

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Avondale Estates of Elgin		STREET ADDRESS, CITY, STATE, ZIP CODE 1754-1760 Capital Street Elgin, IL 60124	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, interview, and record review, the facility failed to provide timely incontinence care to a resident resulting in resident acquiring MASD (Moisture Associated Skin Damage) to his left and right buttock.</p> <p>This applies to 1 of 3 residents (R368) reviewed for incontinence care in a sample of 20.</p> <p>The findings include:</p> <p>On 6/25/2025 at 9:10 AM during incontinence care with V4 (RN-Registered Nurse/Wound Care Nurse) and V5 (CNA- Certified Nurse Assistant), redness was noted on R368's left and right buttocks.</p> <p>R368 said during midnight shift on 6/25/2025, V8 (CNA- Certified Nurse Assistant) did not dry him well after incontinence care. He said first, he waited for 45 minutes for his call light to be answered while observing V8 walking up and down the hallway and ignoring his call light. R368 said that when V8 finally provided incontinence care, she did not wipe and dry him well. He said he even had to request for V8 to change his bed pad because it was soaked with urine and sweat. R368 verbalized pain when reddened area was touched during assessment by V4 (RN). R368 said he is sure his skin issue is due to being left soaked for a long period of time. V4 assessed the reddened areas during incontinence care and said it was MASD because the skin felt moist to touch.</p> <p>During incontinence care at 9:10 AM, V5 said this was the first time she provided incontinence care to R368 since she started the shift at 6:00 AM.</p> <p>On 6/25/2025 at 9:40 AM, V6 (LPN-Licensed Practical Nurse) said she has no knowledge of R368's skin issue and the previous shift did not mention anything about R368's skin issue.</p> <p>On 6/26/2025 at 11:09 AM, V2 (ADON-Assistant Director of Nursing) said he expects staff to provide incontinence care every two hours and as needed. He said when providing incontinence care, he expects staff to make sure resident is dry to prevent skin breakdown. He said he expects staff to report to nurses if skin issues are discovered.</p> <p>R368's MDS (Minimum Data sheet) dated 6/20/2025 shows he needs substantial/maximal assistance for toileting hygiene and lower body dressing, and he needs partial/moderate assist with upper body dressing. It is documented that R368 is occasionally incontinent of bladder and always incontinent of bowel.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R368's Braden Scale done 6/18/2025 documents R368 is at risk for pressure ulcer. R368's admission skin check done 6/18/2025 documents there were no skin issue to left and right buttock. On 6/25/2025, R368's POS Physician Order Sheet) did not show an order for any moisture barrier cream.</p> <p>Facility's Policy on Incontinent - Peri Care (revised on March 2020) showed the following: Purpose: The purpose of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition. Procedure: 8. After providing incontinent/peri-care, rinse the area thoroughly and pat dry after rinsing .</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure resident's pain was managed.</p> <p>This applies to 1 resident (R369) reviewed for pain management in a sample of 20.</p> <p>Findings include:</p> <p>On 6/24/25 at 1:09 PM, R369 was sitting in the bed. Alert and well oriented. R369 stated when he was admitted the day before in the evening, his pain was at 8-9 out of 10. He stated that he was on Norco 1-2 pills every six hours as needed and that he had his own bottle of Norco with him. R369 stated that he did not sleep the whole night because of pain. R369 stated facility nurse would not give him anything for pain and so he took two pills of Norco from his own bottle around midnight and again two pills of Norco around 5:30 AM on 6/24/25. R369 stated that then the pain reduced.</p> <p>On 6/26/24 at 10:17 AM, V2 (ADON) stated R369 was admitted on [DATE] at 6:00 PM. V2 stated R369 did not receive any medication for pain from the facility since admission until 9:00 AM on 6/24/25 and R369's pain should have been managed better. V2 stated R369 should have received acetaminophen or norco as the orders were to be given for pain as needed. V2 stated the facility had these medications available in the facility for emergency use.</p> <p>R369's face-sheet showed that he was admitted to the facility on [DATE] with diagnoses of B-cell lymphoma and pain in left hip.