

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145990	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER Symphony Maple Crest		STREET ADDRESS, CITY, STATE, ZIP CODE 4452 Squaw Prairie Road Belvidere, IL 61008	

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** 22499</p> <p>Based on interview and record review the facility failed to administer medications as ordered to a resident newly admitted to the facility.</p> <p>This applies to 1 of 4 residents (R1) reviewed for medication administration in the sample of 6.</p> <p>The findings include:</p> <p>R1's Progress Notes and Face Sheet show that R1 was admitted to the facility on [DATE] at approximately 3:00PM. R1's diagnoses include Diabetes Mellitus, Malnutrition, Hodgkin's Lymphoma, Chronic Gout, Benign Prostatic Hyperplasia (BPH) and Weakness.</p> <p>R1's Medication Administration Record for February shows orders for Allopurinol 300 mg in the evening (for Gout), Atorvastatin 80 mg in the evening (For High Cholesterol), Flomax 0.4 mg in the evening (for BPH), Lantus 12 units in the evening (for Diabetes), Eliquis 2.5 mg two times a day (Blood thinner), Famotidine 20 mg twice a day (Prophylaxis GI upset), Magnesium Oxide 400 mg twice a day (Supplement), Metformin 1000 mg twice a day (for Diabetes), and Senna Plus 1 tablet twice a day (Constipation). This document shows that none of these medications were signed out/ administered for the 7:00PM dose on 2/19/25.</p> <p>On 3/17/25 at 12:00PM V3 (RN) stated, (On 2/20/25) The daughter brought in all of his medications and gave them to me. I told her we ordered them from our pharmacy. He didn't ask or seem to need a pain pill before they got there. The meds all came from the pharmacy during my shift.</p> <p>On 3/17/25 V2 (Director of Nursing) confirmed that the facility does have a convenience box that the nurse's can pull medications from if they need to. V2 also stated that staff should call the doctor and get orders to substitute medications if they are not available in the convenience box.</p> <p>The undated facility policy entitled General Guidelines for the Administration of Medications states, The facility staff will provide safe and accurate medication administration to the residents.</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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