

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  14E579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/07/2024
NAME OF PROVIDER OR SUPPLIER  Rock River Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE  3601 Sixteenth Avenue Sterling, IL 61081	

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 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 it was free from significant medication errors for one of one residents (R1) reviewed for medications in the sample of one.</p> <p>The findings include:</p> <p>R1's Admission Record shows he was admitted to the facility on [DATE] with diagnoses including alcohol abuse with alcohol induced psychotic disorder with delusions, visual hallucinations, depression, acute embolism and thrombosis of unspecified deep veins of right lower extremity, hypertension, moderate protein calorie malnutrition, abnormal weight loss, suicidal ideations, anxiety disorder, and epilepsy.</p> <p>R1's Order Summary Report shows an order for apixaban oral tablet 5 mg (milligram) give one tablet by mouth two times a day related to acute embolism and thrombosis of unspecified deep veins of right lower extremity to start on November 4, 2024.</p> <p>R1's Progress Notes show that R1's apixaban was on order on November 4, 2024 in the evening, November 5, 2024 in the morning and evening, and November 6, 2024 in the morning and the evening.</p> <p>R1's Medication Administration Record dated November 1, 2024-November 30, 2024 shows that R1 missed five doses of apixaban upon admission to this facility.</p> <p>On November 7, 2024 at 12:58 PM, V3 LPN (Licensed Practical Nurse) said that R1's apixaban medication did not get sent by the previous facility that R1 had just come from. V3 said R1 just got his first dose today (November 7, 2024).</p> <p>On November 7, 2024 at 1:04 PM, V2 RN (Registered Nurse) said R1 was admitted to the facility on [DATE]. V2 said she had to fax the pharmacy R1's insurance information yesterday (November 6, 2024). V2 said that when R1 was admitted to the facility, the previous facility sent an empty medication card of apixaban. V2 said she entered R1's admitting orders Monday evening (November 4, 2024). V2 said she realized the apixaban did not come in on November 6, 2024.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Medication Errors policy revised November 2024 shows, It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by ensuring residents received care and services safely in an environment free of significant medication errors. Medication errors, once identified, will be evaluated to determine if considered significant or not by utilizing the following three general guidelines: Resident's condition, drug category, and frequency of error. If an error is occurring repeatedly such as an omission of a resident's medication several times.</p>		