STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 Facility Reported Incident of 5/21/2021/IL134177	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2: 300.610a) 300.1210b) 300.1220b)2) 300.1220d)1)2) 300.3240 a) 300.3240d) 300.3240e) Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 1 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. 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)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act) These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to prevent the diversion of residents' narcotic pain medication and the substitution with an unknown substance. This failure lead to a resident (R2) experiencing pain, with no narcotic relief available. This failure applies to 3 of 3 residents (R1, R2, R3) reviewed for misappropriation of resident property in the sample of 8. The findings include: 1. R2's Face Sheet from 5/28/21 showed she is on hospice and she has an original admission date of 11/17/2010. R2's Face Sheet showed diagnoses to include: Stroke with paralysis, multiple pain diagnoses, gout, diabetes, and heart attack. R2's 3/10/21 Minimum Data Set (MDS) showed she was cognitively intact with a Brief Interview for Mental Status score of 15 out of 15 and she had no acute onset of mental status change. The MDS showed R2 required extensive assistance of two staff for bed mobility, dressing, toileting, and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 3 personal hygiene. On 5/19/21 at approximately 5:30 PM, V1 was sent photographs that had been taken by the facility's pharmacy. The photographs showed a known, untampered, bottle of morphine with the morphine being a medium blue color. The photograph also showed a bottle of morphine that had been returned from the facility. The pharmacy identified the returned bottle as having been tampered with; it contained a green liquid, a foam seal, and the volume of liquid was not what was indicated on the bottle. On 5/28/21 at 1:49 PM, V2, Director of Nursing (DON), stated R2 had three bottles of morphine and 2 of the 3 bottles were pulled from the nurses' cart because the color of the liquid was not consistent with what is known to be the color of morphine. On 5/27/21 at 1:40 PM, V2 Director of Nursing, produced R2's bottles of morphine that had been in the nurses' cart. One bottle was labeled as morphine with approximately 22 milliliters (ml) of a light green colored liquid. The other bottle contained a darker green liquid. Neither bottle contained a liquid that was consistent with the photos of morphine on 5/19/21. On 6/1/21 at 10:00 AM, R2's third bottle of morphine, that had been left in the nurses' cart for R2's use, was determined to not be morphine or possibly a diluted concentration of morphine. The color of the morphine was not consistent with the photographs on 5/19/21 and the bottle showed it was only a 15 ml bottle, indicating her original 30 ml bottle had been replaced with a 15 ml bottle of unknown contents.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 4 On 5/28/21 at 9:30 AM, V4, Pharmacist/Pharmacy Director, stated she has contacted the morphine manufacturer in previous cases of drug diversion. V4 stated she was assured the color of the blue morphine remains consistent over different lots and does not change over time. On 6/2/21 at 2:15 PM, V4 stated she had contacted the facility and they do not use foam seals, but a paper faced seal with a waterproof barrier between the morphine and the paper. On 5/28/21 at 8:00 AM, R2 stated there have been times when her morphine doesn't seem to work and "today is one of them." R2 stated she had received morphine about an hour ago and her pain was "12 out of 10." R2 said she is having pain in her legs. R2's Medication Administration Record (MAR) showed she could receive 0.25 milliliters (ml) to 0.5 ml of 20 milligrams/ml of liquid morphine every hour for left leg pain. R2's MAR showed she received a dose of morphine on 5/28/21 at 5:45 AM. (R2 was receiving morphine from the bottle determined to contain a liquid that was either not morphine or not the correct concentration of morphine. On 5/28/21, the facility was aware of morphine tampering.) R2's controlled substance count sheet for the current bottle of morphine showed the facility received 30 ml bottle of morphine and as of 6/1/21, 17 ml had been given to R2. (The bottle when dispensed by the manufacturer contained 15 ml per the label on the bottle.) On 6/2/21 at 10:48 AM, V7, Licensed Practical Nurse (LPN) stated R2 has "quite a bit of pain."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 5 V7 stated R2 has required increases in narcotic pain medications to manage her pain. V7 stated she has noticed issues with morphine going from blue to clear with R2's morphine in the past. On 5/28/21 at 1:49 PM, V2 said, "Whatever she (R2) received was not morphine or the correct concentrations of morphine. She is not getting the correct pain control. If it's not morphine, then what is in there? The medications in the cart are owned by the residents and they are the resident's property." On 6/1/21 at 11:50 AM, V13, Nurse Practitioner, stated Morphine is a narcotic pain medication generally reserved for hospice patients in the long-term care setting. V13 stated hospice nurses started noticing issues with morphine; that it was becoming lighter in color. V13 was unable to recall a date or resident. V13 stated, "To me that says it's being diluted or it something totally different. If it's not morphine or diluted morphine then they're not getting the pain relief from the morphine." V13 stated R2 does have real, chronic pain due to her diagnoses and contractures. On 6/23/21 at 9:05 AM, R2 stated she can "definitley" notice a difference in the effectiveness in her morphine. R2 said it made her upset that she would ask for morphine and not get pain relief. As of 6/1/21 at 10:00 AM, R2 had the contents of 3 morphine bottles manipulated. The facility's Abuse Prohibition and Reporting Policy revised on 11/28/2019 showed, "The facility actively prohibits resident abuse including ...misappropriation of property...No person shall	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 6 misappropriate or steal any resident property." 