

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  04/09/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on interview and record review the facility failed to ensure a resident was treated in a dignified manner for one of one resident (R6) reviewed for dignity in the sample of 32.</p> <p>The findings include:</p> <p>R6's Admission Record dated April 9, 2025 shows she was admitted to the facility on [DATE] with diagnoses including difficulty in walking, history of falling, and insomnia.</p> <p>R6's MDS (Minimum Data Set) dated March 17, 2025 shows R6 is cognitively intact. R6 requires moderate assistance with toileting hygiene.</p> <p>R6's Care Plan shows R6 requires staff assistance with hygiene/oral care. R6 requires staff assistance for toileting. R6 has bladder incontinence related to history of urinary tract infection, physical limitations related to right hip fracture and recent surgery. R6 uses disposable briefs, change every two hours and as needed, clean peri-area with each incontinence episode.</p> <p>On April 7, 2025 at 10:43 AM, R6 said she was bothered by an incident that happened over the weekend. R6 said her incontinence brief was soaked in the early morning hours of Sunday (April 6, 2025) at about 1:00 AM. R6 said she pressed her call light for assistance, a CNA (Certified Nursing Assistant) came in her room and said she was not R6's CNA so she couldn't change her. R6 said this CNA was rude. R6 said she pressed her call light again a while later and this same CNA came into R6's room and told R6 that R6's CNA was busy so she would change R6. R6 said the CNA was not nice at all. It made me feel so bad and so mad.</p> <p>On April 8, 2025 at 11:53 AM, V2 DON (Director of Nursing) said she got the report of R6 saying she had a rude CNA. V2 said that R6 said the CNA refused to help R6 with personal cares early this passed Sunday morning. V2 said R6 wears an incontinence brief at night because R6 does not want to go to the bathroom during the night. V2 said if staff go into R6's room to check her, R6 can tell them if her brief is wet or not. V2 said that R6 said that she pressed her call light for assistance. This CNA asked R6 what she needed. The CNA told R6 I'm not your CNA and then left R6's room. The same CNA came back a short time later and told R6 that her CNA was busy and changed R6. V2 reported that R6 told her that the CNA was rude. V2 asked R6 for this particular CNA's description. V2 said she believes the CNA was from another hall, but V2 did not know who the CNA was yet. V2 said she was going to find out who the CNA was. V2 said that R6 is alert and oriented.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R6's Health Status Note dated April 6, 2025 at 12:14 PM shows, Resident being monitored for increase of trazodone at bedtime, resident tearful this am stating that she had a rough night. Unsure of how she had slept. No adverse reaction noted.</p> <p>The facility's Resident Rights Policy dated November 28, 2016 shows, Employees shall treat all residents with kindness, respect, and dignity. [Facility Name] will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>37232</p> <p>Based on observation, interview, and record review the facility failed to assess and obtain an order for a resident to keep medications at bedside and to self-administer medications for 1 of 1 resident (R54) reviewed for self-administering medications in the sample of 32.</p> <p>The findings include:</p> <p>R54's Face Sheet printed on 4/8/25 showed R54 had the following diagnoses: chronic obstructive pulmonary disease, malignant neoplasm of the lungs or bronchus, and pneumoniae.</p> <p>A facility assessment done on 3/28/25 showed R54's cognitive abilities were intact.</p> <p>On 04/07/25 at 9:21 AM, R54 was in his room lying in bed. There were no staff present in R54's room. On the bedside table was an albuterol sulfate inhaler. R54 said the inhaler was kept at his bedside and he uses it as needed. R54 added that he uses the inhaler without staff reminding him. R54 said he started keeping the inhaler at bedside about 1 week ago.</p> <p>On 4/7/25 at 11:28 AM, V9 (Registered Nurse) said she was the nurse taking care of R54 and R54 did not self-administer medications.</p> <p>On 4/7/25 at 1:18 PM, V2 (Director of Nursing) said for a resident to keep medications at the bedside the doctor would assess the resident and staff would obtain an order. V2 added the care plan would also indicate if a resident could keep medications at the bedside. V2 said R54 keeps his inhaler at bedside and uses it as needed. V2 looked at R54's orders and confirmed R54's inhaler was scheduled and not as needed.</p> <p>R54's Order Summary report printed on 4/7/25 at 4:27 PM, showed an order for an albuterol sulfate Inhaler to be taken four times a day for to prevent bronchospasms.</p> <p>R54's Progress Note dated 4/7/25 at 1:34 PM (after the surveyor had observed the medication at bedside), showed the facility contacted R54's Nurse Practitioner to obtain an order for R54 to keep the medication at bedside.