

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145234</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PEARL PAVILION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to give [MEDICATION NAME]es as ordered and remove [MEDICATION NAME]es from a resident for 1 of 3 residents (R4) reviewed for medication patches in a sample of ten. The findings include: On 8/11/2020 R1 could not be observed because she is no longer in the facility. On 8/11/2020 at 10:35 AM, V1 (Administrator) stated, R4 went to the hospital on [DATE] or 8/4/2020 because she had a change in condition so we sent her out. The family decided not to bring R4 back here because she had six [MEDICATION NAME]es on her. We did do an investigation and 2 of the [MEDICATION NAME]es were from that day; she had an order for [REDACTED]. On 8/12/2020 at 10:38 AM, V10 RN (Registered Nurse - hospital) stated, R4 came in with multiple [MEDICATION NAME]es on. There were six [MEDICATION NAME]es that I saw initially. There were four patches on her right chest and I removed all of these. There were 3 [MEDICATION NAME]es on her back that were dated 8/4/2020 so I left those. Then later I found another [MEDICATION NAME] under her left breast and I removed that. I later removed the ones to her back for a magnetic resonance imaging (MRI). I called the facility and talked to the nurse who said R4 was sent in for being more lethargic and having a facial droop. The rehabilitation hospital discharge instructions dated 6/23/2020 for R4 showed she had a prescription for [MEDICATION NAME]es and was to continue taking [MEDICATION NAME] (Nitro-dur 0.2mg/hr [MEDICATION NAME] film, extended release) 2 patches [MEDICATION NAME] every 24 hours with the last dose on 6/23/2020 and the next dose due 6/24/2020 at 8:00 AM. The Order Summary Report for R4 showed on 6/23/2020 she had an order for [REDACTED]. R4's MAR (medication administration record) dated June 2020 showed she had Nitro-Dur patch 24 hour, 0.2mg/hr, apply topically one time per a day for [MEDICAL CONDITION] and remove per schedule. The MAR indicated [REDACTED]. R4's June 2020 MAR indicated [REDACTED]. R4's MAR indicated [REDACTED]. R4's MAR indicated [REDACTED]. The July 2020 MAR indicated [REDACTED]. The July 2020 MAR for R4 showed on 7/2 - 7/4/2020 the patch was removed at 4:59 AM and applied at 5:00 AM. On 7/5/2020 and 7/6/2020 there was no documentation of removal or application of the Nitro-Dur patch. On 7/8/2020 it was documented on R4's MAR indicated [REDACTED]. R4's MAR indicated [REDACTED]. On 7/7/2020 the consulting pharmacist sent a note regarding R4 to her attending physician that showed, Per (hospital) discharge medication list from 6/23/20, R4 had an order for [REDACTED]. Per MAR, the [MEDICATION NAME] is applied at 5:00 Am and removed at 4:59 AM (no [MEDICATION NAME] free period). To prevent tolerance, leave the [MEDICATION NAME] on 12 - 14 hours, then remove for 10 - 12 hours prior to applying the next patch. This allows for a drug free interval, which may prevent [MEDICATION NAME] tolerance and/or attenuation of anti-[MEDICAL CONDITION] effects. Please clarify the dose and how may patches should be applied (1 patch versus 2 patches) and consider changing the administration and removal times to provide [MEDICATION NAME] free time (e.g. apply the [MEDICATION NAME] at 9:00 AM, remove at 9:00 PM). The recommendation was signed by the nurse practitioner on 7/8/2020 and said please correct. R4's MAR indicated [REDACTED]. The July MAR for R4 from 7/9/2020 through 7/31/2020 showed the patch was to be removed (should have said applied) at 8:00 AM and removed at 7:59 PM. R4's MAR indicated [REDACTED]. Remove patch at 8:00 PM and remove per schedule. The MAR indicated [REDACTED]. R4's medical [DIAGNOSES REDACTED]. The facility's Policy and Procedure - Administering Medications (7/2019) showed, Medications shall be administered in physicians's written/verbal orders upon verification of the right medication, dose, route, time and positive verification of the resident's identity when no contraindications are identified and the medication is labeled according to accepted standards. The facility did not have any other medication policies as of 8/11/2020.</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.