to the nurses on narcotic counts and medications. V2 stated, she can't say she has never seen medications left at bedside, but she hasn't seen any medications at the bedside lately, at lease the last several months except creams and powders. V2 was asked about R2's Nystatin Powder left at bedside. V2 stated (R2) has behaviors and will not let us take the powder. V2 stated R2 is alert and oriented and knows everything going on and she will not let us remove the medicated powder from her room. V2 was asked if she felt Nystatin powder was a prescribed medication, V2 stated yes, it is. V2 was asked if she realized the order was dated for 4/3/2024 and was for 10 days, she stated she would have to check. V2 wasn't sure if the physician was aware R2 was still using the medication. V2 was asked if R2 had an assessment for self-administration of medications and she stated she didn't know because she doesn't know if (name of electronic health record system) has those assessments. Documentation of an assessment to determine R2's ability to self-administer medications were requested at this time for review and none were provided during the survey. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled Medication Administration (revision date December 2012) documents a Policy Statement of Medications shall be administered in a safe and timely manner, and as prescribed. The Policy Interpretation and Implementation step #24 documents Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely. results were observed and the person administering the drug. The facility policy titled Self-Administration of Medications (revision date December 2016) documents a Policy Statement of Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. The Policy Interpretation and Implementation documents the following: 1. As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident. 2. In addition to general evaluation of decision-making capacity, the staff and practitioner will perform a more specific skill assessment, including (but not limited to) the resident's: a. Ability to read and understand medication labels; b. Comprehension of the purpose and proper dosage and administration time for his or her medications; c. Ability to remove medications from a container and to ingest and swallow (or otherwise administer) the medication; and d. Ability to recognize risks and major adverse consequences of his or her medications. 3. If the team determines that a resident cannot safely self-administer medications, the nursing staff will administer the resident's medications . 8. Self-administered medications must be stored in a safe and secure place, which is not accessible by other residents. If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer will be stored on a central medication cart or in the medication room. Nursing will transfer the unopened medication to the resident when the resident requests them. 9. Staff shall identify and give to the Charge Nurse any medications found at the bedside that are not authorized for self-administration, for return to the family or responsible party.