STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146077	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Estates at Morris	1223 Edgewater Morris, IL 60450

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review, the facility failed to administer the laxative suppository as ordered by the physician,This applies to 1 of 3 residents (R2), reviewed for administration of laxative medications. The findings include:R2 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, cerebral infarction due to thrombosis of right middle cerebral artery, diverticulosis of large intestine without perforation or abscess without bleeding and need for assistance with personal care, based on the face sheet.R2's progress notes dated April 24, 2026 at 5:43 PM showed that the resident returned to the facility after her appointment and after visiting the ED (Emergency Department) with the family. The same progress notes showed that according to the nurse from the ED, R2 presented with constipation and urinary retention. The same progress notes showed, Resident also given suppository for constipation with an order to continue with Glycerin 2-gram rectal suppositories for the next 3 days.R2's order details showed an order dated April 24, 2026 for Glycerin (adult) Rectal Suppository 2 GM (grams), insert 1 suppository rectally once daily for constipation x 3 days.R2's Glycerin rectal suppository administration details showed that on April 25 and April 26, 2026, the suppository was not administered because it was not available at the facility, it was ordered at the pharmacy, and the facility was waiting for the delivery.R2's eMAR (electronic Medication Administration Record) showed that the resident received the first Glycerin suppository at the facility on April 27, 2026. However, the same eMAR showed no evidence that R2 received the second and the third doses of the Glycerin suppository as ordered by the physician.On May 19, 2026 at 11:43 AM, V2 (Director of Nursing) stated that she had reviewed R2's Glycerin suppository order dated on April 24, 2026. V2 admitted that R2 did not receive the full ordered doses of the Glycerin suppository because the medication was not available at the facility on April 25 and 26, 2026. V2 confirmed that based on the eMAR, R2 only received one dose of the Glycerin suppository on April 27, 2026 and there was no other evidence to show that it was given for additional two more days to complete the three days order. During the same interview, V2 stated that she expects the nurse to follow the physician's order to administer the Glycerin suppository for three days as ordered and it is also the facility's policy to administer a resident's medication as ordered by the physician.The facility's medication administration policy dated October 21, 2025 showed, 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 standard of practice, in a manner to prevent contamination or infection.

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