

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2021
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NAME OF PROVIDER OR SUPPLIER PARKVIEW HOME - FREEPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 SOUTH PARK BOULEVARD FREEPORT, IL 61032
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 2 300.610a) 300.696a) 300.1210 b)</p> <p>Section 300.610 Resident Care Policies</p> <p>a)The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.696 Infection Control</p> <p>a)Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>policies and procedures are followed.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b)The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow their infection control policy and procedures to prevent the spread of Covid-19 and failed to ensure equipment used for wound care was disinfected prior to use.</p> <p>The findings include:</p> <p>R2's undated facesheet shows diagnoses including diabetes, stroke, chronic obstructive pulmonary disease, and emphysema. R2's facility assessment dated 3/9/21 shows she requires extensive one assist for bed mobility, dressing and toileting. R2's care plan last updated 3/6/21 shows she has a history of venous ulcers on her right leg, and has thin fragile skin. The care plan shows on 3/1/21 she developed a skin tear on her right elbow and on 3/3/21 developed open areas on her right and left legs. R2's Treatment</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Administration Record shows Cleanse open areas to right to medial and lateral calf daily and as needed. Apply (petrolatum dressing), ABD pad (abdominal gauze pad) and (tube shaped elastic bandage). The TAR also shows to cleanse the open area on R2's left shin daily and as needed , apply petrolatum dressing , ABD pad and tube shaped elastic bandage.</p> <p>On 3/3/30/21 at 10:45 AM, V11 (Registered Nurse-RN) was preparing to do wound care for the open areas on R2's bilateral lower legs. V11 went into R2's bathroom and grabbed a pair of scissors. There were several visible hairs on the scissors. V11 said as she was pulling some of the hairs off of the scissors, "Either I'm losing my hair or that is yours." V11 did not disinfect the scissors. V11 used the scissors to cut the clean bandages for R2's skin tears on her right elbow, and then cut the petrolatum dressing for her bilateral lower extremities. A hair approximately two inches long was still visible on the pair of scissors used during wound care.</p> <p>R8's undated summary sheet shows she was admitted to the facility on 3/18/21 with diagnoses including diabetes, anemia, aortic valve stenosis, neuropathy, obesity and deep vein thrombosis prophylaxis.</p> <p>On 3/31/21 at 915 AM, V20 (Housekeeper) entered R8's room wearing the gown and surgical mask she was wearing throughout the unit and a pair of gloves. R8 was on contact/droplet isolation due to being a new admission. At 9:24 AM, V20 exited R8's room. V20 did not remove the gown or surgical mask worn in R8's room prior to exiting the room. V20 left the same gown and surgical mask on and went to the dining area on the unit and was sweeping the floor.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R3's undated summary sheet shows she has diagnoses including weight loss, underweight, frail elderly, scoliosis, and dysphagia. R3's facility assessment dated 1/12/21 shows she requires extensive assist of two staff for bed mobility, transfers, and toileting and limited assist of one staff for personal hygiene. R3's care plan dated with a revision date of 1/25/21 shows Guidelines to promote health and lessen chances of contracting Covid include reverse isolation to protect from positive covid cases on floor.</p> <p>On 3/31/21 at 11:07 AM, V19 (Activities) was in R3's room sitting in a chair less than 6 feet from R3. V19 was only wearing a gown and a surgical mask. R3 was on contact/droplet isolation. V19 touched R3's remote control and then exited R3's room, wearing the gown and surgical mask down the hall.</p> <p>V19 and V20s Declination Covid 19 Vaccination forms (dated 12/29/21 and 12/31/21 respectively) show they both declined to have the Covid-19 vaccination.</p> <p>On 3/31/21 at 12:11 PM, V11 was observed on the lower level of the building, in the nurses area of the memory care unit. V11 had been seen earlier on the unit that had residents under contact/droplet isolation due to exposure to a Covid-19 positive staff member on 3/29/21. When asked why she was wearing a gown and N95 mask down in the memory care area, V11 said it was just for protection. V11 said the gown and N95 mask she was wearing were the same ones that she wore on the unit with the contact/droplet isolation. V11 said as far as she knows, it is okay to wear the gown and N95 mask off of the unit with isolation, as long as she did not enter any</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>resident rooms that were on isolation. When asked about using the contaminated scissors during wound care for R2, V11 said she should have disinfected the scissors so she did not contaminate R2's wounds.