

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  06/24/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide ADL (Activities of Daily Living) assistance for residents that require staff assistance for incontinence care and/or toileting for 2 of 5 residents (R2, R5) reviewed for ADLs in the sample of 7.</p> <p>The findings include:</p> <p>1. R2's care plan dated 5/20/25 showed R2 required substantial assistance from staff to complete personal hygiene and toileting ADLs.</p> <p>R2's resident assessment dated [DATE] showed R2 was incontinent of urine and stool.</p> <p>On 6/23/25 at 8:31 AM, R2's call light was on and flashing.</p> <p>On 6/23/25 at 8:42 AM, R2's call light remained on. R2 stated, This is a joke. I have had my call light on since 7 AM. I am soaked. My bed is wet and I need to be changed. R2 stated his incontinence brief was last changed around 10 PM on 6/22/25.</p> <p>On 6/23/25, from 8:42 AM-9:18 AM, R2's call light remained on and flashing. At 9:18 AM, V3 Certified Nursing Assistant (CNA) entered R2's room to deliver his breakfast tray. V3 spoke with R2, delivered R2's tray, turned off the call light, and then exited R2's room. V3 CNA stated, He (R2) needs to be changed but I have to pass all of the breakfast trays before I can change him.</p> <p>On 6/23/25 at 9:39 AM, R2 stated, I still haven't been changed. (V3 CNA) said she would be back to do it after breakfast.</p> <p>On 6/23/25 at 9:57 AM, V5 CNA provided to incontinence care to R2. R2's incontinence brief, bedding, and mattress were saturated with urine.</p> <p>2. R5's current care plan showed R5 was cognitively impaired due to her diagnosis of dementia. R5 required substantial assistance from staff to complete personal hygiene and toileting ADLs.</p> <p>R5's resident assessment dated [DATE] showed R5 was incontinent of urine and stool.</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
---	-------	-----------

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  06/24/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/23/25, from 8:31 AM-10:03 AM, R5 was seated in a wheelchair in a dining room of the facility. At 10:03 AM, V4 Registered Nurse stated, She (R5) has been up (in the wheelchair) all morning. Not sure when she was last changed. We don't put her in bed during the day because she will try to get up and fall. She is (V6 CNA) patient today. He is on the other unit. He was assigned residents over there too today. V4 stated staff are to toilet and/or provide incontinence care to residents every 2 hours or more as needed.</p> <p>On 6/23/25, from 10:03 AM-10:50 AM, R5 remained seated in wheelchair in a dining room of the facility.</p> <p>On 6/23/25 at 10:50 AM, V6 CNA was asked when R5 was last provided with incontinence care or toileted, V6 stated, I have gotten to her yet. I just haven't had the time. She was up (in her wheelchair) when I got here at 7:00 AM.</p> <p>On 6/23/25 at 1:53 PM, V2 Director of Nursing stated staff are to toilet and/or provide incontinence care to residents every 2 hours.</p> <p>The facility's Incontinence policy dated 9/1/24 showed, Based on the resident's comprehensive assessment, all residents that are incontinent will received appropriate treatment and services .</p>		

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  06/24/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure a resident was transferred in a safe manner for 1 of 3 residents (R1) reviewed for transfers in the sample of 7.</p> <p>The findings include:</p> <p>R1's transfer record printed 6/24/25 showed as of 5/6/25, R1 required the use of a mechanical (hoyer) lift with the assistance of two staff for all transfers.</p> <p>On 6/23/25 at 2:16 PM, V9 Certified Nursing Assistant stated on on 6/11/25, during the evening shift, he transferred R1 from her wheelchair to bed, by himself, using only a gait belt. V9 stated he had been off of work from 5/11/25-6/9/25, due to having surgery. V9 stated, When I came back to work, I didn't realize (R1's) transfer status had changed. I didn't know she was a hoyer lift. That day she was tired and wanted to go back to bed. I lifted her up and put her into bed.</p> <p>On 6/23/25 at 1:35 PM, V11 Restorative Nurse stated R1's transfer status changed from using a sit-to-stand lift to needing a hoyer lift with the assistance of two staff in May 2025. V11 stated, (R1) was declining and becoming weaker. The sit-to-stand was no longer an option for her so we made her a hoyer lift.</p> <p>On 6/24/25 at 10:37 AM, V13 Nurse Practitioner stated, (R1) could not be transferred safely by one person with a gait belt. She is too weak.</p>

