

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Manor Court of Princeton		STREET ADDRESS, CITY, STATE, ZIP CODE 140 North Sixth Street Princeton, IL 61356	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38396</p> <p>Based on Observation, Interview and Record Review, the facility failed to document a diagnosis and identify target behaviors to warrant the use of an antipsychotic medication and provide appropriate justification for a failed gradual dose reduction of Risperdal (antipsychotic) for one of one resident (R2) reviewed for antipsychotic medications in the sample of 34.</p> <p>Findings include:</p> <p>The facility's Psychopharmacologic Drug Usage Procedure policy, dated 10/18/17, documents A Psychopharmacologic Drug is any medication used for managing behavior, stabilizing mood, or treating psychiatric disorders. This includes the following types of drugs: antipsychotic, antidepressants, anti-anxiety medications, and sedatives/hypnotics. This policy also documents, Use of psychopharmacological medications requires assessment by the attending physician, and specific orders must be written by the attending physician with supporting diagnosis. Documentation of behaviors and conditions requiring the use of these medications must be done on a routine basis, as well as medication response and adverse consequences. Response to medication reduction must be clearly documented on a routine basis. Unsuccessful reduction of medication must be substantiated by documentation, including rationale from the physician as to why the medication cannot be reduced further. The ultimate goal of successful gradual dose reduction is to discontinue the medication necessary for the benefit of the resident and to minimize adverse consequences.</p> <p>On 4/29/25 at 12:45 PM, R2 was sitting in the dining room eating lunch. R2 denied concerns and was pleasantly confused with conversation. R2 was not displaying any behaviors.</p> <p>R2's discontinued Physician Order sheet, dated 4/29/25, documents R2's order for Risperidone (Risperdal, antipsychotic medication) 0.25 milligrams (mg) at bedtime was discontinued on 3/7/25.</p> <p>R2's current Physician Order Sheet, dated 3/10/25, documents R2 has an order for Risperidone 0.25 mg by mouth at bedtime for a diagnosis of Vascular Dementia, unspecified severity, with other behavioral disturbance.</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
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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's current Care Plan, dated 4/27/25, documents R2 was admitted to the facility on [DATE] and has a diagnosis of Vascular Dementia. This same care plan documents a plan of care dated 4/2/24, for Psychotropic drug use (R2) has depression and vascular dementia with other behavioral disturbance. Interventions: Administer medication as ordered, Risperidone 0.25 mg, one tablet by mouth at bedtime. Monitor for side effects, including boxed warnings. Review medication during behavior committee meeting for gradual dose reduction.</p> <p>R2's Nursing Progress notes, dated 3/10/2025 at 3:03 AM, documents (V16, Nurse Practitioner) updated on trouble sleeping and unexplainable sadness at this time.</p> <p>R2's Nursing Progress notes, dated 3/10/2025 at 10:30 AM, documents New order received from (V16) (regarding) recent difficulty sleeping and continued symptoms of depression: Restart Risperidone 0.25 mg every bedtime.</p> <p>On 4/29/25 at 12:50 PM, V14 (Licensed Practical Nurse) stated (R2) does not have any behaviors at all. She is at no risk of harm for herself or other residents.</p> <p>On 4/29/25 at 1:00 PM, V15 (Certified Nursing Assistant) confirmed she has taken care of R2 several times and knew R2 before she was admitted to the facility. V15 stated, (R2) is not combative towards me. She is no harm to herself or other residents. (R2) can be grouchy at times or not want to participate in exercise but that just depends on the day. Mostly (R2) just wants to be home and gets grouchy about no longer living with her spouse, selling her house, and needing to live here and not at home.</p> <p>On 4/29/25 at 2:30 PM, V13 (Activity Director) confirmed R2 has not displayed any behaviors of psychosis since admission. V13 stated, I check the behavior programs and interventions every day. (R2) doesn't have behaviors care planned because once she got a private room her behaviors which were mostly verbal, became better. (R2's) behaviors were directed at her roommate (former facility resident). They were mostly about the television being too loud and just more argumentative behaviors. She has a private room now so she really hasn't had them anymore. In the last six months it looks like (R2) has had two documented verbal behaviors, both before January 2025. (R2) is not a harm to anyone. The behavior tracking is charted by the staff in and will fall in categories of verbal, physical, rejection, wandering and others. So staff can document any behaviors exhibited in those categories, they are not specifically targeted to (R2).