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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146119 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/25/2026 |
| NAME OF PROVIDER OR SUPPLIER The Haven on the River | | STREET ADDRESS, CITY, STATE, ZIP CODE 320 South 2nd Street Grayville, IL 62844 | |
| 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** Based on interview and record review, the facility failed respond to a pharmacy review for an as needed psychotropic medication and failed to document the indication of use for the psychotropic medication for 1 of 3 resident (R2) reviewed for chemical restraints in a sample of 17. Findings include:R2's admission record, dated 3/18/26, documents an admission date of 1/19/26. R2's admission record documents diagnoses including but not limited to unspecified dementia, unspecified severity, with agitation; generalized anxiety disorder; Alzheimer's disease; and depression, unspecified.R2's physician order sheet, dated 3/18/26, documents orders for medications including but not limited to trazodone 50 milligram/mg tablet- take 1 tablet by mouth at bedtime with a start date of 3/14/26; pregabalin 25mg capsule - take 1 capsule two times per day for sleep with a start date of 1/27/26; citalopram 20mg tablet - take 1 tablet every day with a start date of 2/3/26.R2's Electronic Health Record (EHR) included an order, dated 1/20/26, for Ativan by V38, Medical Director, of facility for 0.5milligrams/mg to be administered every 12 hours as needed for nausea related to depression.R2's EHR included an order, dated 2/19/26, for Ativan by V30, Nurse Practitioner/NP, for 0.5 mg tablet to be given every 12 hours as needed for comfort related to Alzheimer's.R2's EHR included an order, dated 3/9/26, for Ativan ordered by V38, Medical Doctor/MD, for 0.5mg to be administered every 12 hours routinely for anxiety, aggression, and agitation related to generalized anxiety disorder.R2's most recent care plan documents a focus area for behaviors including anxiousness and restlessness dated 1/27/26. Interventions for this focus area include to administer medications as ordered and anticipating and meeting the resident's needs both dated 1/27/26. Another focus area on same care plan documents resident has behaviors of destructiveness including toward the building and/or items in the building dated 3/13/26. Interventions for this focus area include but aren't limited to administering medications as ordered and anticipating the needs of the resident both dated 3/13/26. R2's care plan documents a focus area R2 has potential risk to be physically aggressive which includes possible injury of others due to throwing objects including furniture dated 1/20/26. Interventions for this focus area include to involve the social services and activity departments as needed and psychiatric consult as needed both dated 1/20/26. R2's care plan documents other focus areas including delusional thinking and hallucinations at times dated 1/27/26; R2 has delirium and acute confusion episodes causing him to be easily distracted at times and disorganized thinking dated 1/27/26; and R2 uses psychotropic medications related to disease process of dementia with agitation and therefore could have potential risk for adverse effects dated 1/20/26. Interventions for this last focus area include to administer psychotropic medications as ordered by physician; monitor for effects and effectiveness every shift; consult with pharmacy and medical doctor to consider dosage reduction when clinically appropriate at least quarterly and educate the resident/family/caregivers about risks, benefits, and side effects and/or toxic symptoms related to the use of psychotropics all dated 1/20/26.R2's Minimum Data Set (MDS), dated [DATE], documents R2 has a Brief Interview for Mental Status/BIMS score of 8, indicating R2 is not cognitively intact. R2's MDS documents resident has feelings including little interest or pleasure in doing things, feeling down depressed or hopeless, (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.