</p> <p>On 4/7/25 at 11:30 PM, R54's electronic medical record did not have an assessment to self-administer medications or to store medications at bedside.</p> <p>R54's care plan printed on 4/7/25 did not indicate R54 could keep the inhaler at the bedside.</p> <p>The facility's Self-Administration of Medications policy with a revised date of 3/2/21 showed if the resident wishes to self-administer medications, the facility's interdisciplinary team will assess the resident's cognitive, communication, visual and physical functions to determine if the resident may do so. Should the interdisciplinary team determine that the resident is able to carry out the responsibility, a physician's order will be obtained.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34117</p> <p>Based on observation, interview, and record review the facility failed to ensure nutritional supplements were provided to a resident. This applies to 1 of 3 residents (R28) reviewed for nutrition in the sample of 32.</p> <p>The findings include:</p> <p>R28's face sheet shows she is a [AGE] year old female with diagnoses including parkinson's, congestive heart failure, depression, anxiety, history of transient attack and cerebral infarction.</p> <p>R28's Nutrition Note dated 10/10/24 shows her weight 117 lb (pounds) BMI (body mass index) 18.9; BMI is within normal but on the low side. R28 would benefit from a little bit more weight gain. Offer extra butter or peanut butter on meal trays. Supplements health shake, whole milk, resident drink with all meals and magic cup with lunch and dinner.</p> <p>R28's Nutrition Note dated 01/09/25 shows her weight 115 lb, BMI-18.6; Supplements health shake, whole milk, resident drink with all meals and magic cup with lunch and dinner. BMI is within normal limits but on the low side, would benefit from more weight gain.</p> <p>R28's diet card shows health shake, magic cup coffee, whole milk and resident drink with meals. The diet card does not show to offer peanut butter or butter with meals.</p> <p>On 4/07/25 at 12:02 PM, R28 was observed during the noon meal. R28 was seated in the main dining room, her eyes were closed with her head down. She was served country fried steak, mashed potatoes and green beans, she ate approximately 20 % of her noon meal. Her fluids were served in a handled cup with a lid and straw. Staff did not assist her during the noon meal or encourage her to eat. She was not provided her magic cup or health shake.</p> <p>On 4/08/25 at 11:35 AM, R28 was in the dining room during the noon meal. R28 was served her noon meal, with juice, health shake and water. She was not served her magic cup or milk. She had tremors to her hands and ate less than 20 % of her meal, staff did not assist her or encourage her to eat.</p> <p>On 4/08/25 at 10:56 AM, V11 (Licensed Practical Nurse-LPN) said R28 is alert to self and forgetful, she has a poor appetite, and needs cueing to eat, she will eat more when staff assist or encourage her to eat. She likes to eat junk food.</p> <p>On 4/09/25 at 9:47 AM, V4 (Dietary Manager) said R28 refuses her magic cup and health shake and would give them to her tablemate's. We don't offer them to her anymore because she would give them away to her tablemate's.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/9/25 at 12:11 PM, V4 (Dietitian) said if a resident triggers for weight loss we implement nutritional supplements. She thinks at one point staff verbally reported R26 was refusing some supplements. She will try a different intervention if the resident is not taking a supplement like extra peanut butter or butter with meals and would document what supplements are not working. The staff should still offer the magic cup, health shake and milk if it still listed as a supplement for the resident.</p> <p>R28's weights from October 2024 to April 2025 shows her weight from 117 lb to 113 lb.</p> <p>The facility's Weight Monitoring Policy states, To provide an ongoing evaluation of weight to ensure appropriate and timely nutritional intervention registered dietitian will review weight loss/gains completion during visit each month .Registered Dietitian and Dietary Supervisor will add supplements or calorie dense foods, i.e. whole milk, margarine, extra portions, and/or supplements on an individualized basis.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>34117</p> <p>Based on interview and record review the facility failed to ensure monthly medication reviews were acted on by the physician and failed to ensure the facility had a process in place to ensure the montly medications reviews were addressed in timely manner. This applies to 4 of 5 residents (R40, R28, R48 and R5) reviewed for medication review in the sample of 32.