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  06/24/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to provide sufficient nursing staff to meet the needs of the residents for 3 of 6 residents (R2, R3, R5) reviewed for sufficient staffing in the sample of 7.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. R2's care plan dated 5/20/25 showed R2 required substantial assistance from staff to complete personal hygiene and toileting ADLs.</li> </ol> <p>R2's resident assessment dated [DATE] showed R2 was incontinent of urine and stool.</p> <p>R2's June 2025 Medication Administration Record (MAR) showed the following medication orders for R2:</p> <ol style="list-style-type: none"> <li>a) Lyrica 75 mg (milligrams), give one tablet three times a day at 9:00 AM, 1:00 PM, and 5:00 PM.</li> <li>b) Rifaximin 550mg, give one tablet twice a day at 9:00 AM and 5:00 PM.</li> <li>c) Senna (no dose noted), give one tablet twice a day at 9:00 AM and 5:00 PM.</li> <li>d) Sodium Chloride 1 gram per tablet, give two tablets three times a day at 9:00 AM, 1:00 PM, and 5:00 PM.</li> </ol> <p>On 6/23/25 at 8:31 AM, R2's call light was on and flashing.</p> <p>On 6/23/25 at 8:42 AM, R2's call light remained on. R2 stated, This is a joke. I have had my call light on since 7 AM. I am soaked. My bed is wet and I need to be changed. R2 stated his incontinence brief was last changed around 10 PM on 6/22/25. R2 stated, They don't have enough staff. I put my call light on at 7:00 AM thinking the new staff would be here and change me.</p> <p>On 6/23/25 at 9:00 AM, V4 Registered Nurse (RN) stated, We don't have enough help. This unit is heavy. It is all long term care residents. I am the only nurse for the unit. We really only have 1.5 CNA's today. (V3 Certified Nursing Assistant/CNA) is our restorative CNA but she got pulled to work the floor here today. (V6 CNA) is also assigned to this unit today but he has a resident assignment here and on another unit. V4 RN stated, They keep telling us that if our census gets over 100, we will get 2 CNAs assigned to our unit and not have to share a CNA with another unit. Our census is over 100 and nothing has changed .</p> <p>On 6/23/25 at 9:05 AM, V3 CNA stated the facility did not have enough staff. V3 stated, I am the only CNA fully assigned to this unit. I have 6 residents that are hooyer (mechanical lift) transfers myself. When (V6 CNA) is over on the other unit doing his assignment, I am the only one here to answer call lights, pass out breakfast, and get people up.</p> <p>On 6/23/25 at 9:26 AM, V4 RN stated, I feel like we have gone from quality of care to quantity of care here. We keep admitting more people but still have the same amount of staff.</p> <p>(continued on next page)</p>		