2. R3's Face Sheet from 5/28/21 showed an original admission date of 12/5/2018 with diagnoses to include: Malignant kidney cancer, Multiple Sclerosis, and pain. R3's 4/6/21 Minimum Data Set (MDS) showed he was not cognitively intact with a Brief Interview for Mental Status score of 0 out of 15. The MDS showed he required extensive or total assistance for his care. The MDS showed R3 had pain during the review period. On 5/28/21 at 9:05 AM, R3 had two bottles of morphine in his cart. One was open and in use and had a light blue liquid, the other bottle had a foam seal and had a green liquid. Based on color of the liquid, both bottles showed signs of tampering. R3's Morphine count sheet showed on 5/27/2021 at 11:00 AM, he required pain medication when .25 milliliters of his as needed pain medication were given. (R3's morphine at this time was either the incorrect concentration due to dilution, or it was not morphine.) On 6/1/21 at 11:50 PM, V13 Nurse Practitioner stated R3 is "...probably always in pain but he just doesn't ask for it (referring to pain medication.)" On 6/2/21 at 2:15 PM, V4 said the she had contacted the manufacturer and was told they do not use foam seals. V4 said in the several years she has ordered this morphine from this particular manufacturer, they have never used foam seals. As of 6/1/21 at 10:00 AM, R3 had the contents of 2 morphine bottles in which the original morphine	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 7 in the bottle appears to have been tampered with and/or diverted. 3. R1's Face Sheet showed an original admission date of 12/9/2020 with diagnoses to include: pain in right foot, pressure ulcer, and femur fracture. R1's 3/16/21 Minimum Data Set showed a Brief Interview for Mental Status score of 10 out of 15 and he had no acute mental status changes. The facility's investigation regarding tampering of R1's morphine showed on 5/14/21 at 4:00 PM a nurse by the name of either V3, V9, or V10, Registered Nurses, contacted R1's physician which was sent to the on-call physician. The request showed, one of the three nurses were requesting "comfort meds" (a comfort pack includes liquid morphine as well as other medications) because R1 is on "Tramadol (pain medication) but is becoming increasingly agitated. Can on-call address this request?" A phone number was left to call back, which is not a number at the facility. On 5/27/21 at 9:22 AM, V1 stated that during his investigation, he had called the phone number earlier and it was for the local county health department. V1 stated V3 worked part-time for the same county health department. The facility's investigation showed a second phone call was placed to the on call physicion on 5/15/21 at 10:20 AM. The communication to the on call physician's answering service documented V8 Registered Nurse as the person who made the second request for the comfort medications. The on-call physician responded via electronic communication at 10:40 AM, "All meds have	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 8 been sent." On 5/28/21 at 8:15 AM, V8, RN, denied ordering comfort medications and stated she was not working on 5/15/21 at 10:20 AM. V8 stated, in fact, when she had seen the fax implying she had called and requested the comfort medications, she called V1 Administrator and informed him of the situation. V8 stated she was instructed to remove the morphine from the nurses' cart and lock it where nurses would not have access to it. V8 said V3 had done medication pass with the nurses' cart earlier that day. The facility's timeline of events showed V8 notified V1 regarding the comfort medication discrepency on 5/16/21 at 2:57 PM. The investigation showed the facility returned the bottle of morphine to the pharmacy the evening of 5/18/21. The investigation showed on 5/19/21 at 3:50 PM the facility was notified that R1's returned morphine bottle had been tampered with: it was not the correct color, the seal was not correct, and the bottle was 30 ml bottle but only contained 15 ml of fluid. On 5/27/21 at 9:22 AM, V1stated V3 was suspended and has not been allowed to return to the facility. V1 stated, R1's copay for the morphine was $12.49. On 5/28/21 at 1:30 PM, V3, Registered Nurse (RN), denied requesting comfort medications. V3 stated, "(R1) wanted a pain medication and he said the pills he was getting were making him crazy." On 5/28/21 at 10:00 AM, R1 stated he had no pain at that time. R1 said, "The Tramadol works	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 9	S9999		

good for me, it does okay." R1 stated he had never asked for a stronger pain medication except, "maybe when I first got here I did ask for morphine, but not in a long time. I like the Tramadol it doesn't make me feel bad."

