

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2024
NAME OF PROVIDER OR SUPPLIER  Ascension Saint Joseph Village		STREET ADDRESS, CITY, STATE, ZIP CODE  659 East Jefferson Street Freeport, IL 61032	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>35119</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident's medication choice was followed for 1 of 3 residents (R1) reviewed for medications in the sample of 3.</p> <p>The findings include:</p> <p>On 5/21/24 at 9:19 AM, R1 was asleep in her bed.</p> <p>On 5/21/24 at 10:30 AM, V2 (Director of Nursing/DON) said R1's current Physicians Orders (POS) contain orders for melatonin 3 mg (milligrams) every evening scheduled and also melatonin 3 mg PRN (as needed). V2 (after reviewing the printed POS in R1's chart) said this POS was printed on 5/14/24 and the family wrote on it not to give R1 the PRN dose of medication unless requested by the family. V2 said she was not sure what nurse printed or went over the medications with R1's family or if the Nurse Practitioner (NP) or Doctor was notified. V2 said currently R1 is still getting scheduled melatonin 3 MG daily.</p> <p>On 5/21/24 at 11:03 AM, V6 (R1's Power of Attorney/Emergency Contact) said on 5/14/24 she went over R1's medication list (POS) with the nurse on duty and wrote on the list to not give the scheduled melatonin and to only give the PRN dose if the family requests. V6 said the nurse said he would inform the doctor and make changes to the orders. V6 said on 5/15/24 in the evening, V7 (Licensed Practical Nurse/LPN) said she had just gave R1 her evening pill. V6 said she told V7 that R1 did not have any evening pills and V7 said she gave R1 her melatonin. V6 said she told V7 that R1 was only supposed to get melatonin as needed if the family requests. V6 said V7 went over the orders and said she saw the orders form where V6 had requested the melatonin to be stopped, but it looked like the scheduled dose was not discontinued. V7 said she would let the doctor know and take care of it. V6 said when her mom got melatonin in the hospital she became so sleepy she wasn't eating or drinking and was so out of it.</p> <p>On 5/21/24 at 11:47 AM, R1 was still asleep in her bed.</p> <p>On 5/21/24 at 11:48 AM, V8 (LPN) said R1 has been sleeping all morning and this was R1's normal routine. V8 said she worked the weekend and R1 did get up to eat on Saturday for meals but slept in between and then on Sunday R1 wouldn't get out of bed at all.</p> <p>On 5/21/24 at 11:52 AM, V8 asked R1 if she wanted to get up and have some lunch. R1 stated Don't want it. You ain't going to give nothing! I don't want to get up.</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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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/21/24 at 12:09 PM, V9 (NP) said the nurse never mentioned the family wanted to talk to her about R1's medications and never showed her R1's POS that the family had written their request to discontinue the scheduled melatonin and only keep the PRN. V9 said if R1 or her POA (Power of Attorney) wanted melatonin PRN instead of scheduled she would change the order.</p> <p>R1's Medication Administration Record for May 2024 shows an undated order for melatonin 3 mg scheduled every evening and an undated order for melatonin 3 mg PRN. This same MAR shows R1 received melatonin on 5/14/24 and 5/16/24-5/20/24.</p> <p>R1's Physician Orders copy printed on 5/14/24 in the POS section of R1's chart shows Please no meds outside of those authorized by family doctor per family approval and w/out (without) family knowledge and consent. The same POS copy shows melatonin 3 mg once daily at bedtime crossed out and NO written by it and the melatonin 3 mg PRN order has a hand written note It is only to be given upon request by family if and as needed. It has side effects that make her sleep, not eat and not drink for hours.</p> <p>The facility's Resident Rights Policy dated 6/2022 shows residents are entitled to exercise their personal and legal rights and privileges to the fullest extent possible.</p>		