</p> <p>On 4/30/25 at 9:48 AM, V2 (Director of Nursing) confirmed R2 did not get along well with her previous roommate and stated she has been in a private room since January 2025. V2 stated, (R2's) last gradual does reduction (GDR) of Risperdal was done on 3/7/25, where we discontinued the medication. This GDR failed because she had symptoms of insomnia and tearfulness. So, (V16, Nurse Practitioner), decided on 3/10/25 to restart the Risperdal.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>31283</p> <p>Based on interview and record review, the facility failed to revise a care plan to accurately reflect a resident's wound condition for one of 21 residents (R13) reviewed for care plan accuracy in the sample of 34.</p> <p>Findings include:</p> <p>R13's current medical record documents the following diagnoses: Acute Hematogenous Osteomyelitis of right ankle and foot; Stage IV Pressure Ulcer of right heel; Type 2 Diabetes Mellitus with Diabetic Nephropathy; Type 1 Diabetes Mellitus with other specified complication; and Peripheral Vascular Disease.</p> <p>On 04/28/25 at 01:25 PM, V11 (Registered Nurse) stated R13 was admitted to the facility with a venous stasis wound on her right heel. V11 stated, (R13) recently had a skin graft in place on her right heel. The current physician's orders are to leave her foot dressing in place until she goes back to see the wound doctor.</p> <p>R13's current Care Plan documents the following focuses: (R13) requires Enhanced Barrier Precautions related to presence of diabetic ulcer to right heel; (R13) is at increased risk for pressure ulcers and impaired skin integrity related to poor intakes, osteomyelitis of right foot, peripheral vascular disease, diabetes mellitus, diabetic neuropathy, incontinence of bowel and bladder, decreased mobility, and generalized muscle weakness following recent illness and hospitalization . At increased risk for bruising related to anticoagulation medication. On 02/14/25: admitted with diabetic ulcer to right heel.</p> <p>On 04/30/25 at 09:20 AM, V2 (Director of Nursing) stated R13's current Care Plan is inaccurate. V2 stated, (R13's) right heel wound is a pressure ulcer. Her care plan is not correct and needs to be revised. The wound on her heel is not a diabetic ulcer. It is a pressure ulcer.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>50627</p> <p>Based on observation, interview, and record review, the facility failed to address and implement care plan interventions for a resident's ongoing, significant weight loss for one of three residents (R42) reviewed for weight loss in the sample of 34.</p> <p>Findings Include:</p> <p>The Facility's Weight Monitoring Policy dated/ revised 09/06/24, documents, To consistently assess for significant weight loss or gain. Licensed staff will notify physician of the following, 7.5% or more gain or loss in a 90-day period, 10% or more gain or loss in a 180-day period, events will be opened for a significant weight loss. Notification to the physician must be documented, and whether or not new orders were received for either significant weight losses or gains. Families/POA (power of attorney) must be notified of significant weight loss or gain. The weight committee will review all residents with significant weight gains or losses and other residents of concern and refer to the RD (registered dietician) as needed. The dietician will review significant weight losses and any other residents referred by the weight committee on a monthly basis and make recommendations to physicians as necessary.</p> <p>On 04/28/25 02:30 PM, R42 was sitting in his wheelchair and appeared to have a flat affect. R42 stated he has been feeling depressed lately and that he feels sad a lot. R42 also stated has not been eating much.</p> <p>R42's electronic record documents on 11/23/2024, R42's weight was 196 lbs (pounds).</p> <p>R42's electronic record documents on 1/7/2025, R42's weight was 184 lbs.</p> <p>R42's electronic record documents on 4/27/2025, R42's weight was 171 lbs, a significant weight loss of 12.76% in a six-month period.</p> <p>R42's current care plan does not address R42's weight loss.