</p> <p>On 4/1/21 at 9:09 AM, V17 (Licensed Practical Nurse-LPN) said R8 is on contact/droplet isolation and staff should switch their gown or double gown, wear a surgical mask, gloves and goggles or a face shield when entering contact/droplet isolation rooms. V17 said it is not okay to wear the same gown and mask in isolation rooms and throughout the unit, to prevent cross-contamination. V17 said scissors should be disinfected prior to using for wound care. V17 said it is not okay to use scissors out of a resident's bathroom with visible hairs on them for wound care, adding "You will contaminate the wound and your dressing field."</p> <p>On 4/1/21 at 1:10 PM, V2 (Director of Nursing-DON) said R3 was on contact/droplet isolation precautions to protect her against Covid-19 due to a staff member (Certified Nursing Assistant) testing positive for Covid-19 on 3/29/21. V2 said staff should don a gown, an N95 mask, a face shield or goggles and gloves prior to entering a contact/ droplet isolation room. V2 said PPE (personal protective equipment) should not be worn to another area of the facility because staff could transmit the virus to other areas of the facility. V2 said it is not acceptable to use scissors with hairs on them for wound care. V2 said the scissors should be disinfected, "You don't want to cause a wound infection." V2 said it is not acceptable for staff to wear just a gown and surgical mask into a contact/droplet isolation room for staff safety as well as the resident's safety, "To prevent the spread of infection."</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The facility's policy and procedure titled Infection Control and Procedure as Based on CDC Guidelines with a revision date of 12/2010 shows : "C. Personal protective equipment required to implement standard precautions include glove, gowns, face masks, and eye protection. 1. It is the responsibility of the health care worker to select the proper equipment and wear it when indicated." The policy shows "Gowns will be used only once and then placed in the garbage container prior to leaving the room. 3. Gowns are put on prior to entering the room and tied at the waist and the back.</p> <p>The facility's policy and procedure titled Transmission-Based Precautions Covid-19 Update with a revision date of 11/2/20 shows Contact precautions: Staff are to don gloves and isolation gown before contact with the resident and/or their environment. Droplet Precautions: Staff are to don a facemask within 6 feet of a resident. For known or suspected Covid-19: staff wear gloves, id=isolation gown, eye protection and an N95 or higher respirator or KN95... When Covid-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit...regardless of symptoms."</p> <p>(B)</p> <p>2 of 2</p> <p>300.3240 d)</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse to the Illinois Department of Public Health (IDPH) and failed to do a thorough abuse investigation.</p> <p>On 3/31/21 at 1:41 PM, V21 (CNA) said R3 told her son that she (V21) had hit R3. V21 said the incident occurred within the previous two weeks. V21 said R3 was getting ready to have a visit with her son for the first time since Covid-19 started. V21 said she was trying to get R3 to change her shirt, because it was dirty and R3 got mad and started yelling and screaming. V21 said R3 grabbed her call light and was swinging at her. V21 said she told R3 to calm down so she did not hurt herself. V21 said the incident was investigated with no findings.</p> <p>On 4/1/21 at 1:10 PM, V2 (Director of Nursing-DON) said an investigation was initiated on 3/1/21, the same day that the allegation was reported by R3's son. V2 said during the investigation, no residents were interviewed other than R3 to see if they had any concerns with V21. V2 said the facility did not report the allegation to IDPH so she was not able to provide documentation showing IDPH was notified. V2 said the facility should have reported the allegation to IDPH.