

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2020
NAME OF PROVIDER OF SUPPLIER CARRIAGE REHAB & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1660 SOUTH MULFORD ROCKFORD, IL 61108	
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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a resident's medication order was transcribed onto a physician order [REDACTED]. The findings include: R1's Resident Information sheet dated 4/10/20 showed R1 was admitted to the facility on [DATE] and had a [DIAGNOSES REDACTED]. R1's hospital discharge paperwork included a medication script for the [MEDICAL CONDITION] medication with a start date of 3/14/20. R1's March 2020 Physician order [REDACTED]. 2020 MAR. On 8/10/20 at 12:05 PM, V3 (Registered Nurse) said when a resident is admitted to the facility from a hospital, the medications on the hospital discharge paperwork are transcribed onto a Physician order [REDACTED]. On 8/10/20 at 12:40 PM, V4 said R1 not receiving their [MEDICAL CONDITION] medication was due to a transcribing error. The error was not writing the order on a Physician order [REDACTED].		
F 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a resident was free of a significant medication error by not providing a resident with their [MEDICAL CONDITION] medication for one of three residents (R1) in the sample of three reviewed for pharmacy services. The findings include: R1's Resident Information sheet dated 3/10/20 showed R1 was admitted to the facility on [DATE] from a hospital and had a [DIAGNOSES REDACTED]. R1's hospital discharge paperwork included a medication script for a [MEDICAL CONDITION] medication (same medication as the hospital discharge paperwork) with a start date of 3/14/20. R1's Medication Administration Record [REDACTED]. From 3/14/20 to 4/15/20, R1 missed 33 doses of their [MEDICAL CONDITION] medication. On 8/10/20 at 11:20 AM, V4 (Regional Director of Clinical Operations) verified the [MEDICAL CONDITION] medication was on R1's hospital discharge paperwork and was not on R1's MAR for March 2020 and April 2020. V4 also verified the [MEDICAL CONDITION] medication was not discontinued on R1's physician order [REDACTED].		

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.