</p> <p>V12's (Registered Dietician) Progress Note (dated 01/28/25) documents the following regarding R42: Weight on 1/28/25 was 176 lbs, BMI (basic mass index) 25, acceptable. Weight down 3% in 1 month and 10% in 2 months. Diet, regular, meal intakes are variable, often fair/good per recorded percentages. No open areas, no recent labs. Weight loss likely related to fluid shifts. R42 takes Lasix (diuretic) and has a diagnosis of CHF (congestive heart failure). Recommend continue diet as ordered, monitor weight.</p> <p>V12's Progress Note (dated 02/05/25) documents, (R42's) weight on 2/4/2025 176 lbs, BMI 25, acceptable. Weight loss of 4% in 1 month and 10% in 2 months noted. R42 continues to take Lasix. Diet: regular, no problem with tolerance to diet identified, appetite is fair. No open areas per wound management. No recent labs available. Diet prescription meets estimated needs and remains appropriate. As weight has begun to stabilize, will recommend continue present management for now and monitor weight.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V12's Progress Note (dated 03/07/25) documents, (R42's) weight on 3/1/2025 175 lbs, BMI 24, acceptable. Weight triggers a loss of 8% in 3 months but has been stable x (times) 1 month. Diet regular, no problem with appetite identified. No open areas per wound management. No labs uploaded. R42 continues to take Lasix. As weight has stabilized, will advise continue present management. Some weight loss may be related to fluid shifts with diuretic versus CHF. Monitor weight.</p> <p>On 4/30/2025 at 11:30 AM, V2 (DON/Director of Nursing) confirmed R42 has lost weight over the past six months. V2 stated, (R42) did not trigger in our system under significant weight loss. V2 confirmed she was unaware of R42's decrease in appetite and mood until this week, and no new interventions have been implemented for R42's weight loss.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>32061</p> <p>Based on observation, interview and record review, the facility failed to maintain cleanliness of tube feeding equipment for one of one resident (R102) reviewed for tube feeding in a sample of 34.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, Tube Feeding dated (revised) 03/03/2022 directs staff, To provide a source of nourishment when oral feedings are neither possible nor desired due to a resident condition. When feeding is completed, assure comfort of resident. Non-disposable equipment is to be wiped down with a damp cloth on a daily basis and PRN (as needed) to maintain cleanliness with the facility approved disinfectant. Personnel Responsible: Licensed Staff.</p> <p>R102's current Physician Order Sheet, dated April 2025 includes the following diagnoses: Cerebral Infarction, Hemiplegia and Hemiparesis and Dysphagia. Also included are the following physician orders: Give Osmolyte (nutritional supplement) 1.2 at 75 ML (Milliliters)/HR (Hour) x 23 hours. Assess for placement of tube prior to administration of feeding via aspirating gastric contents. Once A Day at 8:00 P.M.</p> <p>On 4/28/25 at 10:06 A.M. R102 was lying in bed. Osmolyte 1.2 was infusing at 75 CC (Cubic Centimeters)/HR (Hour) via pump into a gastronomy tube. Tan, dried material was present on the feeding pump, pole, floor underneath the feeding pole and (R102's) bed rails. At 2:04 P.M. the same tan, dried material remained on R102's feeding pump, feeding pump pole, floor, bed rails and nearby nightstand, despite facility staff being in and out of R102's room throughout the day.</p> <p>On 4/29/25 at 8:06 A.M. R102 was lying in bed. Osmolyte 1.2 was infusing at 75 CC (Cubic Centimeters)/HR (Hour) via pump into a gastronomy tube. Tan, dried material was present on the feeding pump, pole, floor underneath the feeding pole and (R102's) bed rails. At 11:04 A.M. the same tan, dried material remained on R102's feeding pump, feeding pump pole, floor, bed rails and nearby nightstand. At that time, V5/Registered Nurse verified the presence of the debris. V5/Registered Nurses stated, That shouldn't be there. I will get someone to clean it up right away.</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>32061</p> <p>Based on observation, interview and record review, the facility failed to ensure aseptic technique was followed during intravenous medication administration and failed to perform a physician-ordered flush prior to the administration of an intravenous medication for one of one residents (R80) receiving intravenous medications, in a sample of 34.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, Pharmaceutical Procedures, dated (revised) 01/05/23 directs staff, All medications shall be given upon the written order of a physician. All such orders shall be given as prescribed by the physician.