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| 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>feeling bad about himself, trouble concentrating on things frequently in the 2 weeks prior to the assessment. R2's MDS documents R2 has behaviors including hitting, scratching self, pacing, rummaging, public sexual acts and disrobing in public. R2's MDS documents R2 is on 2 different high risk drug classes of medications including an antipsychotic and antidepressant. R2's February 2026 medication administration record (MAR) documents an order for Ativan oral tablet .5 MG as needed start date 1/20/26, discontinue date 2/12/26. R2's MAR documents R2 received Ativan on 2/1, 2/3, 2/4, 2/7 (two times), 2/8, and 2/10. R2 progress notes from 2/1/26 to 2/10/26 only contained 1 progress note related to administration of Ativan on 2/1. There were no progress notes on the other dates listed with the symptoms/reasons for administration of Ativan. R2's MAR documents an order for Ativan oral tablet .5MG as needed with a start date 2/19/26 and a discontinue date of 3/1/26. R2's MAR documents R2 received Ativan on 2/21 (two times), 2/24, and 2/26. R2 progress notes from 2/21/26 to 2/26/26 only contained 1 progress note on 2/21/26 that documented the reasons/symptoms for the administration of Ativan. On 3/17/26 at 1:07 PM, V27, (Power of Attorney/Family) stated she had requested on three separate occasions, beginning upon his admission to the facility on 1/19/26, to stop the medication Ativan because R2 was having an idiosyncratic (causing reverse reaction to what was expected) reaction to the medication. V27 stated it was finally discontinued for the last time on 3/11/26. On 3/17/26 at 3:39 PM, V27 stated she was not made aware on 2/12/26 when Ativan was discontinued or again on 2/19/26 when Ativan was reordered. V27 stated she had specifically spoke to the Administrator requesting to have Ativan discontinued on 3/4/26 and there was one conversation even before that one where she had voiced her concerns about R2 continuing the Ativan. V27 stated during both conversations she had made it clear the Ativan was to be stopped and not administered. V27 stated V1 (Administrator) admitted to her in one of the phone conversations the facility had made a mistake in relation to continuing the Ativan and he (V1) would check further into what caused the miscommunication/error. R2's Pharmacist medication record review form printed 2/23/26 documents: Please consider the following Psychotropic PRN medication(s): Ativan 0.5mg every 12 hours prn. Please choose from the following choices: Discontinue; add a stop date to PRN for short term use (MAX 14-Days CMS guidelines) and evaluate use: No change at this time- CURRENT ORDER CAN BE EXTENDED >14 DAYS, please provide duration (UP TO 180 DAYS) as part of medication order, indication for use, and document reason- risk/benefit to assist facility with regulatory compliance. None of those options were checked. Duration, indication for use and rationale are all left blank. The Physician/Prescriber Response section lists the choices as Agree, Disagree or Other. All are left blank. This document did not indicate the prescriber acknowledged or even read the above request from the pharmacist nor sign it at the bottom. On 3/19/26 at 8:24 AM, V26 (Licensed Practical Nurse/LPN) stated in relation to his progress note on R2 on 3/9/26, while he (V26) was off for back surgery, one of the (Name of Psychiatric Facility) psychiatric practitioners had evaluated R2 and reordered Ativan for a 3rd time. V26 stated he had remembered R2's Power of Attorney (V27) had stated the family no longer wanted R2 to be administered Ativan because it had an idiosyncratic reaction on him. V26 stated he then called V27 and confirmed with her she (V27) nor V28 (family member) still didn't want R2 administered Ativan, and V27 stated that was correct. V26 stated then he notified the facility's Nurse Practitioner (V30) for discontinuation orders and got it discontinued. On 3/19/26 at 10:20 AM, V7 (Registered Nurse/RN) stated in relation to use of Ativan with R2, every time R2 was administered Ativan R2 would become much more aggressive and violent. V7 stated it appeared that Ativan made him more agitated and unable to relax. V7 stated she also remembers V27 telling her R2 didn't do well on Ativan. V7 stated, I think I told my Director of Nurses/DON on the 21st of February about my concerns with (R2's) Ativan and the reaction he had. On 3/19/26 at 11:17 AM, V26 stated when R2 would be administered Ativan, he would turn into a whole different person becoming violent and aggressive. V26 went on to state V27 had mentioned it to him that was the same reason they stopped administering the Ativan at home as well. On 3/19/26 at 1:19 PM, V28 (family member) stated she (continued on next page)</p> | | |