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  06/24/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/23/25, from 8:42 AM-9:18 AM, R2's call light remained on and flashing. At 9:18 AM, V3 CNA entered R2's room to deliver his breakfast tray. V3 spoke with R2, delivered R2's tray, turned off the call light, and then exited R2's room. V3 CNA stated, He (R2) needs to be changed but I have to pass all of the breakfast trays before I can change him.</p> <p>On 6/23/25 at 9:39 AM, R2 stated, I still haven't been changed. (V3 CNA) said she would be back to do it after breakfast.</p> <p>On 6/23/25 at 9:57 AM, V5 CNA provided to incontinence care to R2. R2's incontinence brief, bedding, and mattress were saturated with urine.</p> <p>On 6/23/25 at 10:23 AM, V4 Registered Nurse (RN) administered R2's 9:00 AM doses of Lyrica, Rifaximin, Senna, and Sodium Chloride. When V4 was asked why R2's medications were administered 1 hour and 23 minutes late, V4 again stated it was due to a lack of staff and that he was the only nurse assigned to the unit. V4 stated, Better late than never.</p> <p>2. R5's current care plan showed R5 was cognitively impaired due to her diagnosis of dementia. R5 required substantial assistance from staff to complete personal hygiene and toileting ADLs.</p> <p>R5's resident assessment dated [DATE] showed R5 was incontinent of urine and stool.</p> <p>On 6/23/25, from 8:31 AM-10:03 AM, R5 was seated in a wheelchair in a dining room of the facility. At 10:03 AM, V4 Registered Nurse stated, She (R5) has been up (in the wheelchair) all morning. Not sure when she was last changed. We don't put her in bed during the day because she will try to get up and fall. She is (V6 CNA) patient today. He is on the other unit. He was assigned residents over there too today. V4 stated staff are to toilet and/or provide incontinence care to residents every 2 hours or more as needed.</p> <p>On 6/23/25, from 10:03 AM-10:50 AM, R5 remained seated in wheelchair in a dining room of the facility.</p> <p>On 6/23/25 at 10:50 AM, V6 CNA was asked when R5 was last provided with incontinence care or toileted, V6 stated, I have gotten to her yet. I just haven't had the time. I have been busy with my residents on the other unit. She was up (in her wheelchair) when I got here at 7:00 AM.</p> <p>3. R3's June 2025 Medication Administration Record (MAR) showed the following medication orders for R3:</p> <p>a) Metoprolol Tartrate 25mg, give one tablet twice a day via gastrostomy tube at 9:00 AM and 5:00 PM.</p> <p>b) Apixaban 5mg, give one tablet twice a day via gastrostomy tube at 9:00 AM and 5:00 PM.</p> <p>On 6/23/25 at 10:47 AM, V7 Licensed Practical Nurse (LPN) administered R3's 9:00 AM doses of Metoprolol and Apixaban. When V7 LPN was asked why R3's medications were administered 1 hour and 47 minutes late, V7 stated she was the only nurse assigned to that unit. V7 stated, I am doing the best that I can. I don't know these residents and I only work PRN (as needed).</p> <p>(continued on next page)</p>		

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  06/24/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/23/25 at 1:53 PM, V2 Director of Nursing stated said medications should be administered one hour before or within one hour after they are scheduled. V2 stated a medications administration is considered late if the medication is given more than one hour after the scheduled time. V2 stated staff are to toilet and/or provide incontinence care to residents every 2 hours. V2 stated the goal of staffing was to meet the State requirements and the residents get the care they need.</p> <p>The facility's Nursing Services and Sufficient Staff policy dated 9/1/24 showed, It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident . The facility will supply services by sufficient numbers of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans .</p>		

