

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145908	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER Amberwood Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 2313 North Rockton Avenue Rockford, IL 61103	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38488</p> <p>Based on interview and record review the facility failed to ensure pain and anxiety medications were documented on the Medication Administration Record for 1 of 3 residents (R1) reviewed for medications.</p> <p>The findings include:</p> <p>R1's face sheet showed he was admitted to the facility 2/14/23 with diagnoses to include Type 2 Diabetes Mellitus without complications, Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure, Depression, hyperlipidemia, chronic kidney disease, anxiety disorder, dysphagia, anemia, atherosclerotic heart disease, abdominal aortic aneurysm, and peripheral vascular disease.</p> <p>R1's facility assessment dated [DATE] showed he has severe cognitive impairment.</p> <p>R1's January 2025 Physician Order Sheet showed, Ativan 0.5 mg give 0.25 tablet by mouth every 12 hours as needed for anxiety .Norco 5-325 mg Give 1 tablet by mouth every 8 hours as needed for pain . Tylenol Extra Strength Oral Tablet 500 mg . Give 2 tablets by mouth every 6 hours as needed for pain .</p> <p>R1's January 2025 eMAR (electronic Medication Administration Record) showed no documentation of administration of Ativan, Tylenol, or Norco.</p> <p>R1's Narcotic Count Sheet for Lorazepam (Ativan) 0.25 mg tablets showed doses signed out 1/3/25 at 8:00 PM and 1/5/25 at 4:30 PM. R1's Narcotic Count Sheet for Norco 5-325 mg showed doses signed out 1/2/25 and 1/3/25.</p> <p>On 1/10/25 at 9:35 AM, V3 (Licensed Practical Nurse-LPN) said she gave R1 a dose of Ativan on 1/3/25 due to his behaviors of yelling out, being restless, and anxious. V3 said controlled medications should be documented when administered on the eMAR and on the narcotic sign out sheet.</p> <p>On 1/10/25 at 11:24 AM, V6 (LPN) said she gave a dose of Ativan to R1 on 1/5/25 when he was anxious while not feeling well.</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
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(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>On 1/10/25 at 10:20 AM, V2 (Director of Nursing-DON) said the nurses are expected to be signing controlled medications out on the eMAR (electronic Medication Administration Record) and on the narcotic sign out sheet. V2 said it is important for the nurses to sign the medication out on the eMAR so other nurses can easily see when the resident last received each medication.</p> <p>The facility's policy and procedure with revision date of April 2007 showed, Documentation of Medication Administration; Policy: The facility shall maintain a medication administration record to document all medications administered. Procedure: A Nurse or Certified Medication Aide (where applicable) shall document all medications administered to each resident on the resident's medication administration record (MAR). 2. Administration must be documented immediately after it is given .</p>		