

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145886	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2020
NAME OF PROVIDER OF SUPPLIER ALEDO REHAB & HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 304 S.W. 12TH STREET ALEDO, IL 61231	
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 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility failed to remove [MEDICATION NAME]es before applying a new one for one of three residents (R1) reviewed for medications in the sample of three. Findings include: The facility's [MEDICATION NAME] Drug Administration policy, dated 11/6/18, states, Purpose: [MEDICATION NAME] drug (skin patch) administration provides consistent, continuous drug delivery through the skin into the bloodstream. This same policy also states, 10. Remove old patch, if applicable, and dispose per policy. R1's Physician order [REDACTED].) R1's Medication Administration Record [REDACTED]. Apply one patch topically once daily (Diagnosis: [REDACTED].) This same MAR indicated [REDACTED]. R1's Nurses</p> <p>Notes, dated 9/30/20 at 3:30 P.M., states, MD (Medical Doctor/V3/R1's Physician) notified of medication discrepancy with multiple patches on. MD requested to monitor for neurological problems et. (and) okay to apply a new patch today. (Local area hospital) has been notified. R1's Medication Discrepancy Report completed by V2 (Licensed Practical Nurse) on 9/30/20 at 10:00 A.M. documents reason for discrepancy as Old patches not removed before applying new patch. This same report documents that the medication discrepancy was discovered during a body assessment completed by a local area hospital R1 was admitted to. Prescribing information from the Rivastigmine manufacturer documents under 5.1 Medication Errors Resulting in Overdose, Medication errors with Rivastigmine [MEDICATION NAME] system have resulted in serious adverse reactions; some cases have required hospitalization , and rarely, led to death. The majority of medication errors have involved not removing the old [MEDICATION NAME] system when putting on a new one and the use of multiple [MEDICATION NAME] systems at one time. This same prescribing information also documents under 10 Overdosage, Overdoses have occurred from application of more than one [MEDICATION NAME] system at one time and not removing the previous day's [MEDICATION NAME] system before applying a new [MEDICATION NAME] system. On 10/6/20 at 9:55 A.M., V2 stated that old patches are always to be removed before a new one is placed on. V2 also stated that the site is to be rotated where the patches are placed, so the skin doesn't get irritated.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.