

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Lena Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 South Logan Street Lena, IL 61048	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on interview and record review the facility failed to ensure a resident wasn't administered the wrong medications resulting in a significant medication error. This applies to 1 of 3 residents (R1) reviewed for medication administration in the sample of 5. The findings include: On 2/9/26 at 10:37 AM, R1 stated, an agency nurse gave her the wrong medications. She tried to tell her the medications weren't her pills but the nurse told her they were, so she took them. The nurse did not ask her name or anything else to confirm it was her. She said she had a real hard headache and didn't know how to explain how she felt after taking the medication. They told her one of the medications was risperidone. She wrote it down on a piece of paper. She has never been prescribed that medication or taken it before. The facility's medication error report form for R1 dated 1/29/26 shows, the medication error happened on 1/29/26 at 8:30 AM. V4 agency Licensed Practical Nurse (LPN) gave R1 another residents (R5) medications. R1 received, Norvasc 5 mg (milligram) (blood pressure), iron 325 mg, fiber tablet, Lasix 10 mg (water pill), multivitamin, potassium 10 mEq (milliequivalent), vit D3 and risperidone 2 mg (antipsychotic). The contributing factors were inexperienced staff and an old photo of R1. R1's symptoms were none immediately, has gotten sleepy. R1 remained alert and oriented x 4. On 2/9/26 at 11:32 AM, V3 Assistant Director of Nursing (ADON) stated, R1 did receive the wrong medications from V4 agency LPN. V4 agency LPN recognized it right after R1 took the medications. Both her and V2 Director of Nursing (DON) confirmed nurses should be verifying the residents prior to giving medications by using the photo in their medical records. R1 and R5's electronic medical records show, R1 received amlodipine besylate (Norvasc) 5 mg, ferrous sulfate (iron) 325 mg, fiber tablet, Lasix 10 mg, multivitamin, potassium chloride 10 mEq, vitamin D3 25 mcg (micrograms), florastor (probiotic), liquid protein and risperidone 2 mg at 8:30 AM on 1/29/26 that were prescribed to R5. R1 is not prescribed any of those medications. The facility's medication administration policy dated 1/25/26 shows, Policy: 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 standards or practice, in a manner to prevent contamination or infection. Policy explanation and compliance guidelines: .10. Ensure that the six rights of medication administration are followed: a. Right resident, b. Right drug, c. Right dosage, d. Right route, e. Right time, f. Right documentation.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 146114
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