</p> <p>The facility policy, Infection Control, dated (revised) 12/17/2019 directs staff, All residents with known or suspected infectious conditions shall be cared for using the most appropriate nursing care determined for the benefit and safety of the resident concerned, the other residents in the facility and the safety of the employees. Standard Precautions are based upon the principle that all blood, body fluids, secretions, excretions, non-contact skin and mucous membranes may contain transmissible infectious agents. Standard Precautions include but are not limited to: Safe injection practices; Handling of equipment.</p> <p>R80's current Physician Order Report, dated April 2025 includes the following diagnoses: Leukemia; Malignant Neoplasm of Thyroid Gland; Secondary Malignant Neoplasm of Bone; Chronic Myeloproliferative Disease; Pressure Ulcer of Sacral Area, Stage 4; Methicillin Resistant Staphylococcus Aureus Infection; Extended Spectrum Beta Lactamase Resistance, Urinary Tract Infection. This same document also includes the following physician orders: PICC (Peripherally Inserted Central Catheter) line for duration of IV (Intravenous) antibiotic therapy. Normal Saline Flush (Sodium Chloride 0.9%) 10 ML (Milliliters). Flush with 10 ML before and after infusion. Meropenem 1 gram in 100 ML Normal Saline every 8 hours.</p> <p>On 4/28/25 at 1049 A.M., V5/Registered Nurse (RN) prepared to administer intravenous Meropenem (Antibiotic) for R80. A sign posted outside of R80's room read, Contact Precautions. V5/RN donned a gown, a mask and gloves, and prior to entering R80's room, dropped the intravenous bag of antibiotic medication and tubing on the floor. At that time, V5/RN picked up the intravenous bag of antibiotic medication and tubing, and entered (R5's) room. (R5) exposed her right arm, a (Peripherally Inserted Central Catheter) PICC line was present in (R80's) right upper, inner arm. V5/RN swabbed the port of the PICC catheter with an alcohol swab, connected the intravenous tubing, set the dial on the tubing to 100 CC (Cubic Centimeters)/HR (Hour) and watched as the medication began infusing. At that time, V5/RN disconnected the tubing, flushed the port with 10 ML (Milliliters) of Normal Saline, reconnected tubing and left the room. At that time, V5/RN confirmed she had dropped the intravenous bag of medication and tubing on the floor, prior to administering it and did not flush R80's PICC line prior to the administration of the medication.</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38396</p> <p>Based on Interview and Record Review, the facility failed to ensure a resident with a diagnosis of Dementia had a Care Plan to include goals and interventions to manage Dementia, for one of one resident (R2) reviewed for Dementia Care in the sample of 34.</p> <p>Findings include:</p> <p>The facility's Care Plan policy, dated 6/1/22, documents It is the policy of this facility to develop and implement a Base Line Care Plan, a Comprehensive Person-Centered Care Plan and conduct Care Plan meetings as appropriate for each resident, consistent with resident rights, that includes measurable objectives and timeframe to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. This same policy documents The comprehensive care plan will describe, at a minimum, the following: The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>R2's current electronic Face Sheet documents R2 was admitted to the facility on [DATE] and has a diagnosis of Vascular Dementia.</p> <p>R2's current Care Plan does not have a plan of care for R2's Dementia with measurable goal and outcomes to manage R2's Dementia Care.</p> <p>On 4/30/25 at 10:45 AM, V2 (Director of Nursing) confirmed R2 has a diagnosis of Vascular Dementia does not have a Dementia Specific Care Plan.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>34048</p> <p>Based on interview and record review, the facility failed to document a rationale for the continued use of antibiotic therapy for one of three residents (R69) reviewed for unnecessary medications in a sample of 34.</p> <p>Findings include:</p> <p>The facility's Antibiotic Stewardship policy, revised 12/18/19, documents that the purpose of the program is to reduce inappropriate use of antibiotics, improve resident outcomes and lessen adverse events.</p> <p>R69's current Physician Order Sheet, documents an order for Cephalexin (antibiotic) 250 milligrams daily for prophylactic antibiotic for frequent UTI's (urinary tract infection). This form also documents a diagnosis of long term (current) use of antibiotics.</p> <p>R69's medical record does not contain documentation or a rationale for the continued use of antibiotic therapy.</p> <p>On 4/30/25 at 8:45 AM, V2, Director of Nursing, verified that R69 does not have the documentation or rationale for the continued use of an antibiotic.</p>