

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER Wabash Senior Living & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 216 College Boulevard Carmi, IL 62821	

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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36384</p> <p>Based on interview and record review, the facility failed to timely transmit Minimum Data Set (MDS) Assessments for 2 (R20 & R25) of 2 residents reviewed for timely MDS submission in the sample of 45.</p> <p>The findings include:</p> <ol style="list-style-type: none"> R20's Face Sheet documented an admitted [DATE] and included diagnoses of Chronic Obstructive Pulmonary Disease, Anxiety, and Depression. This same document listed a discharge date of [DATE]. <p>R20's last transmitted MDS was an admission assessment and was completed on 11/27/24.</p> <ol style="list-style-type: none"> R25's Face Sheet documented an admitted [DATE] and included diagnoses of repeated falls, anemia, type 2 diabetes, and muscle weakness. This same document listed a discharge date of [DATE]. <p>R20's last transmitted MDS was an admission assessment and was completed on 11/5/24.</p> <p>On 4/23/25 at 11:00 AM, V4 (MDS Coordinator) stated that she just took over this job in March of 2025 and recognizes that R20 and R25's assessments are showing up as overdue quarterly assessments, however a discharge assessment should have been completed and transmitted with a due date of 12/5/24 for R20, and a discharge assessment should have been completed and transmitted with a due date of 11/26/25 for R25.</p> <p>On 4/24/25 at 11:30 AM, V4 stated that she had completed and transmitted the discharge MDS's for R20 and R25.</p> <p>Review of the final validation report documents that R20's discharge assessment target date was 12/05/2024, but was not transmitted as complete until 4/24/25 and documents a message that the completion date is more than 14 days after the assessment reference target date. This same report documents that R25's discharge assessment target date was 11/26/24, but was not transmitted as complete until 4/24/25 and documents the same message that the completion date is more than 14 days after the assessment reference target date.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49663</p> <p>Based on interview and record review, the facility failed to ensure residents received the correct medications in accordance with their physician's orders for 2 (R83, R92) of 7 residents reviewed for significant medication errors in the sample of 45.</p> <p>This past noncompliance occurred between 3/17/2024 and 4/1/2025.</p> <p>Findings include:</p> <p>1. R83's Admission Record documented an admitted [DATE] and included diagnoses of unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance mood, anxiety disorder, unspecified, and unspecified atrial fibrillation.</p> <p>R83's Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 5, which indicates severe cognitive impairment.</p> <p>R83's Physician Order Summary documented divalproex (seizure and/or mood stabilization treatment) oral tablet delayed release 500mg (milligrams) -1 tablet by mouth twice a day, acetaminophen (pain reliever) oral tablet 500mg-give 2 tablets by mouth two times a day and apixaban (blood thinner) 5mg tablet-take 1 tablet by mouth twice a day.</p> <p>R83's Progress Note dated 3/17/2025 by V3 (Registered Nurse/RN) documented that she was passing medications and took R83 and R92 back to their shared room. V3 documented that she heard a conflict up the hall that made her accidentally mix up the unlabeled medication cups. V3 documented R83 was given R92's medications including donepezil (dementia treatment) 5mg.</p> <p>2. R92's Admission Record documented an admitted [DATE] and included diagnoses of unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance mood, altered mental status and muscle weakness.</p> <p>R92's MDS dated [DATE] documented a BIMS score of 3, which indicates severe cognitive impairment.</p> <p>R92's Physician Order Summary documented donepezil hydrochloride (dementia treatment) 5mg-1 tablet by mouth at bedtime and memantine (dementia treatment) 10mg tablet, take 1 tablet by mouth twice a day.</p> <p>R92's Progress Note dated 3/17/2025 by V3 (RN) documented that she was passing medications and took R92 and R83 back to their shared room. V3 documented that she heard a conflict up the hall and accidentally swapped the medication cups. V3 documented R92 was given R83's medications including acetaminophen 1000mg, valproate 500mg and apixaban 5mg.</p> <p>On 04/24/25 at 10:00 AM, V1 (Administrator) stated, he had been notified by V3 (RN) that she administered the wrong medications to R83 and R92. V1 stated, he advised V3 to contact V2 (Director of Nursing/DON) and then he immediately started working on the plan of correction that included education and observation of medication administration by nursing staff.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/24/25 at 10:36 AM, V2 (DON) stated, she was notified via phone by V3 (RN) that she had given R83 and R92 the wrong medications. V2 stated V5 (Physician) was contacted, vitals were obtained on R83 and R92 with monitoring scheduled for every 2 hours for the next 24 hours. V2 stated V1 immediately started a plan of correction that included education and auditing of the nursing staff being observed during medication administration on 10 residents.</p> <p>The facility policy Adverse Consequences and Medications Error (revised April 2014) documented under Policy The interdisciplinary team evaluates medication usage in order to prevent and detect adverse consequences and medication-related problems such as adverse drug reactions (ADRs) and side effects. Adverse consequences shall be reported to the Attending Physician and Pharmacist, and to federal agencies as appropriate. Under Policy, 5. A medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer specifications, or accepted professionals' standards and principles of the professional(s) providing services.</p> <p>Prior to the survey date, the facility took the following actions to correct the non-compliance:</p> <ol style="list-style-type: none"> 1. Incident Investigation of 2 residents on one wing had received the wrong medication during the bedtime medication pass. 2. Per review of the Interdisciplinary team, it is felt that there is potential for other residents. 3. Staff member had been offered education regarding 5 rights of medication administration. Completed by 4/1/2025. Medication Administration rate at 0% during survey. 4. All nursing staff to be educated regarding 5 rights of medication administration. Completed by 4/1/2025, Medication Administration rate at 0% during survey. 5. The Administrator/Director of Nursing and/or designee will observe return demonstration of medication on each nurse with 10 residents med passes being observed. V2 completed audits by 4/1/2025 with V1 and V2 in attendance. 6. QAPI (Quality Assurance Performance Improvement) meeting held - any issue identified will be immediately corrected and re-education will be offered and reviewed during QAPI meeting. This was also completed by 4/1/25. 		