STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146100	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cass County Senior Living & Rehabilitation LLC	530 East Beardstown Street Virginia, IL 62691

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents are without significant medication errors for one (R1) of three reviewed for medication administration.Findings include:The Facility's undated Telephone Orders Policy documents Verbal telephone orders may only be received by licensed personnel. Orders must be recorded in the resident's medical record.R1 was admitted to the facility on [DATE] with diagnoses to include Hypertension, Osteoarthritis, Dementia, Parkinsonism, Benign Prostatic Hyperplasia, and Cerebrovascular Disease.R1's laboratory results dated [DATE] document a Prothrombin Time result of 47.8 (high) and an INR (International Normalized Ratio) result of 5.1 (Critically High). The purpose of a Prothrombin Time and INR is to measure how quickly blood forms a clot.R1's Nurses Note dated 2/12/26 at 5:48 PM documents Facility received a faxed request from V5 (Medical Director) for results of PT/INR for R1 that was to be drawn on 2/9/26. Upon review of R1's records, no lab was drawn on 2/9/26 and no order found. Called V5 to notify V5 of this, V5 stated she gave order to hold warfarin and recheck on 2/9/26 based on results of INR on 2/6/26 of 5.1. We did not have results from 2/6/26 or any orders. Head to toe assessment completed on R1 to assess for any excessive bruising or bleeding, with negative results noted. V5 updated on assessment and that R1 has been receiving warfarin 2milligrams daily as previously ordered. Warfarin order discontinued. V5 stated she has been in contact with V4 and V6 (both R1's Family Member) and R1 will be switching to an alternative anti-coagulant so she did not see the need for a repeat INR at this time.R1's February 2026 Medication Administration Record documents R1 received Warfarin 2 milligrams daily 2/1/26-2/11/26.On 5/6/26 at 2:32 PM V5 (Medical Director) reported V5 gave a verbal order on 2/6/26 for R1's Warfarin (anticoagulant medication) to be held and to repeat a blood draw for a PT (Prothrombin Time) and INR (International Normalized Ratio) on 2/9/26. V5 verified she was notified on 2/12/26 that R1 received the anticoagulant medication 2/6/26 - 2/11/26 and that a repeat Prothrombin Time and International Normalized Ratio were not performed. V5 reported V5 phoned V4 and V6 (both R1's Family Member) to discuss the medication error and it was agreed to discontinue Warfarin and start R1 on an alternate anticoagulant that does not require routine laboratory monitoring. On 5/8/26 at 12:00 PM V1 (Administrator) confirmed R1 received Warfarin 2 milligrams daily 2/6/26 - 2/11/26 and the medication should not have been given.

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