

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/02/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>EDEN VISTA PROSPECT HEIGHTS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violation:  300.1620a)  Section 300.1620 Compliance with Licensed Prescriber's Orders  a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.  This requirement is NOT MET as evidenced by:  Based on observations, interviews and record review, the facility failed to administer medications with multiple dosing times at scheduled time for 1 of 2 residents (R5) reviewed for medication administration in the sample of 5.  Findings include:  On 12/30/2024 at 12:00 PM Surveyor observed V8 (Registered Nurse) during R5's medication administration task on the skilled unit. V8 (RN) observed administering R5's medications	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

01/09/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/02/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>EDEN VISTA PROSPECT HEIGHTS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>scheduled for 9:00 AM at 12:00 PM. Surveyor asked V8 (RN) why she is administering R5's medications three hours after scheduled time, V8 (RN) stated in the summary, I had an issue with another resident in my assignment, I couldn't give R5 medications on time. No one assisted me.</p> <p>On 12/31/2024 at 11:40 AM, Surveyor interviewed V2 (Director of Nursing) who said in the summary, it's important to give medications at the scheduled time, especially when giving medications scheduled multiple times a day. There needs to be a time window between multiple dose medications. When there is time when a nurse is not able to give medications on time to assigned residents, a nurse should ask another nurse or myself for help. I would be the one to notify the physician and document that medications were not given as scheduled. V8 (RN) had never told me that she needed assistance with medication administration, this is the first time I'm hearing about it.</p> <p>Absent are any progress notes to show R5 received medications 3 hours behind the schedule or that the attending physician was notified.</p> <p>R5's December 30, 2024, MAR (Medication Administration Record) documents in part R5 received 9:00 AM dose of Bumetanide Oral Tablet 1 MG and Metoprolol Tartrate Oral Tablet 50 MG.</p> <p>R5's physician orders show R40 to receive: -Bumetanide Oral Tablet 1 MG (Bumetanide) Give 1 tablet by mouth two times a day related to UNSPECIFIED DIASTOLIC HEART FAILURE - Metoprolol Tartrate Oral Tablet 50 MG (Metoprolol Tartrate) Give 1 tablet by mouth two times a day related to HYPERTENSIVE HEART</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/02/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>EDEN VISTA PROSPECT HEIGHTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST EUCLID AVENUE PROSPECT HEIGHTS, IL 60070</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 2  DISEASE WITH HEART  The facility pharmacy "Specific Medication Administration Procedures" policy dated 01/2018 reads in part , "Review 5 rights (3) times: 1) Prior to removing the medication package/container from the cart/drawer: a) Check MAR/TAR for order; 2) Prior to removing the medication from the container: a) check the label against the order on the MAR."  (B)	S9999			