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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>doesn't remember giving verbal consent for use of Ativan upon admission of R2 to the facility. V28 stated, I know I didn't, in relation to giving verbal consent for use of Ativan. V28 went on to state even before R2 was admitted to the facility, the family had stopped administering the Ativan to R2 because it was having the opposite effect on R2. V28 stated she had witnessed a nurse administer Ativan once to R2, and at that time, had told them not to administer it anymore and the reason behind it. V28 was unable to provide a date, time, or person she spoke to in relation to that reported conversation. On 3/19/26 at 2:46 PM, V23 (RN/Assistant Director of Nurses/ADON) stated she doesn't remember R2's family requesting to have his Ativan stopped. V23 stated she does remember his family agreeing with stopping it though. In relation to why Ativan was started upon R2's admission, V23 stated R2's family brought all his medications from home, including Ativan, and that is why it was ordered initially. On 3/24/26 at 10:52 AM, V20 (RN) stated it was important to document in the progress notes when prn (as needed) medications were administered to monitor for effectiveness and to document what behaviors are being treated. On 3/24/26 at 11:34 AM, V2, (Director of Nursing/DON) stated R2 had admitted to the facility with a current order for Ativan. V2 stated the family brought all R2's medications from home including his Ativan. V2 stated she was not sure why R2 was getting the Ativan upon admission. V2 stated she doesn't remember V27 or V28 coming to her and requesting Ativan be discontinued. V2 stated she was not sure if V27 or V28 had spoken to any other staff member requesting R2's Ativan be discontinued. V2 stated she does remember after R2's Ativan was restarted the last time on 3/10/26, V27 asked her why Ativan was restarted. V2 stated she explained to V27 that psychiatry had come in and ordered Ativan without notifying the nursing staff. V2 stated Ativan had been started and R2 had been given one dose before the facility got it discontinued the last time. V2 stated nursing staff are now verifying psychiatric orders before they are put in the electronic health system to make sure everyone is notified, and consent is obtained before starting the medications. V2 was asked why there was no progress note documenting what behaviors or symptoms R2 was exhibiting prior to administration of Ativan on 9 of the 11 times it was administered. V2 stated she did not believe it was necessary to have a progress note each time a PRN medication is administered. V2 stated the reasoning or the diagnosis attached to the order should be enough documentation as to why the medication was administered. V2 was asked why she did not put in a corresponding progress note describing the symptoms/reasons for her administration of Ativan on 2/21/26. V2 stated she did not think it was necessary to put one in each time. V2 was asked if she administered R2 the Ativan related to comfort related to Alzheimer's disease; V2 stated she could not remember. On 3/24/26 at 2:01 PM, V1 (Administrator) stated he was not sure what the reasons were for R2 to have Ativan to be administered. V1 stated he does not work the floor and is not familiar with the residents' medications. When asked why Ativan was continued as a PRN medication past 14 days without a review by a prescriber, V1 stated it should have been reviewed and either reordered or discontinued. V1 stated he is not sure why it was missed to review R2's order for Ativan. V1 stated according to current standards of practice, PRN psychotropic medications are to be reviewed initially within 14 days after being ordered the first time in a facility. On 3/24/26 at 7:02 PM, V30 (Nurse Practitioner/NP) stated when R2 was first admitted to the facility, all his medication orders came from his family physician's office and what physical medications family brought from home. V30 stated that was the reason Ativan was ordered the first time on 1/20/26. V30 stated she does remember receiving a request from family to discontinue R2's order for Ativan. V30 stated it was discontinued the first time on 2/12/26. When asked why Ativan was reordered under her name as prescribing practitioner again on 2/19/26, V30 could not state why. V30 stated she reviewed the progress notes of R2's chart and her phone call records from that date and could not find a reason it would have been reordered at that time. V30 verified there were no progress notes linking a need for the reorder of Ativan. V0 stated the first order for Ativan on 1/19/26 was linked to diagnosis/reason of nausea related to depression. V30 stated she had seen Ativan be used in hospice for nausea but not related to depression. V30 stated the second time Ativan was reordered 2/19/26, the (continued on next page)</p> | | |

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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>reason/diagnosis for administration was documented as comfort related to Alzheimer's. When asked about the reasons/diagnoses attached to the orders for Ativan, V30 stated neither was an appropriate reason/diagnosis for administration of Ativan. On 3/25/26 at 8:39 AM, V37 (LPN) stated she administered Ativan to R2 on 2/7/26 and 2/8/26. When asked why she (V37) did not document a progress note related to administration of the PRN Ativan to R2, she stated she believed the reason/diagnosis listed on the MAR was the only reasoning needed. When asked if R2 was experiencing nausea related to depression at those times she administered the Ativan to R2, she stated she did not remember what his symptoms were at that time because it had been so long.</p> | | |