</p> <p>The facility's policy and procedure titled</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Abuse/Neglect Prevention Program, with a revision date of 3/13/18, shows "Upon learning of a suspected incident or accident, whether through a report or otherwise, the Director of Nursing or the Administrator will initiate and supervise the incident investigation. The policy shows that other residents on the same assignment that the incident occurred on should be interviewed during the investigation. The policy shows "Upon receipt of an incident/accident allegation, the Administrator or Director of Nursing will expeditiously make an initial determination of whether the incident/accident involves an alleged violation of the regulatory standars prohibiting abuse, neglect, exploitation or misappropriation of resident property. If the Administrator or Director of Nursing makes such an intial determination, the results of the investigation into the incident/accident shall be reported to the Illinois Department of Public Health within five working days of the indident." (This does not align with the state regulations).</p> <p>(AW)</p>	S9999		

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S 000	Initial Comments Annual Licensure Survey and Complaint Investigation Survey #2111767/ IL# 131830	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 330.790 a) Section 330.790 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. This REQUIREMENT was not met as evidenced by: Based on observation, interview, and record review, the facility failed to remove COVID + staff members from the workplace, failed to ensure staff screening restricted staff from work, and failed to ensure residents wore face coverings when outside of their rooms for all seven current residents (R1003-R1009) and four deceased residents (R1010-R1013) of the memory care unit. The findings include:	S9999	Attachment A Statement of Licensure Violations	

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S9999	<p>Continued From page 1</p> <p>1. On 3/30/21 at 12:12 PM, V8 Certified Nursing Assistant (CNA) said V2 Director of Nursing (DON) called her on the phone at work on 1/9/21 around 8:30-9:00 AM, to tell her she tested positive for COVID-19. V2 told her she'd try to find someone to relieve her and V6 said that didn't happen. It would be considered abandonment if I left so I just stayed and worked until 2:00 PM. V8 said she was tired, had slight nausea and a headache on 1/9/21. V8 said she told V6 CNA and V9 CNA about her symptoms. I probably put my symptoms on my screening sheet. They normally send you home to quarantine for 10 days, so staying didn't seem like the right thing to do. By leaving COVID positive staff to work, you could give COVID to your coworkers and the residents. We were told if we tested positive we would be sent home. At 1:09 PM, V6 CNA said she was working on the memory care unit on 1/9/21 when she received a phone call from V2 that her COVID test (taken 1/7/21) resulted positive. V2 told her she would attempt to find a replacement for her but did not send her home. V2 called her in the morning and she ended up working the entire shift (5:30 AM-2:00 PM). V6 said she never heard back from V2 about getting relieved. V6 said she had a headache and congestion on Thursday (1/7/21) at work. V6 said she worked 1/7, 1/8 and 1/9/21 on the memory care unit. There were four positive COVID residents on the memory care unit when I tested positive. Prior to my positive test result, I worked on all the units. At 1:30 PM, V2 said she didn't recall if she spoke to V6 and V8 on the phone 1/9/21 to notify them of their test results. "I'll have to look". Having them stay at work would never be a good idea. They should have left to prevent further transmission of COVID-19. On 3/30/21 at 9:55 AM, V3 Registered Nurse (RN) said if staff are working and they are notified of a</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>positive COVID-19 test result "we send them home".</p> <p>On 3/31/21 at 11:30 AM, V2 said she texted V1 Administrator on 1/9/21 (unknown time) about staffing needs for 1/9/21 on the PM shift and 1/10/21 on the day shift and PM shift. There was no mention of needing to cover 1/9/21 day shift to relieve V6 and V8 from duty. Upon questioning V2 why the more urgent need to replace the COVID positive staff wasn't mentioned to V1, V2 responded she didn't attempt to replace them. "It was a rough day. I didn't get out of bed until 2:00 PM".</p> <p>On 4/1/21 at 12:25 PM, V2 said V6 and V8 should have been sent home when we became aware of their positive COVID-19 test results. It's possible a positive staff member could transmit the virus to other staff and residents.