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  06/24/2025
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>Based on observation, interview and record review, the facility failed to accurately administer medications to meet the needs of the residents for 3 of 4 residents (R2, R3, R4) reviewed for medication administration in the sample of 7.</p> <p>The findings include:</p> <p>1. On 6/23/25 at 11:00 AM, V12 (Family of R4) stated staff are to be administering an antifungal medication (Nyamyc Powder) daily to areas of R4's body due to a skin rash. V12 stated, Staff don't apply it everyday like they should.</p> <p>R4's May 2025 and June 2025 Medication Administration Records (MAR) both showed an order for R4 to receive Nyamyc External Powder 100000 units/gram, apply powder to groin topically twice a day at 6:00 AM and 9:00 PM. R4's May 2025 MAR showed R4 was not administered a dose of the medication on 5/22/25, 5/25/25, and 5/26/25. R4's June 2025 MAR showed R4 was not administered a dose of the medication on 6/13/25, 6/15/25, 6/21/25, and 6/22/25.</p> <p>On 6/24/25 at 10:16 AM, V2 Director of Nursing (DON) stated if a medication was not signed off and/or documented in a resident's MAR by nursing staff, it meant the medication was never given.</p> <p>2. R2's June 2025 MAR showed the following medication orders for R2:</p> <p>a) Lyrica 75 mg (milligrams), give one tablet three times a day at 9:00 AM, 1:00 PM, and 5:00 PM.</p> <p>b) Rifaximin 550mg, give one tablet twice a day at 9:00 AM and 5:00 PM.</p> <p>c) Senna (no dose noted), give one tablet twice a day at 9:00 AM and 5:00 PM.</p> <p>d) Sodium Chloride 1 gram per tablet, give two tablets three times a day at 9:00 AM, 1:00 PM, and 5:00 PM.</p> <p>On 6/23/25 at 10:23 AM, V4 Registered Nurse (RN) administered R2's 9:00 AM doses of Lyrica, Rifaximin, Senna, and Sodium Chloride.</p> <p>3. R3's June 2025 MAR showed the following medication orders for R3:</p> <p>a) Metoprolol Tartrate 25mg, give one tablet twice a day via gastrostomy tube at 9:00 AM and 5:00 PM.</p> <p>b) Apixaban 5mg, give one tablet twice a day via gastrostomy tube at 9:00 AM and 5:00 PM.</p> <p>On 6/23/25 at 10:47 AM, V7 Licensed Practical Nurse (LPN) administered R3's 9:00 AM doses of Metoprolol and Apixaban.</p> <p>(continued on next page)</p>

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  06/24/2025
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>On 6/23/25 at 1:53 PM, V2 DON stated said medications should be administered one hour before or within one hour after they are scheduled. V2 stated a medications administration is considered late if the medication is given more than one hour after the scheduled time.</p> <p>The facility's Medication Administration policy dated 9/1/24 showed, Ensure that the six rights of medication administration are followed: a. Right resident b. Right drug c. Right dosage. d. Right route e. Right time f. Right documentation . Sign MAR after administered .</p>		

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  06/24/2025
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview and record review, the facility failed to administer medications as ordered (at ordered times). There were 30 opportunities with 6 errors resulting in a 20% error rate. This applies to 2 of 3 residents (R2, R3) observed in the medication pass.</p> <p>The findings include:</p> <p>1. R2's June 2025 Medication Administration Record (MAR) showed the following medication orders for R2:</p> <ul style="list-style-type: none"> <li>a) Lyrica 75 mg (milligrams), give one tablet three times a day at 9:00 AM, 1:00 PM, and 5:00 PM.</li> <li>b) Rifaximin 550mg, give one tablet twice a day at 9:00 AM and 5:00 PM.</li> <li>c) Senna (no dose noted), give one tablet twice a day at 9:00 AM and 5:00 PM.</li> <li>d) Sodium Chloride 1 gram per tablet, give two tablets three times a day at 9:00 AM, 1:00 PM, and 5:00 PM.</li> </ul> <p>On 6/23/25 at 10:23 AM, V4 Registered Nurse (RN) administered R2's 9:00 AM doses of Lyrica, Rifaximin, Senna, and Sodium Chloride.</p> <p>2. R3's June 2025 Medication Administration Record (MAR) showed the following medication orders for R3:</p> <ul style="list-style-type: none"> <li>a) Metoprolol Tartrate 25mg, give one tablet twice a day via gastrostomy tube at 9:00 AM and 5:00 PM.</li> <li>b) Apixaban 5mg, give one tablet twice a day via gastrostomy tube at 9:00 AM and 5:00 PM.</li> </ul> <p>On 6/23/25 at 10:47 AM, V7 Licensed Practical Nurse (LPN) administered R3's 9:00 AM doses of Metoprolol and Apixaban.</p> <p>On 6/23/25 at 1:53 PM, V2 Director of Nursing stated said medications should be administered one hour before or within one hour after they are scheduled. V2 stated a medications administration is considered late if the medication is given more than one hour after the scheduled time.</p> <p>The facility's Medication Administration policy dated 9/1/24 showed, Ensure that the six rights of medication administration are followed: a. Right resident b. Right drug c. Right dosage. d. Right route e. Right time f. Right documentation .</p>		