

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145994	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Inverness Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 W Colonial Parkway Inverness, IL 60067	

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 interview and record review the facility failed to provide medication as ordered by the prescriber to meet the needs of the resident, including acquiring medications. This failure affects one of three residents (R2), reviewed for medication administration. Findings include: On 8/7/2025 at 11:00am R2 said on Sunday 8/3/2025 and she think also Monday 8/4/2025 she did not have her 9am or her 1pm medication, it is for her anxiety and she was not informed until she counted her medication and it was short a pill, she then ask the nurses and they both said the medication had not been delivered, I then informed the social worker I wanted to file a grievance. On 8/7/2025 at 11:40am V3(Social Services Director-SSD) said that R2 ask to file a grievance because the nurse had not administered her medication, I did assist her with the grievance and then I informed the Assistant Director of Nursing-ADON. On 8/7/2025 at 12:00pm V4(Assistant Director of Nursing-ADON) said that V2 had already been informed about the medication not being administered, my expectation is that the nurses will retrieve the medication out of the emergency box as per policy and follow up with the pharmacy on the expected delivery. On 8/7/2025 at 12:45pm V5(Registered Nurse-RN) said on 8/3/2025, R2 did not have any Lorazepam (1.0 milligram-mg). I should have pulled the medication from the emergency box I informed my supervisor instead; I did not give the 9am or the 1 pm dosage. On 8/7/2025 at 1:30pm V6 (Licensed Practical Nurse-LPN) said on 8/4/2025, R2 did not have any Lorazepam (1.0 milligram-mg) dosage I called the pharmacy, and the delivery was due to come in, the protocol is to pull the medication from the emergency box she did not receive the 9am or 1pm dosage. On 8/7/2025 at 12:15pm V2 (Director of Nursing-DON) said, I expect the medication to be pulled from the emergency box, R2 did not receive medication the 9am and 1pm dose on 8/3/2025 and 8/4/2025. A resident information sheet dated 8/8/2025 indicates that R2 has a diagnosis of Bipolar, anxiety and schizophrenia. An order summary report dated August 2025 an order on 7/23/2025 for Lorazepam 1.0 milligram three times a day for anxiety, and medication administration record dated August 2025 for Lorazepam 1.0 mg by mouth with at code of 10 for nurses note of medication not administered. A protocol for When medication is not available for residents Narcotics: pull from the emergency box. A care pan dated 3/6/2025 with a focus on psychotropic medication, an intervention to administer medications as ordered by the physician. Facility Policy: Medication Administration-1/1/2025 Medications are administered by licensed nurses or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Policy Explanation and Compliance Guidelines: 23. Administer medications according to physician orders.</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
---	-------	-----------