</p> <p>R369's POS (Physician Order Sheet) for June 2025 included an order dated 6/23/25 for two tablets of Tylenol 500 mg by mouth every six hours as needed for pain. The same POS showed an admission order on 6/23/25 for Norco 5-325 mg, give 1 tablet by mouth every six hours as needed for pain.</p> <p>R369's MAR (Medication Administration Record) for June 2025 showed he did not receive any medication for pain since admission on [DATE] at 6:00 PM, until 6/24/25 at 9:00 AM.</p> <p>R369's Vital Signs included pain score of 7 on 6/23/24 at 10:38 PM, and pain of 8 on 6/24/25 at 8:53 AM, both on a 1-10 scale.</p> <p>R369's progress notes dated 6/23/25 at 10:52 PM showed Pain intensity: 10 and that it was very severe and horrible. The note showed that the indicator for the pain was vocal complaints of pain at 7 out of 10 in the left knee, which was aching.</p> <p>Facility Pain Management policy (revised March 2021) showed 1. The pain management program is to provide comfort to the patient. 5. Resident's pain level should be assessed at least every shift and interventions implemented as appropriate .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to secure medications.</p> <p>This applies to 5 out of 5 (R28, R49, R56, R269, R369) reviewed for medications in a sample size of 20.</p> <p>The findings include:</p> <p>1. On 6/24/25 at 1:09 PM, R369 was sitting on the bed. Alert and well oriented. R369 stated that he was on Norco 1-2 pills every six hours as needed and that he had his own bottle of Norco with him. R369 stated he had a pill box full of his pills in his drawer. A weekly pill box with medications for three times a day dosing filled with pills was in R369's drawer. Also in his drawer was one bottle of acetaminophen (500 mg/325 caplets) almost full, and two boxes containing 15 patches of 4% Lidocaine gel. The drawer with medications was not locked. R369's progress notes dated 6/23/25 at 22:59 showed R369 had his own medications with him.</p> <p>On 6/24/25 at 10:44 AM, V15 (RN-Registered Nurse) stated on 6/24/25, she took away a bottle of Norco from R369 after V16's (Physician) rounded in the morning. V15 stated from the time R369 was admitted on [DATE] at 6:00 PM until the doctor rounded on 6/24/25 morning, R369 had the bottle of Norco with him. V15 stated she gave that bottle of Norco to V3 (ADON-Assistant Director of Nursing). V15 stated around 2:00 PM on 6/24/25, R369 was moved to another room and his pill box filled with medications, the bottle of acetaminophen, and the lidocaine patches were also sent with him to his new room and left in his drawer.</p> <p>On 6/26/25 at 10:50 AM, V3 stated, R369 had these medications at his bedside from 6/23/25 at 6:00 PM till 6/24/25 afternoon. On 6/26/25 at 10:44 AM, V2 (DON) stated, there were no Physician orders and no assessment done for R369 to keep his medications at his bedside.</p> <p>2. 6/26/25 at 09:57 AM, a bottle of TUMS antacid was noted on R56's bedside table. She said she brought it from home and takes 2 tablets every night for indigestion. R56's POS (Physician Order Sheet) was reviewed, no order for TUMS was included, and no order for medication to stay at the bedside.</p> <p>3. On 6/24/2025 at 9:59 AM, an unlabeled Albuterol Sulfate HFA was noted on R49's bed side table. He said he brought it from home and self-administers it once daily in the morning. R49's POS was reviewed, there is an order for Albuterol Sulfate but no order to keep any medication at bedside.</p> <p>4. On 6/24/2025 at 10:13 AM R28 had a bottle of TUMS antacid on her bed side table. She said she uses it for heartburn and the medication was brought in by family. R28 also had a tube of Ketoconazole cream 2%, and Hydrocortisone cream 2.5% on top of her bedside table. She said she brought both creams from home and puts it on her left forehead.</p> <p>R28's POS included no orders for any medications found by bed side, and she had no order for medications to stay by bedside.</p> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. On 06/24/25 at 10:22 AM, unlabeled Symbicort inhaler was seen on R269's bedside table. He said he uses it when he has shortness of breath and he brought it from home. R269's POS included no order for the medication and no order for medication to stay at bedside.</p> <p>On 6/26/2025 at 11:09 AM, V2 (ADON) said there are no residents with orders for medication to stay at the bedside. V2 stated if medications are kept at bedside, they should be kept in a drawer that has a lock so nobody can have access to it aside from the resident for safety reasons.