

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Ridgeview Health & Rehab Cntr		STREET ADDRESS, CITY, STATE, ZIP CODE  413 Ridge Lane Oblong, IL 62449	

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>36969</p> <p>Based on interview and record review, the facility failed to ensure medications were administered per current standards of practice for 1 (R1) of 3 residents reviewed for medication administration in the sample of 3.</p> <p>Findings Include:</p> <p>On 4/12/24 at 8:50 AM, V2 (Director of Nursing) stated she cannot recall the specific date, but does believe it was in the early afternoon, she was notified by V4 (Certified Nurse Assistant, CNA) that she had found a cup of medications in R1's room. V2 stated she spoke with V3 (Registered Nurse, RN) who was R1's nurse that day and educated her that medications could not be left at the resident's bedside, unless that resident had been assessed for self-administration of medication. V2 stated there were no ill outcomes or incidents as a result of the medications being left that required the State Agency notification. V2 stated that R1 has not been screened for self-administration of medicine, but is cognitively intact.</p> <p>On 4/12/24 at 9:28 AM, V3 (Registered Nurse) stated there was an occurrence a few weeks ago in which R1 did not take his medications at the time they were provided by herself and were found by V4 (CNA) at his bedside. V3 stated R1 is not confused and always takes his medications with no concerns. V3 stated she had prepared R1's medications and given them to him to take, which he said he was going to, so she moved onto the next person. V3 stated a short time later, V4 had gone to R1's room as the residents were getting ready to go outside to smoke and saw the cup of medications. V3 stated she never saw the cup of medications again, so assumes V4 gave him the meds to take. V3 stated she believes it was that same day, V2 told her not to be leaving medications at the bedside and be sure the resident took the medications in front of her. V3 stated that is not her normal practice and will ensure she observes resident's take their medications.</p> <p>On 4/12/24 at 9:36 AM, V4 (CNA) stated she cannot recall the exact date, but within the last few weeks there was a time during the morning that she had gone to R1's room and noticed he had left his cup of medications on his bedside table. V4 stated R1 was in the dining room, so she took the meds to R1 and just set them down beside him. V4 stated R1 made a comment something to the effect of oops, I forgot those and started to take the meds. V4 stated that she is a medication technician at her other job, so didn't really think much about taking him the cup of meds she found. V4 confirms she is not a licensed nurse. V4 stated R1 is cognitively intact.</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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(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 4/12/24 at 9:15 AM, V1 (Administrator) stated her expectation is that licensed nurses observe residents take their medications and do not leave them at the bedside. V1 stated that residents are screened for self-administration of medications in some situations, but verified R1 was not. V1 stated there was no incident or ill effects resulting from R1's medications being left at the bedside.</p> <p>R1's Admission Record documented an original admitted to the facility as 6/5/22. Diagnoses listed on this same document include but are not limited to : Hemiplegia and Hemiparesis following Cerebral Infarction, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Hypertension, Hyperlipidemia, etc .</p> <p>Review of the facility policy titled Subject: Medication Administration Policy/Procedure with a revision date of 9/27/22 documented, Medications will be administered safely to residents within the facility by licensed nurses at specified time/timeframe, following the recommended administration method and will be documented as required .It is the responsibility of all licensed nursing staff to safely administer medications to residents. The same policy goes on to stated, 9. Ensure medication has been swallowed before leaving.</p>		