

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145724	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2020
NAME OF PROVIDER OF SUPPLIER ADDOLORATA VILLA		STREET ADDRESS, CITY, STATE, ZIP 555 MCHENRY ROAD WHEELING, IL 60090	
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 0759 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to administer medications as ordered. There were 27 opportunities with two errors resulting in a 7.41% (percent) error rate. This applies to one resident (R148) of seven residents observed during Medication Pass in a sample of 23. Findings include: R148's Face Sheet documents, in part, the following medical Diagnoses: [REDACTED]. R148's Physician order [REDACTED]. On 9/29/20 at 8:02am, V3 (Registered Nurse/RN) indicated that R148 receives crushed medications but was unsure why. At 8:15am, V3 clipped the top portion of R148's three Vitamin D3 1,000 u (unit) gel capsules and [MEDICATION NAME] 1 gm gel capsule. V3 then squeezed the liquid from all four gel capsules on top of R148's crushed medications. As V3 squeezed the gel capsules, some of liquid of both the Vitamin D and [MEDICATION NAME] medications landed on V3's gloves. R148 did not receive the entire dosage as ordered. On 9/29/20 at 8:25am, V3 was asked if she usually administers gel capsules in that manner. V3 stated, I usually will call the doctor and change the medication to liquid or pill form so that it can be crushed. But, I'm a floater. R148's Speech Therapy note dated 9/28/20 documents: Current diet: regular and thin liquids. (R148) showed no signs and symptoms of aspiration with regular diet and thin liquids. She required decreased cues and assistance with feeding for increased intake. On 9/29/20 at 2:16pm, V4 (Pharmacist) stated, They could have called and gotten an order for [REDACTED]. On 9/30/20 at 3:00pm, V2 (Director of Nursing) indicated that R148 consumes a general diet and is able to swallow pills. V2 stated that R148's physician was notified. V2 stated, The Vitamin D3 gel capsule order stayed the same because she can swallow those. They're small enough. The [MEDICATION NAME] is a large gel capsule so that was changed to two capsules of 500 milligrams so that it's easier for (R148) to swallow without squeezing the contents out. They're smaller. On 9/29/20, V2 indicated that they do not have a policy regarding gel capsules. On 10/1/20, the facility was asked to submit medication specifications for [MEDICATION NAME] and submitted specifications for omega-3-acid-ethyl-esters which reads, in part: INDICATIONS AND USAGE: Omega-3-acid-ethyl-esters are indicated as an adjunct to diet to reduce triglyceride levels in adult patients with severe hypertriglycerideemia. Take omega-3-acid-ethyl-esters capsules whole. Do not break, crush, dissolve, or chew omega-3-acid-ethyl-esters capsules before swallowing. If you cannot swallow omega-3-acid-ethyl-ester capsules whole, tell your healthcare provider. You may need a different medicine.</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.