

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2026
NAME OF PROVIDER OR SUPPLIER  Resthave Home-Whiteside County		STREET ADDRESS, CITY, STATE, ZIP CODE  408 Maple Avenue Morrison, IL 61270	

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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to provide ordered laboratory services. This applies to 1 of 3 residents (R1) reviewed for laboratory services in the sample of 3. The findings include: R1's admission Record (Face Sheet) showed she was admitted to the facility on [DATE] with one of her diagnosis being myeloblastic leukemia (cancer affecting bone [NAME] leading to low hemoglobin and red blood cell counts). R1's 1/12/26 Minimum Data Set showed she was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 13 out of 15. R1's 2/3/26 Health Status Note from 12:34 PM, showed V6 R1's Daughter/Power of Attorney notified the facility R1 should be having weekly Complete Blood Count (CBC laboratory test that measures several blood values to include red blood cell counts and hemoglobin). The note showed R1's provider then ordered this lab to be done weekly. R1's 3/2/26 Health Status Note from 1:49 PM, showed R1 will be going to the local area hospital for her weekly CBC lab draws. The note showed, This change is related to past issues with current lab services. On 3/4/26 at 9:22 AM, R1 stated her daughter managed her labs; however, she believed some labs had been missed. On 3/4/26 at 11:53 AM, V6 R1's Power of Attorney/Daughter stated, They (lab technician) were either not showing up or they were missing her. The labs are for her leukemia. The facility was saying it's not a big deal [that R1's labs were not drawn], there were other ways to tell if her hemoglobin was low, but when she was first diagnosed her hemoglobin was 4 (typical female range is 11.5 to 15) and she was just a little shorter of breath, which we thought was just due to her other health problems. prior to this, at home, she was having treatments and having them [labs] drawn twice a week. On 3/4/26 all of R1's lab results were requested and on 3/4/26 at 2:40 PM the lab results provided showed R1's labs were drawn on 1/20/26 then 2/10/26 and then on 3/2/26. (No labs drawn on or shortly after 2/3/26 then following the lab draw on 2/10/26, R1's labs were not drawn for nearly 3 weeks.) On 3/4/26 at 12:14 PM, V2 Director of Nursing stated the initial issue with the labs not being completed weekly after 2/10/26 lab draw was due to an error when the nurse entered the order; however, following this error correction the lab technician failed to draw R1's labs on several occasions. V2 stated she has contacted her laboratory representative with little to no response. V2 stated R1 missed her lab draws on 2/17/26 and 2/24/26. V2 stated R1's labs were for the purpose of monitoring her leukemia diagnosis. On 3/4/26 at 2:45 PM, V1 Administrator stated the facility does not have a laboratory policy.</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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