STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145893	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Palos	11860 Southwest Highway Palos Heights, IL 60463

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that staff follow professional standards of practice when administering medication by failing to administer medication before documenting, failed to correctly document refused medication and failed to notify attending physician that a resident was refusing a particular medication. This failure affected one (R3) of five residents reviewed for nursing services.Findings include:R3 is [AGE] years old admitted to the facility on [DATE], face sheet listed the following past medical history: Polyneuropathy unspecified, other specified disorders of muscle, type 2 diabetes with foot ulcer and other circulatory complications, cutaneous abscess of buttock, major depressive disorder, presence of cardiac pacemaker, venous insufficiency, hypertensive heart disease, etc. Minimum Data Set (MDS) assessment dated [DATE], section C (cognitive) documented a brief interview for mental status (BIMS) score of 15 for R3 indicating that resident is cognitively intact. Section GG (functional status) of the same assessment documented that R3 is dependent on staff for most Activities of daily living (ADL) needs.On 5/18/2026 at11:18AM, R3 was in his room, awake, alert and oriented, stated he has been at the facility for about 3 weeks, has issues with his medication, have complained that he does not want to take Jardiance, it makes him sick, but staff are still giving it to him. R3 said that removes it from the medication cup and refuses to take it. He added that he has not started therapy, he is being harassed by therapy though he told them that he is too sick to start therapy now.Review of active physician order for R3 showed the following Empagliflozin Oral Tablet 10 MG (Empagliflozin) Give 1 tablet by mouth one time a day for DM. Medication administration record for the month of May showed that the above medication is being signed as given at 9:00AM.On 5/18/2026 at 2:27PM V3 (RN) said that she is the assigned nurse for R3 today, she gave him all his medications, and he took them. Surveyor asked V3 if she is sure that resident did not refuse any medication and she said, Oh he refused his Jardiance, he said that it gives him some issue like upset stomach, I disposed the medication. Surveyor presented to V3 that she documented the Jardiance as given in resident's medication administration record (MAR). Surveyor asked V3 what the protocol is when a resident refuses medication and she said, we are supposed to mark it as refused and also notify the physician. Surveyor asked V3 why she did not mark the medication as refused or notify the physician and she said, I have not notified anyone yet, I was going to go back and fix the MAR, I always go back to finish my work.On 5/21/2026 at 11:30AM, V7 (LPN) said that she is familiar with R3, she took care of him for the first time on 5/16/2026, R3 refused his Jardiance, stating that he is allergic to it. V7 informed the DON about R3 refusing Jardiance and the DON said that R3 has reported the same thing to another nurse, the DON has reached out to his doctor who said that resident has been on that medication for a long time. V7 added that when a resident refuses any medication, it should be documented as refused in the medication administration record. Surveyor informed V7 that resident's medication (Jardiance) was documented as given on 5/16/2026 and she said, I am not sure that I went back and marked it as refused, I was confused with everything that went on that day.On 5/21/2026 at 11:16AM, V8 (Attending physician) said that he is familiar with R3, saw him when he first came to the facility and after he came back from the hospital. R3 complained about his pain management, he did not complain about Jardiance, V8 heard about Jardiance about a (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
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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	week ago, he told the staff who called him to hold the medication until he sees the resident again. V8 said that Jardiance has a lot of side effects, he was going to discuss with the resident and maybe switch to something else. V8 does not recall the name of the staff that called him regarding the Jardiance, he added that the expectation when a resident is refusing medication is to mark it as refused, not document it as given.On 5/21/2026 at 2:52PM, V2 (DON) said that R3 is newer to the facility but she is familiar with him, V2 does not know anything about R3 being allergic to Jardiance or refusing the medication, she became aware of it after surveyor brought it to their attention and the medication was discontinued. V2 added that the expectation from staff when a resident refuses medication is to call and notify the doctor, the medication should also be documented as refused in the MAR. Medication pass policy revised 7/2/2025 states in part: It is the policy of the facility to adhere to all federal and state regulations with medication pass procedures. Procedures 7. PO Meds: e. After medication is administered to each resident, sign MAR that it was given.On 3/21.2026 at 3:50PM, surveyor requested for facility policy on refusal of medication from V1 (Administrator) and she said that they do not have any policy on medication refusal.Job description for Registered Nurse (RN) and Licensed Practical Nurse (LPN) updated 12/1/2019 stated in part, summary/objective:In keeping with our organization's goal of improving the lives of our guests we serve, the Rn and LPN play a critical role in providing superior customer service and nursing care to all guests. The RN and LPN provide supervision of staff and will ----------, following applicable laws, regulations, and established nursing policies and procedures. Essential functions: Provides quality nursing care to guests in an environment that promotes their rights, dignity and freedom of choice.