STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010862	A. BUILDING: _____ B. WING _____	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBORG TERRACE	3024 ALIDA STREET ROCKFORD, IL 61103

(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
Z 000	COMMENTS Annual Licensure Survey	Z 000		
Z9999	FINDINGS Statement of Licensure Violations 350.1450a) Section 350.1450 Control of Medications a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications. This requirement is not met as evidenced by: Based on record review and interview, the facility failed to ensure all controlled medications were logged on a facility-controlled medication log sheet, impacting one individual outside the sample (R4). Findings include: Physician's Orders dated 2/1/25 identifies R4 as an individual that functions within the Moderate Range for Individuals with Intellectual Disabilities. R4's Physician's Orders dated 2/1/15 documents the following, "Klonopin 1 milligram (mg) tablet-take 1 tablet by mouth every morning and at bedtime (Diagnosis: Generalized Anxiety)." Facility's Incident report titled "General Event Report (GER)" dated 2/20/25, documents the following, staff noticed the 8:00pm control pill is missing out of the bubble pack after it was circled	Z9999		

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Z9999	Continued From page 1 that it was not given on 2/17/25. The facility was unable to provide the narcotic count documentation for R4's controlled medication of Klonopin 1 mg for the dates between 2/15/25 and 2/17/25. On 4/3/25 at 12:14pm, E2 stated, "I don't know what happened to R4's controlled medication log, we cannot find it." E2 then stated, every controlled medication should have a controlled medication log and the log should be documented accurately. On 4/3/25 at 1:07 pm, E5 (Registered Nurse Trainer) stated, there should be a controlled medication log for R4's controlled medication. E5 then stated, "We cannot find R4's controlled medication log." The Facility's Controlled Substances Policy revised on 08/23 includes, POLICY: It is the policy of the home to follow the strict record requirements regarding controlled substances in the home. PURPOSE: The purpose of this policy is to follow guidelines and rules of record requirements for controlled substances in the home, maintain integrity of amount of controlled substances in the home and ensure the availability of the controlled substances as ordered by the physician. PROCEDURE: C. All controlled substances will be recorded on a Controlled Substance Record (GN-37). G. These records shall be kept for at least one year. (B)	Z9999		