

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	

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** 45395</p> <p>Based on interview and record review, the facility failed to ensure all doses of a narcotic pain medication was documented on the Individual Resident Controlled Substance Record and the medication administration record as administered for one of three residents (R1) reviewed for narcotic medication administration.</p> <p>Findings include:</p> <p>R1's medical record indicated the resident admitted to the facility on [DATE] with a past medical history not limited to hypertension, congestive heart failure, restless legs syndrome, pain in left leg, low back pain and idiopathic peripheral autonomic neuropathy.</p> <p>Review of R1's current physician orders showed the following medication order: give 1 tablet of hydrocodone-acetaminophen (Norco-a combination opioid and non-opioid pain medication) 5-325 milligram (mg) oral tablet by mouth every 6 hours as needed for pain with an active start date on 2/19/24.</p> <p>Review of R1's Brief Interview for Mental Status assessment dated [DATE] documented a score of 15 which indicated the resident had no cognitive impairment.</p> <p>On 12/31/24 at 12:25 PM, R1 stated she began recording her Norco administrations in May 2024 because she had issues with missing medications. R1 added that when the nurse brings her a Norco, she writes the date and time down in her notebook which is kept in her nightstand. R1 then stated her pain is usually managed with acetaminophen (non-opioid pain medication) but at times, she does require something stronger and has an order for Norco. R1 then stated that she recalls requesting a Norco in the beginning of May (2024) but was told by staff that she had none left on her medication card, but according to her personal administration log, she should have had 5 tablets left. R1 also stated that she has been told in the past by staff that the facility can borrow medications from one resident to give to another resident if a medication becomes unavailable.</p> <p>Review of R1's Individual Resident Controlled Substance Record dated 3/13/24 documented one Norco tablet was signed out on each of the following days: 5/1, 5/2, and 5/3. R1's Individual Resident Controlled Substance Record dated 5/9/24 documented one Norco tablet was signed out on each of the following days: 5/22, 5/23, and 5/26. Review of R1's medication administration record for May 2024 showed no documented Norco administrations on 5/3 or 5/26.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R1's Individual Resident Controlled Substance Record dated 5/9/24 documented one Norco tablet was signed out on each of the following days: 6/1 and 6/5. Review of R1's medication administration record for June 2024 showed no documented Norco administration on 6/1.</p> <p>Review of R1's Individual Resident Controlled Substance Record dated 5/9/24 documented one Norco tablet was signed out on 7/12. Review of R1's medication administration record for July 2024 showed no documented Norco administrations.</p> <p>Review of R1's Individual Resident Controlled Substance Record dated 5/9/24 documented one Norco tablet was signed out on each of the following days: 8/5, 8/7, 8/19, 8/25, 8/28, and 8/31. Review of R1's medication administration record for August 2024 showed no documented Norco administrations on 8/5 or 8/31.</p> <p>Review of R1's Individual Resident Controlled Substance Record dated 5/9/24 documented one Norco tablet was signed out on each of the following days: 10/2 and 10/5. Review of R1's medication administration record for October 2024 showed no documented Norco administrations.</p> <p>Review of R1's Individual Resident Controlled Substance Record dated 5/9/24 documented one Norco tablet was signed out on 11/6. Review of R1's medication administration record for November 2024 showed no documented Norco administrations.</p> <p>On 12/31/24 at 12:50 PM, after R1's medication administration records were reviewed with the resident. R1 said according to her personal log, she did not receive Norco on the following days: 5/3, 5/26, 6/1, 8/31, 10/2, 10/5, and 11/6.</p> <p>On 12/31/24 at 3:15 PM, V2 (Director of Nursing) stated her expectation is for nursing staff to document on a resident's administration record when a medication is administered to ensure that the medication was administered to the resident as ordered. V2 added that R1 is alert, oriented and aware of her medication administrations.</p> <p>Review of controlled substance policy with approved date of 12/2024 reads in part: controlled substances are subject to special handling, storage, disposal, and record-keeping requirements. The facility will maintain compliance with these special provisions. The licensed nurse or CMT (certified medication technician) where applicable will sign the medication out on the controlled substance proof of use form immediately and will document the medication on the medication administration record immediately after administering the drug.</p>		