</p> <p>The findings include:</p> <p>1. R40's Note to Attending Physician/Prescriber document from the monthly medication review dated 10/15/24 showed R40 has a current order for Zoloft 25 mg (milligrams) daily (dx: depression) and has not had a gradual dose reduction (GDR). If a gradual dose reduction attempt is not clinically contraindicated, clinical rationale MUST be documented as to why a GDR is likley to: with options for the provider to check below. This section is left blank and not signed by the provider.</p> <p>R40's Pharmacist's Medication Review Regime (MRR) Recommendations dated 11/19/24 showed 2nd request, MRR dated 12/17/24 3rd request, MRR dated 1/13/25 4th request, with same recommendations that Zoloft 25 mg daily has not had a GDR .a clinical rational MUST be documented as to why the GDR is likley to: with options for the provider to check below .this section is left blank.</p> <p>2. R28's Note to Attending Physician/Prescriber document from the monthly medication review dated 10/15/24 showed R28 has a current order or Lexapro 10 mg daily (dx: generalized anxiety), and has not had a GDR . If a gradual dose reduction attempt is not clinically contraindicated, clinical rationale MUST be documented as to why a GDR is likley to: with options for the provider to check below. This section is left blank and not signed by the provider.</p> <p>R28's Consultant Pharmacist's Medication Regime Review Recommendations dated 11/19/24 2nd request, MRR dated 12/17/24 3rd request, MRR dated 1/14/25 4th request with same recommendations that Lexapro 10 mg daily has not had a GDR .a clinical rational MUST be documented as to why the GDR is likley to: with options for the provider to check below .this section is left blank.</p> <p>On 4/9/25 at 11:42 AM, V2 (Director of Nursing) said the previous DON left abruptly and when she took over as the DON she did not know what the MMR forms were or what to do with them. V10 (Pharmacist) reached out to her and asked if she needed help with the forms. There were times when the forms piled up and sat on the back burner for a bit. Now she knows they need to be addressed timely.</p> <p>37232</p> <p>3. R48's Consultant Pharmacist's Medication Regiment Review document dated 10/15/24 showed hydroxyzine (medication that can treat anxiety, nausea, vomiting, and itching) was to be discontinued based on a response to a previous pharmacy recommendation. However, the order appeared to still be active and to discontinue the order. The form had Recommendations to NURSING stamped on it.</p> <p>R48's Consultant Pharmacist's Medication Regimen Review document dated 11/19/24 showed the same recommendation was made as the 10/15/24 Consultant Pharmacist's Medication Regimen Review.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R48's Pharmacy Consultant Medication Regimen Review document dated 12/17/24 showed a third request was sent to stop the hydroxyzine and the recommendation was sent to nursing.</p> <p>R48's Pharmacy Consultant Medication Regimen Review document dated 1/14/25 showed a fourth request was sent to stop the hydroxyzine and the recommendation was sent to nursing and the doctor.</p> <p>4. R5's Note to Attending Physician/Prescriber document from the monthly pharmacy review dated 11/19/24 showed R5 had an as needed lorazepam order that did not have a criteria in place for use beyond 14 days. The section for Physician/Prescriber Response was blank.</p> <p>R5's Note to Attending Physician/Prescriber document from the monthly pharmacy review dated 12/17/24 showed, 2nd request that R5 had an as needed lorazepam order that did not have a criteria in place for use beyond 14 days.</p> <p>On 04/08/25 at 12:05 PM, V2 (Director of Nursing) said she receives the monthly pharmacy recommendations. V2 said she distributes the recommendations to the providers and once the providers respond, she enters the orders.</p> <p>04/08/25 at 12:54 PM, V10 (Pharmacist) said if there is a recommendation made from the monthly pharmacy reviews, the recommendations should be addressed before the next monthly pharmacy review. If the recommendations are not acted on he will repeat the recommendations the following month. V10 said for R5 and R48 the recommendations were not acted on so he repeated the recommendations.</p> <p>The facility's Pharmacist Consultant Policy and Procedure with a revised date of 1/17 showed it is the facility's responsibility to assure that the identified party (i.e. - physician or nurse) responds to every pharmacist recommendation report. The identified party is not required to agree with the pharmacist's recommendation, but must respond to it.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review the facility failed to ensure medications were administered at the prescribed time. There were 27 opportunities with 6 errors, resulting in a 22.22% error rate.</p> <p>The findings include:</p> <p>1. R58's Admission Record dated April 8, 2025 shows she was admitted to the facility on [DATE] with diagnoses including pneumonia, metabolic encephalopathy, diabetes mellitus type II, chronic kidney disease, muscle wasting and atrophy, and dementia.