

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  06/10/2025
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 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>Based on observation, interview, and record review, the facility failed to administer medications as ordered by the physician for one of six residents (R1) reviewed for medications in the sample of six.</p> <p>The findings include:</p> <p>R1's Face Sheet dated June 9, 2025 shows she was admitted to the facility with diagnoses including fibromyalgia, heart disease, myocardial infarction, presence of aortocoronary bypass graft, asthma, chronic pain syndrome, muscle weakness, hypothyroidism, major depressive disorder, mixed hyperlipidemia osteoarthritis, and generalized anxiety disorder.</p> <p>R1's Medication Record dated June 2025 shows levothyroxine ordered to be administered at 7:00 AM and an order for acetaminophen 500 mg (milligrams) one tablet by mouth four times per day.</p> <p>On June 9, 2025 at 9:18 AM, during the morning medication pass, V5 Licensed Practical Nurse (LPN) administered R1's levothyroxine that was ordered to be given at 7:00 AM and administered acetaminophen 500 mg two tablets instead of one tablet as ordered.</p> <p>On June 9, 2025 at 11:15 AM, R1 said that she has to take her levothyroxine at 7:00 AM because she has to wait to eat.</p> <p>The facility's Medication Administration: Person-Centered Care policy last revised January 2025 shows, Residents have the right to choose health care schedules consistent with their interest and preferences. The facility staff will follow the prescribed times for admissions or readmissions until a time that a review of the medications can be completed by the facility pharmacist for any recommendations and presented/reviewed during a care conference with the resident/responsible party.</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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