</p> <p>The facility's COVID-19 Infection Control Policy and Procedure Manual dated 11/17/20 showed "all employees who test positive for COVID-19 will be sent home immediately, with a mask on. Staffing shortages caused by employees being unable to work due to positive testing, will be filled by part-time employees working more hours, call in staff working when able, and agency staff will be used as a last resort.</p> <p>2. On 4/1/21 at 12:25 PM, V2 said V8 did not report her symptoms on 1/9/21 to the nurse. Our screening form says to report any "yes" answers to the nurse. There is nobody charged with reviewing the screening forms in real time so they may not be reviewed. I try to review them. V8 should have reported her symptoms she had on 1/8/21 (at home) before coming to work. The staff have been educated on the screening process.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Staff shouldn't report to work if they have COVID symptoms. Doing so could cause coworkers and residents to be exposed. If a staff person marks "yes" to any of the screening questions it should be reported to the nurse and they should be sent home.</p> <p>On 3/31/21 at 11:30 AM, V2 gave this surveyor a paper with the shift information she texted to the Administrator on 1/9/21. There was no mention of the need to replace the two COVID positive staff (V6, V8) currently working (on 1/9/21).V6's time sheet for 1/9/21 showed V6 worked 5:25 AM- 2:00 PM. V8's time sheet for 1/9/21 showed V8 worked from 5:30 AM-2:43 PM. V6's employee COVID-19 screening sheet dated 1/7/21 does not show V6 had congestion or a headache (as mentioned in the interview). The facility's employee illness log showed V6 had a headache on 1/9/21. V8's employee COVID-19 screening form dated 1/9/21 showed she had chills and nausea 1/9/21 and a headache, and new cough the prior day. The facility's employee illness log dated 1/9/21 showed V8 was tired, had a headache and slight nausea.</p> <p>On 31/31/21 at 11:30 AM, evidence that attempts were made to replace V6 and V8 on 1/9/21 were requested. None were received.</p> <p>The facility's 11/17/21 COVID-19 Infection Control Policy and Procedure Manual showed on page20; any employee who has any new onset of any symptoms or is not able to explain the symptoms that they are exhibiting, will be sent home, immediately, with a mask on. Agency staff will not be used at this time, unless crisis staffing is needed.</p> <p>3. On March 30 and March 31, 2021, all of the</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>seven residents on the memory care unit were observed outside of their rooms without any face coverings. There was no prompting or encouraging of resident mask use.</p> <p>On March 30, 2021 at 8:50 AM, V2 Director of Nursing (DON) said there were four deaths on the memory care unit related to COVID-19 (R1010, R1011, R1012, R1013).</p> <p>On 3/31/21 at 8:55 AM, V1 Administrator said the policy to exempt all memory care residents (current and future) from mandatory face coverings outside of their room was implemented 5/29/20.</p> <p>On 4/1/21 at 12:25 PM, V2 said she doesn't think it's a good idea to do a blanket exception to face coverings on the memory care unit. There isn't documentation to show attempts at mask wearing was done for the individual residents including the new admissions.</p> <p>On 3/31/21 at 11:30 AM, documentation was requested (from V2) to show attempts were made at having residents on the memory care unit wear face coverings when out of their rooms. None was received. On 4/1/21, V15 Social Services showed this surveyor R1008's care plan which read: "Resident would not be compliant with wearing a mask due to her dementia".</p> <p>The facility's COVID-19 Infection Control Policy and Procedure Manual dated 11/17/20 showed on page three: in Memory Care, attempts will be made to isolate residents from other residents or to wear a mask as much as possible. Page sixteen showed in the Memory Care unit, resident masks will not be required. Residents are independently mobile, do not understand the</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>need for social distancing, and would not be compliant with mask use. Residents, therefore, will be monitored by staff, redirected as able, and only employees determined to be essential, will be permitted into the unit for any reason.</p> <p>The facility's undated line listing of COVID positive residents and staff showed memory care residents testing positive from 1/5/21 testing included R1008, R1010, and R1011. R1010 expired 1/15/21. R1011 expired on 1/16/21.</p> <p>Resident testing done on 1/7/21 resulted positive for memory care unit residents R1012, R1013, and R1009. R1012 expired on 2/3/21. R1013 expired 1/25/21.