</p> <p>R58's Medication Administration Record dated April 1, 2025-April 30, 2025 shows an order for blood sugar checks two times per day at 7:30 AM and 4:00 PM, insulin aspart sliding scale at 7:30 AM and 4:00 PM, insulin 70/30 20 units at 7:30 AM, isosorbide mononitrate extended release scheduled at 8:00 AM and 5:00 PM, metoprolol tartrate scheduled at 8:00 AM and 5:00 PM, and omeprazole delayed release scheduled at 8:00 AM and 5:00 PM.</p> <p>On April 7, 2025 at 9:55 AM (after breakfast) V6 LPN (Licensed Practical Nurse) checked R58's blood sugar level. It was 346. At 10:02 AM, V6 administered R58's insulin, isosorbide, metoprolol tartrate, and omeprazole.</p> <p>2. R15's Admission Record dated April 8, 2025 shows she was admitted to the facility on [DATE] with diagnoses including idiopathic progressive neuropathy, local infection of the skin and subcutaneous tissue, pressure ulcer of right hip, polyarthritis, personal history of traumatic fracture, alzheimer's disease, age related osteoporosis, and history of falling.</p> <p>R15's Medication Administration Record dated April 1, 2025-April 30, 2025 shows orders for tramadol 50 mg two times a day for pain management scheduled at 7:00 AM and 8:00 PM.</p> <p>On April 7, 2025 at 9:38 AM, V6 LPN went into R15's room. R15 complained of generalized pain. V6 administered R15's 7:00 AM scheduled tramadol.</p> <p>On April 8, 2025 at 11:53 AM V2 DON (Director of Nursing) said medications can be given an hour before and up to a hour after they are scheduled to not be considered late. V2 said omeprazole is typically scheduled at 5:00 AM. V2 said that resident blood sugars should be checked prior to residents eating meals. If the blood sugar is checked after meals, it may be inaccurate. If insulin is given, then it could make the residents' blood sugars go too low.</p> <p>The facility's Medication Pass policy dated February 3, 2019 shows, Medication pass should be completed within one hour before and after scheduled times and document reason for medications that are not given in electronic medical record.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review the facility failed to ensure a significant medication error did not occur for one of three residents (R58) reviewed for medications in the sample of 32.</p> <p>The findings include:</p> <p>R58's Admission Record dated April 8, 2025 shows she was admitted to the facility on [DATE] with diagnoses including pneumonia, metabolic encephalopathy, diabetes mellitus type II, chronic kidney disease, muscle wasting and atrophy, and dementia.</p> <p>R58's Medication Administration Record dated April 1, 2025-April 30, 2025 shows an order for blood sugar checks two times per day at 7:30 AM and 4:00 PM, insulin aspart sliding scale at 7:30 AM and 4:00 PM, and insulin 70/30 20 units at 7:30 AM.</p> <p>On April 7, 2025 at 9:55 AM (after breakfast) V6 LPN (Licensed Practical Nurse) checked R58's blood sugar level. It was 346. At 10:02 AM, V6 administered R58's insulin.</p> <p>On April 8, 2025 at 11:53 AM V2 DON (Director of Nursing) said said that resident blood sugars should be checked prior to residents eating meals. If the blood sugar is checked after meals, it may be inaccurate. If insulin is given, then it could make the residents' blood sugars go too low.</p> <p>The facility's Medication Pass policy dated February 3, 2019 shows, Medication pass should be completed within one hour before and after scheduled times and document reason for medications that are not given in electronic medical record.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>34490</p> <p>Based on observation, interview and record review the facility failed to follow the menu to ensure nutritional adequacy for residents on a pureed diet. This applies to 6 of 6 residents (R5, R18, R27, R34, R48, and R267) reviewed for menus in the sample of 32.</p> <p>The findings include:</p> <p>An undated facility provided list showed that R5, R18, R27, R34, R48 and R267 were on a pureed diet.</p> <p>On 4/7/25 at 10:26 AM, V13 (Cook) made six servings of pureed chicken. V13 placed six pieces of chicken breast, chicken broth and 2 pieces of bread into a blender and pureed it. V13 stated, We mix the bread serving into the meat and vegetables.</p> <p>On 4/7/25 11:08 AM , V13 used an ivory scoop (#10-3.25 ounces) to serve the pureed chicken. V13 stated, I am using a 3 ounce scoop because all residents should get 3 ounces of protein with their meals.</p> <p>The Diet Spreadsheet for the noon meal shows that a #8 scoop (4 ounces) should be used for the chicken breast and a #20 scoop (1 5/8 ounces) for the bread.</p> <p>On 4/9/25 at 9:33 AM, V5 (Dietary Manager) said that the diet spreadsheet should be followed and the staff should be serving what it says on the spreadsheet. V5 said that the spreadsheet and portion size is followed to ensure the resident receives the appropriate amount of protein and vegetables for nutrition. V5 said that since they add the bread serving to the meats and vegetables, they should be making the puree and then measuring the volume and reviewing the chart to determine the appropriate scoop size to use.