

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2026
NAME OF PROVIDER OR SUPPLIER  Smith Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE  10501 Emilie Lane Orland Park, IL 60467	

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 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>Based on interview and record review, the facility failed to ensure that a Licensed Practical Nurse (LPN) had training/certification to infuse an intravenous (IV) medication. This applies to 1 of 1 resident (R1) reviewed for IV medication administration in the sample of 3. Findings include: R1's EMR (Electronic Medical Record) shows R1 has diagnoses including urinary tract infection, sepsis, difficulty walking, unspecified skin changes, chronic congestive heart failure, kidney failure, unspecified organism, vascular dementia, type 2 diabetes Mellitus with other circulatory complications. R1 had the following physician's order from February 10, 2026, through February 14, 2026: Vancomycin HCl intravenous solution, use 750 MG (milligrams) intravenously every 18 hours for anti-infective (IV piggyback). On March 12, 2026, at 3:11 PM, V5 (LPN, Licensed Practical Nurse) stated she is not certified to give intravenous antibiotics, however she gave some to R1 about a month ago. V5 also stated she is going to get the training for it but at present she is not certified for infusing intravenous antibiotics. V5 verified that her initials are the ones on R1's MAR (Medication Administration Record) for February 11, 2026, indicating she infused Vancomycin intravenously to R1. On March 12, 2026, at 2:40 PM, V2 (Assistant Director of Nursing) stated that LPNs need to have a certification of training to infuse intravenous (IV) antibiotics. V2 stated V5 is not certified to infuse IV antibiotics. V2 stated that the person whose initials appear on R1's MAR is the person who administered the medication. V5's name does not appear on the list of LPNs who are certified to administer intravenous medication.</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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