</p> <p>(A)</p> <p>2 of 3</p> <p>330.1155 a)</p> <p>Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs</p> <p>a) A resident shall not be given unnecessary drugs in accordance with Section 330.Appendix E. In addition, an unnecessary drug is any drug used: 2) for excessive duration;</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a resident's psychotropic</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>medications ordered prn (as needed) had a discontinuation date for two of three residents (R1003, R1004) reviewed for unnecessary medications in the sample of 11 .</p> <p>The findings include:</p> <p>On 4/1/21 at 12:25 PM, V2 Director of Nursing (DON) said it is not okay to order prn psychotropic medications without a stop date. You need to give time to reevaluate if there's a continued need for the medication.</p> <p>1. R1003's physician order sheet (POS) for March 2021 showed an order dated 3/12/21 for lorazepam 0.5 mg (milligrams) liquid solution SL (under the tongue) bid (twice a day) prn (as needed) for anxiety. There was no stop date on the order. R1003's March 2021 medication administration record (MAR) showed the lorazepam was given to R1003 on 3/15/21, 3/18/21, twice on 3/19/21, 3/21/21, 3/22/21, twice on 3/23/21, 3/24/21, twice on 3/25/21 and 3/26/21. Additionally, the medication notes on the MAR showed the lorazepam was given on 3/13/21, 3/18/21, and twice on 3/21/21. R1003's March 2021 POS showed an order dated 3/12/21 for haldol lactate 2 mg IM (intramuscular) every 8 hours prn for severe psychosis (delirium, physically combative, uncontrolled). There was no stop date on the order.</p> <p>The facility's undated Psychotropic Medication Policy and Procedure showed the facility will make every effort to comply with the state and federal regulations related to the use of psychopharmacological medications in the long term care facility to include regular review for continued need, appropriate dosage, side effects, risks and/or benefits. Psychotropic medications</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>include: anti-anxiety/hypnotic, anti-psychotic and antidepressant classes of drugs. The pharmacist and/or consulting pharmacist monitors psychotropic drug use in the facility to ensure that medications are not used in excessive doses or for excessive duration.</p> <p>2. R1004's POS for March 2021 showed an order dated 3/12/21 for lorazepam 0.25 mg po (by mouth) every six hours prn for anxiety/insomnia. There was no stop date on the order. (R1004's MAR showed the lorazepam was given on 3/21/21). R1004's March 2021 POS showed the lorazepam dose was changed on 3/23/21 to 0.25 mg ½ tablet po every six hours prn for anxiety/insomnia. There was no stop date on the order. (R1004's March 2021 MAR showed the lorazepam was given on 3/23/21). Additionally, the medication notes on the MAR showed the lorazepam was given on 3/28/21.</p> <p>(C)</p> <p>3 of 3</p> <p>330.1510 a)</p> <p>Section 330.1510 Medication Policies</p> <p>a) every facility shall adopt written policies and procedures for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of medications prescribed by the attending physicians. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to administer and have prescribed medications available for one of three residents (R1005) reviewed for medications in the sample of 18.</p> <p>The findings include:</p> <p>On 4/1/21 at 12:25 PM, V2 Director of Nursing (DON) said residents should receive medications as ordered by the physician. If a medication is not available, then our contingency box may have them. If medications are not available in the contingency box, then the nurse can call our local pharmacy and have them delivered. If a resident doesn't receive their prescribed medications they could have withdrawals and it could offset their mood. It is my expectation that residents receive their medications.</p> <p>R1005's physician order sheet for March 2021 showed orders dated 3/2/21 for donepezil 10 mg (milligram) tablet po (by mouth) at bedtime, famotidine 20 mg tablet po once a day, glucosamine-chondroitin capsule 500-400 mg po once a day, and multivitamin one tablet once a day. R1005's March 2021 medication administration record (MAR) showed the donepezil was not given on 3/14, 3/15 or 3/16/21. This MAR showed the famotidine, glucosamine-chondroitin and multivitamin were not given on 3/3/21. The medication notes on the MAR showed the famotidine, glucosamine and multivitamin were not available on 3/3/21. The medication note dated 3/15/21 showed the donepezil was not was not available.</p>	S9999		

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