

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Serenity Estates of Lincolnshire		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Jamestown Lane Lincolnshire, IL 60069	

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>40085</p> <p>Based on observation, interview and record review the facility failed to ensure a residents nasal spray was obtained from pharmacy and administered for 1 of 3 residents (R2) reviewed for pharmacy services in the sample of 5.</p> <p>Findings include:</p> <p>R2's Physician Order Summary shows an active order for Flonase Allergy relief nasal suspension 1 spray each nostril one time a day at 9:00 AM, for allergy with a start date of 1/18/25.</p> <p>R2's Medication Administration Summary from 1/1/25-1/31/25 shows on 1/18/25, 1/19/25 and 1/21/25 the Flonase nasal spray was not administered and it was documented as 11 (not available). On 1/20/25 the medication had a check mark as if it was given even though it was not at the facility.</p> <p>On 1/22/25 at 9:33 AM, V4 (Licensed Practical Nurse/ LPN) was administering medications to R2 she was not able to administer the Flonase due to it being not available at the facility. V4 said that when a medication is not sent from the pharmacy they should follow up and try to find out why it was not sent. V4 said she will find out today. At 11:40 AM, V4 said the pharmacy told her that the reason they did not send the medication was because they did not receive an over the counter form from the facility.</p> <p>On 1/22/25 at 10:45 AM, V2 (Director of Nursing) said if a medication is not available nurses should follow up with the pharmacy and it is not acceptable to wait four days to do so.</p> <p>The facility provided Ordering and Receiving Non-Controlled Medications with a revised date of 6/2024 shows that medications should be ordered or reordered from pharmacy in a timely manner, and follow up of any discrepancies in the order should be reported within 24 hours.</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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