</p> <p>The Recipe for Pureed Italian Chicken shows that a #8 scoop (4 ounces) should be used and includes the ingredients of: chicken breast, chicken broth and thickener.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was placed on enhanced barrier precautions for one of seven residents (R22) reviewed for infection control in the sample of 32.</p> <p>The findings include:</p> <p>R22's Admission Record dated April 8, 2025 shows he was admitted to the facility on [DATE] with diagnoses including heart disease, atrial fibrillation, personal history of urinary tract infections, and alzheimer's disease.</p> <p>On April 7, 2025 at 11:31 AM, V7 and V8 CNAs (Certified Nursing Assistant) went into R22's room to perform peri care. There was a foam dressing in place to R22's sacrum. The bottom end of the foam dressing was not intact to R22's skin. V7 nor V8 had gowns on. There was no isolation signs on R22's door. There was no enhanced barrier precaution sign on R22's door.</p> <p>R22's Order Summary Report dated April 8, 2025 shows an order was placed on April 8, 2025 for enhanced barrier precautions in place due to a wound.</p> <p>R22's Care Plan shows R22 requires the use of enhanced barrier precautions due to a wound. A sign will be placed on resident room door indicating the type of precautions and the required PPE (personal protective equipment). Precautions to remain in place for the duration of the resident's stay in facility or until the resolution of the wound or discontinuation of the indwelling medical device. Staff will wear gowns and gloves during high contact resident care activities which include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care.</p> <p>On April 8, 2025 at 11:53 AM, V2 Director of Nursing said that R22 should be on enhanced barrier precautions. V2 said that R22 has a pressure injury to his coccyx. V2 said staff should wear gowns and gloves when doing cares.</p> <p>The facility's Policy and Procedure for Preventing the Spread of Multidrug Resistant Organisms (MDROs) dated January 19, 2025 shows, Nursing home residents with wound and indwelling medical devices are at especially high risk of both acquisition and colonization with MDROs. The use of gown and gloves for high-contact resident care activities is indicated, when contact precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization.</p>

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  04/09/2025
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34490</p> <p>Based on interview and record review the facility failed to ensure residents received the pneumococcal vaccine for 2 of 5 residents (R15 and R40) reviewed for immunizations in the sample of 32.</p> <p>The findings include:</p> <p>1. R40's Face Sheet shows that he admitted to the facility on [DATE] with diagnoses of: diabetes mellitus, chronic kidney disease, hypertension, congestive heart failure, obstructive sleep apnea, atrial fibrillation and cardiomyopathy</p> <p>R40's Authorization and Release for Pneumococcal Vaccine Form signed on 8/9/22 shows that he consents to the administration of the vaccine.</p> <p>R40's Immunization Report printed on 4/8/25 does not document that he as ever received a pneumococcal vaccine.</p> <p>2. R15's Face Sheet shows that she admitted to the facility on 8/27/21 and has diagnoses of: progressive neuropathy, polyarthritis, alzheimer's disease, hypothyroidism and history of covid-19.</p> <p>R15's Immunization Report printed on 4/8/25 does not document that she has ever received a pneumococcal vaccine.</p> <p>On 4/8/25 at 1:01 PM, V2 (Director of Nursing) said that immunizations are discussed and reviewed by social services with the resident upon admission. V2 said that social services will also review the records to see if they are due for the pneumonia vaccine and it would be administered if they consent to receiving it. V2 said that they follow the CDC (Centers for Disease Control and Prevention) recommendations.</p> <p>On 4/9/25 at 9:31 AM, V14 (Social Service Director) said that immunizations are reviewed with the resident by social services upon admission. V14 said that the resident is asked their history and if they say they have not had something, they have the resident review the education about the vaccine and sign the consent to have it administered or decline it. V14 said that if they say that they have had the pneumonia vaccine, they document the date in the immunizations section of the computer.</p> <p>The facility's Influenza and Pneumococcal Immunizations Policy revised on 11/28/16 shows, The pneumococcal immunization is offered on admission if no prior history is available.</p> <p>The CDC's Pneumococcal Vaccine Timing for Adults Table dated 10/2024 shows that adults 50 and over who has not received a pneumonia vaccine in the past or has only received PPSV23 or PCV13, they should receive a PCV 20 vaccine. The table also shows that if they did receive the PPSV23 and the PCV13 vaccines, the PCV 20 should be given after 5 years.</p>		