</p> <p>On 6/25/25 at 11:45 AM V6 (LPN-Licensed Practical Nurse) stated, if a resident's mental capacity is normal and if they want to have medications with them, then facility need to do assessment and get Physician orders for those medications to be kept at bedside. If all this not applicable, they cannot have their medications at bedside.</p> <p>Facility's Policy on Storage of Medications revised on March 2020 stated the following: Policy Statement: The facility shall store all drugs and biologicals safely, securely and orderly.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>.</p> <p>Based on observation, interview, and record review the facility failed to follow Enhanced Barrier Precautions (EBP) when caring for residents needing those precautions.</p> <p>This applies to 4 of 4 (R2, R27, R56 and R369) residents reviewed for infection control in a sample of 20.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 6/23/25 at 1:41 PM, R2 exited the washroom in her room and V18 (CNA-Certified Nursing Assistant) was still in the washroom tying up the garbage. V18 stated she helped R2 to clean up after using the toilet. V18 did not wear a gown. A sign outside R2's room showed EBP and there was a bin with PPE (Personal Protective Equipment) outside R2's room. <p>R2's Physician Order Sheet (POS) dated 6/10/25 showed EBP related to wound</p> <ol style="list-style-type: none"> On 6/24/25 at 11:40 AM, observed V19 (OT-Occupational Therapist) and V20 (Physical Therapist) provide therapy to R369 in his room, including transfers from & to bed. R369 had a PICC (intravenous) line with a dressing on it on R369's right upper arm. Neither V19 or V20 wore a gown, and there was no sign outside the door indicating EBP was required. On 6/26/25 at 9:30 AM, there was still no EBP outside R369's door. <p>R369's Physician order dated 6/26/25 (during the survey) showed EBP related to intravenous access.</p> <ol style="list-style-type: none"> On 6/26/25 at 9:46 AM, observed V21 (CNA) provided a bed bath to R27 without wearing a gown. R27 had a urinary catheter. R27 had a sign indicating EBP outside the door. R27's Physician order dated 4/18/25 showed EBP related to urinary catheter. <p>On 6/26/25 at 9:52 AM, V22 (RN-Registered Nurse) stated R27 was on EBP for use of a urinary catheter and V21 should have worn gown and gloves while giving him a bath for infection control reasons.</p> <ol style="list-style-type: none"> On 6/23/2025 at 2:45 PM, V7 (RN-Registered Nurse) administered R56's IV (intravenous) medication. V7 wore gloves and was not wearing a gown. <p>On 6/26/2025 at 9:50 AM, V2 (ADON- Assistant Director of Nursing) said nurses should wear a gown and gloves when giving injections and IV medication. V2 stated nurses should wear proper PPE to prevent contamination.</p> <p>R56's POS documents R56 is on EBP for PICC (Peripherally Inserted Central Catheter) line. R56 has an order for Cefazolin Sodium 2 grams intravenously three times a day for infection.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/26/25 at 10:20 AM, V2 (ADON-Assistant Director of Nursing) stated, V18 and V21 should have worn gown while providing care to R2 and R27, respectively, as both residents were on EBP. V2 stated the nursing staff should have put EBP signage outside the door of R369 so that therapists and other staff would know to follow the EBP precautions. V2 stated, any staff caring for residents on EBP must wear gown and gloves as per facility policy.</p> <p>Facility's Policy/Guidelines on Enhanced Barrier Protection (EBP) dated 9/23/2022 documents the following: 5. c) Use of PPE: ii.Enhanced Barrier Protection (EBP) require the use of a gown and gloves when performing high-contact resident care activities. 6. What are High-Contact Resident Care Activities: g. Device care or use (urinary catheters, feeding tubes, tracheostomy/ventilator, central lines).</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Based on interview and record review, the facility failed to follow an Antibiotic Stewardship Program for residents receiving antibiotics.</p> <p>This applies to 5 of 5 residents (R216, R217, R167, R23, R24) reviewed for Antibiotic Stewardship in a sample of 20.</p> <p>The findings include:</p> <p>On June 25, 2025 at 2:03 PM, V2 (ADON/Assistant Director of Nursing) went over the Antibiotic Stewardship Program. V2 said the McGeers tool was used to determine whether the resident meets the requirement for the use of antibiotics. V2 said the tool should be used before the resident has started on the antibiotic. V2 said residents admitted from the hospital with antibiotics should also have the McGeers tool completed to ensure the antibiotics were appropriate to continue in the facility.