

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Sunny Acres Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 19130 Sunny Acres Road Petersburg, IL 62675	

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 ensure the narcotic count was correct by maintaining the accurate reconciliation and accounting of a controlled substance for one (R3) of nine residents reviewed for improper disposal of controlled substances in a sample of nine. Findings include: The facility's Controlled Drug Handling, Reconciling, Count Discrepancy, & Disposal Policy and Procedure dated 5/30/2017 documents, It is the policy of the facility that controlled medications be counted by nurses between shifts and/or whenever there is a change in nurses. This count is to ensure the correctness of the count of the controlled medication and appropriate documentation. Each controlled medication received from pharmacy will be counted and a count sheet initiated by a nurse. The individual controlled drug record and the between shift count sheets will be kept on each medication cart. Records 3. All shortages/and or overages shall be reported to the Director of Nursing and the Pharmacist on call immediately. Note, the nurse accepting the initial delivery of a C (class) II (two) substance is responsible for making this record and counting the doses received. R3's Controlled Drug Receipt Record/Disposition Form dated 1/2/2026 documents R3 has an order for Lorazepam (benzodiazepine) concentrate 2mg (milligrams) per mL (milliliter) 0.5 cc (cubic centimeters) (1mg) PO (by mouth) every 2 hours as needed. This same document shows that R3 has 2 ml left on 3/26/2026. On 3/25/2026 at 1:10 PM, R3's Lorazepam concentrate 2mg/mL bottle had 12mL in the bottle. V5 (Registered Nurse) confirmed. On 3/25/2026 at 1:10 PM, V5 stated: I just keep deducting from the bottle based on the sheet, even though the bottle shows far more than 2mL left in the bottle. On 3/26/2026 at 2 PM, V1 (Administrator) confirmed R3's Lorazepam concentrate was over by far too much, and the nursing staff kept signing off on the controlled drug record even though the amount in the bottle was far more than what was being recorded.</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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Sunny Acres Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 19130 Sunny Acres Road Petersburg, IL 62675	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on interview and record review, the facility failed to properly dispose of controlled substances for five residents (R1, R5, R6, R7, and R9) who were reviewed for improper disposal of controlled substances in a sample of nine. Findings Include: The facility's Controlled Drug Handling, Reconciling, Count Discrepancy, & Disposal Policy and Procedure dated 5/30/2017 documents, it is the policy of the facility that controlled medications be counted by nurses between shifts and/or whenever there is a change in nurses. This count is to ensure the correctness of the count of the controlled medication and appropriate documentation. Each controlled medication received from pharmacy will be counted, and a count sheet initiated by a nurse. The individual controlled drug record and the between shift count sheets will be kept on each medication cart. Disposal Procedure, 3. C (class)II (two)-CV (four) controlled drugs shall be destroyed by two licensed staff of the facility. 4. Records shall be kept of all the medications destroyed stating the following information: name of medication, strength and quantity destroyed, name of patient, prescription number, and both signatures and dates destroyed. R1's Controlled Drug Receipt Record/Disposition form dated 2/7/2026 documents R1 has an order for Morphine Sulphate IR 30mg (milligrams) tabs, one tab PO (oral) every six hours. This same document shows that on 2/10/2026, V3 (Registered Nurse/Agency) documented dropped/wasted, and on 2/19/2026, V3 documents dropped/wasted. R5's Controlled Drug Receipt Record/Disposition form dated 2/5/2026 documents R5 has an order for Lorazepam 0.5 mg (milligram) tabs, one tablet PO BID (twice daily). This same document shows on 2/11/2026 that V3 documents dropped. R6's Controlled Drug Receipt Record/Disposition form dated 2/9/2026 documents R6 has an order for Oxycodone/APAP (with acetaminophen) 5/325, one tablet PO every eight hours. This same document shows on 2/10/2026 V3 documented dropped/wasted, and on 2/17/2026 V3 documented dropped/wasted. R7's Controlled Drug Receipt Record/Disposition form dated 2/8/2026 documents R7 has an order for Hydrocodone/APAP tablet 5-325 mg (milligram), one tablet PO every six hours as needed. This same document shows on 2/23/2026, V11 (Unknown Nurse) documented dropped. R9's Controlled Drug Receipt Record/Disposition form dated 2/3/2026 documents R9 has an order for Hydrocodone/APAP 7.5/325 mg tablet, one tablet PO 5x(times) daily. This same document shows no date, no time, and no nurse signature with one pill taken. On 3/26/2026 at 2 PM, V1 (Administrator) stated she was aware of the multiple controlled drug records with nursing staff not properly discarding medications after doing a house audit when V3 (Registered Nurse/Agency) called her on 2/26/2026 about medications being packed wrong. Once she saw this, she realized the discarding of controlled substances was not a one-time occurrence. V1 confirmed that nursing staff were not discarding controlled substances correctly.</p>		