

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER PRESENCE RESURRECTION N & R		STREET ADDRESS, CITY, STATE, ZIP 1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to label an opened multi-use vial stored in the second floor medication room. This deficiency was observed in 1 of 3 medication storage rooms and it had the potential to affect 1 (R62) of 33 residents in the sample. Findings Include: On 3-10-20 at 10:00 A.M. the medication storage and labeling observation for the second floor medication room was conducted with V3 (Registered Nurse). [MEDICATION NAME] purified protein derivative (PPD) 5 milliliter (ML) multi-use vial was observed in the refrigerator opened with no written open date or discard date. On 3-10-20 at 10:00 A.M., V3 stated, When medication vials are opened they should be labeled with the open date and discard date. It is the nurse's responsibility to check the medication rooms. On 3-12-20 at 9:34 A.M., V2 (Director of Nursing) stated, The nurses are responsible for labeling all opened medications. The nurses are responsible for dating opened multi-use vials. The nurses are supposed to utilize the pink sticker to write the open date and the discard date on the vial. R62's physician orders [REDACTED]. Administer 0.1ML PPD vaccine intradermally.		

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.