</p> <p>1. R23's face sheet showed he was admitted to the facility with diagnoses including sepsis and urinary tract infections. R23's POS showed an order for Macrobid Oral 100 MG for UTI starting June 20, 2025 ending June 25, 2025.</p> <p>R23's McGeers Urinary Tract Infection (UTI) Surveillance Definitions tool dated June 20, 2025 showed R23 did not meet urinary tract infection criteria. R23's EMR showed she was still given antibiotics.</p> <p>At 2:03 PM, V2 said he filled out the McGeers tool on June 20, 2025 because that was when he was made aware of the symptoms. V2 said he filled out the form based on the resident's symptoms at the time.</p> <p>2. R24's face sheet showed he was admitted to the facility with diagnoses including follicular disorder. R24's POS showed orders for Cephalexin Oral 500 MG two times a day related to follicular disorder starting June 20, 2025 and ending June 27, 2025.</p> <p>At 2:03 PM, V2 said R24 had wounds on her head and the Nurse Practitioner ordered Cephalexin. V2 said he was notified of the use of antibiotics after R24 had been started on the antibiotic. V2 said the McGeers tool should have been done before the resident was started on the antibiotic. V2 said he filled out R24's McGeers tool incorrectly.</p> <p>R23's McGeers tool dated June 20, 2025 showed Skin and Soft Tissue Infection Criteria not met. 1. R216's face sheet showed he was admitted to the facility with diagnoses including diverticulitis, bacteremia, and elevated white blood cell count. R216's POS (Physician Order Sheet) showed an order dated June 18, 2025 for Meropenem Intravenous 1 gram intravenously two times a day for bacteremia until June 29, 2025 11:59 PM.</p> <p>3. At 2:03 PM, V2 said R216 came from the hospital with an order for IV (Intravenous) antibiotic. V2 said neither the McGeers tool nor any standardized tool was used when R216 was admitted to the facility from the hospital. V2 said the facility just followed the orders the resident was sent with from the hospital. V2 said he completed an antibiotic time out tool.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R216's EMR (Electronic Medical Record) showed an Antibiotic Time Out form dated June 20, 2025 showed the doctor ordered to continue with current antibiotic therapy.</p> <p>4. R217's face sheet showed she was admitted to the facility with diagnoses including cellulitis of the right and left lower limbs. R217's POS showed orders for metronidazole oral tablet 500 MG (Milligrams) three times a day for BLE (Bilateral Lower Extremity) wounds for 10 days, which started April 25, 2025 and ended May 5, 2025, Cefdinir 300 MG, two times a day for BLE wounds for 10 days, which started April 25, 2025 and ended May 5, 2025, Bactrim 800-160 MG for UTI (Urinary Tract Infection) for 7 days, started June 15, 2025 and ending June 22, 2025, Ceftazidime 500 MG IV for UTI for 7 days, started June 15, 2025 through June 23, 2025, Fosfomycin Tromethamine 3 Grams for UTI for three administrations, starting June 15, 2025 through June 22, 2025, Meropenem 1 Gram IV for UTI, starting June 3, 2025 through June 6, 2025.</p> <p>At 2:03 PM, V2 said R217 was admitted from the hospital with oral Cefdinir 300 MG and oral Flagyl 500 MG. V2 said he reviewed the hospital records when she was admitted , which showed to continue the antibiotics. V2 said he did not have a McGeers tool completed for R217 for the antibiotics she was admitted with. V2 said R217 was also prescribed Meropenem 1 Gram IV on June 3, 2025 and Ceftazidime 500 MG IV on June 16, 2025 because R217 had acquired ESBL (Extended-spectrum beta-lactamases) of the urine in the facility. V2 said he did not complete the McGeers tool because he was not made aware of the infections until after R217 was already started on antibiotics. V2 said he did not fill out the McGeers tool for the Ceftazidime 500 MG because they were treating the same infection. V2 said if there was another antibiotic ordered, he should have also filled out the Antibiotic Time Out form.</p> <p>5. R167's face sheet showed he was admitted to the facility with diagnoses including cellulitis of right lower limb, bacteremia, and sepsis. R167's POS showed orders for Cefazolin Sodium 2 Grams IV for wounds starting June 17, 2025 with no end date, Cefazolin Sodium 2 Grams for wounds starting June 17, 2025 and ending July 23, 2025, and a third order for Cefazolin Sodium 2 Grams for wounds starting June 16, 2025 with no end date.</p> <p>The facility was unable to provide the McGeers tools or Antibiotic Time Out completed for any of the antibiotics ordered and administered for R167.</p>		