STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E392	A. Building B. Wing	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Chicago Terrace	928 Joliet Road West Chicago, IL 60185

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48944 Based on interview and record review the facility failed to follow its policy to administer scheduled medications as ordered. This applies to 1 of 3 residents (R1) reviewed for medication administration services and quality of care. The finding includes: R1's EMR (Electronic Medical Record) showed an admitted [DATE] with multiple diagnoses including schizoaffective disorder bipolar type, multiple sclerosis, morbid obesity, hypertensive heart disease, cystic kidney disease, anxiety, major depression, chronic pain, benign neoplasm of connective tissue of trunk, nonrheumatic mitral stenosis, migraine, fatigue, obstructive sleep apnea, and dorsalis. R1's MDS (Minimum Data Set) dated 4/18/2024 showed she was cognitively intact. On 5/23/2024 at 10:33 AM, R1 said V6 (Licensed Practical Nurse/LPN) was her nurse on 5/20/2024 from 7 PM to 7 AM and R1 did not receive her scheduled 9 PM medications. R1 said V6 came to her room twice to ask her to come out of her room to receive her medications. R1 said she tried but was having nerve pain and was unable to get out of bed. V6 said then around 11:30 PM V7 (Certified Nurse Assistant/CNA) went to her room to ask her to go to the nurses' station for her medications. R1 said she told V7 she was in pain and could not get up. R1 said she did not refuse her scheduled medications and V6 did not return to her room for the remainder of the shift. On 5/23/2024 at 11:53 AM, V6 (LPN) said on 5/20/2024 she started her 9 PM medication administration task around 8:30 PM. V6 said around 9 PM she stationed her medication cart near R1's room and prepared R1's scheduled medications. V6 said she then went to R1's room to ask her to come out to get her medications and R1 responded she would be getting up. V6 said R1 did not come and around 10 PM she again went to R1's room to ask her to come out for her medications and R1's response was the same. V6 said R1 again did not come and around 11:30 PM she instructed V7 (CNA) to ask R1 to come to the nurses' station for her 9 PM scheduled medications. V6 said V7 informed her R1 could not get up because she was in pain, and V6 said she was unsure why R1 did not inform her prior. V6 was unable to say why she did not return to R1 or why she did not bring R1's medications to her. V6 said she documented R1's 9 PM scheduled medications as refused in the MAR (Medication Administration Record). On 5/23/2024 at 3:44 PM, V7 (CNA) said on 5/20/2024 around 11:30 PM V6 (LPN) instructed her to ask R1 to come to the nurses' station for her medications. V7 said R1 told her she could not get up because her leg was hurting, and she then notified V6. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E392	A. Building B. Wing	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Chicago Terrace	928 Joliet Road West Chicago, IL 60185

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/23/2024 at 4:30 PM, V2 (Assistant Director of Nursing/ADON) said nurses are expected to administer scheduled medications as ordered, they have one hour before and after their scheduled time. V2 said V6 (LPN) should have returned to R1 to assess the situation and brought her scheduled medications to her. V2 said V6's documentation was incorrect because R1 did not refuse her medications. R1's MAR for May 2024 showed R1's scheduled 9 PM nortriptyline 20 mg (milligrams) for anxiety, trazodone 25 mg for depression, bafiertam 190 mg for multiple sclerosis, and gabapentin 100mg for pain medications were not administered on 5/20/2024 and documented as drug refused. The facility's Medication Administration policy with an effective date of 3/2021 showed Guidelines: To ensure that the administration of medications is performed in a safe manner to prevent medications errors. Standard: Medications are administered according to state and federal law .4. Medication preparation/Administration a. Five Rights: .Right Time - 60 minutes before or after the scheduled time unless otherwise specified .6. Medications are not prepared ahead of time .9. If resident is not available, return to resident before or at end of med pass .V. Other recommendations .f.) At completion of med pass, review all EMARs to assure all medications have been administered and documented.