On 5/28/21 at 3:59 PM, V5, RN stated she confronted V3 on Sunday morning (5/16/21) because it was either her (V3) or V9, Registered Nurse, ,that requested the morphine. V5 stated V3 said she called for the doctor for another resident, not R1, because that resident was "having behaviors." V5 said there were no faxes from the doctors office regarding another resident. V5 said, "Then she (V3) lied to me and said she never called." V5 said, "There is morphine that starts blue and over time it becomes clear. Hospice staff have taken back morphine from us because it looks like it has been tampered with...I have never known (R1) to ask for anything other than Tramadol. he does get confused at night...I have never gotten report that he is agitated; he does well with the Tramadol."

On 5/27/21 at 2:21 PM, V10, RN, stated she had worked at the facility for 10 years. V10 said she never called for comfort medications. V10 said, "I didn't work that day...I did receive the medication from the delivery driver on 5/15/21. So I saw the morphine when it came in and I was surprised. I had (R1) that day and he was fine. He has Tramadol as an order and that works fine for him." V10 said, "That is bologna, he tolerates the Tramadol just fine; it doesn't make him agitated or crazy. He has been on it for months. Tramadol works well for his pain. He has never asked me for morphine or anything stronger than Tramadol." V10 said, "There has been issues with her (V3) and morphine going clear and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 10 second bottles of morphine being opened that didn't need to be opened and those bottles going clear." 4. On 6/1/21 at 10:00 AM, V14, Pharmacy Nurse Consultant, pulled the emergency supply of 3 morphine bottles from the dispensing machine (Statsafe) and took them to the conference room with V1 and V2. All three bottles showed signs of tampering. Two bottles had greens stains on either the seal, the cap, or the bottle label. All bottles contained a liquid that was not consistent with the color of the liquid provided to V1 on 5/19/21. One bottle with the lot number 8003D07843 showed it was a 15 ml bottle of morphine; the bottle contained greater than 30 ml of a green liquid. All three bottles had a foam seal with creases. The facility's Statsafe access log for the drawer containing the morphine showed 3 people accessed the Statsafe after 2 of 3 morphine bottles had been accepted into the dispensing machine on 4/7/21. On 6/2/21 at 10:05 AM, V1 stated V5 RN had a valid reason to access the morphine drawer, which was to remove medications for a newly admitted resident. On 6/2/21 at 2:15 PM, V4, Pharmacy Director stated that V18, Pharmacy Representative, accessed the morphine drawer to clear errors in the Statsafe system. The Statsafe access log shows that the only other person who accessed the morphine drawer after 4/7/21 was V3. V14 accessed the drawer on 6/1/21 at 9:47 AM, in the presence of V2 and was in the presence of 2 nurses.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 11 On 6/2/21 at 10:40 AM, V2 stated there was no reason for V3 to access the Statsafe morphine drawer and remove a Norco (Narcotic pain pill.) V2 said the resident that V3 pulled the Norco for had plenty of Norco left in the nurses' cart. As of 6/1/21 at 10:00 AM, the contents of three morphine bottles had been diverted from the emergency supply safe. (B) Licensure Violation: 2 of 2: 300.1210d)1) 300.1610a)1)j) 300.1620a) 300.1640a)f)h) 300.3220f) Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. Section 300.1610 Medication Policies and Procedures a) Development of Medication Policies 1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 12 and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. j) The contents and number of emergency medication kits shall be approved by the facility's pharmaceutical advisory committee, and shall be available for immediate use at all times in locations determined by the pharmaceutical advisory committee. 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 such 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. Section 300.1640 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 13 medication carts of satisfactory design for such storage. Based on observation, interview, and record review the facility failed to have procedures to identify morphine that had been tampered with and failed to ensure residents did not receive the tampered with morphine. This failure also resulted in the facility not having access to liquid morphine for residents in pain. This failure has the potential to affect all residents in the facility f) The label of each individual multi-dose medication container filled by a pharmacist shall clearly indicate the resident's full name; licensed prescriber's name; prescription number, name, strength and quantity of drug; date this container was last filled; the initials of the pharmacist filling the prescription; the name and address of the pharmacy; and any necessary special instructions. If the individual multi-dose medication container is dispensed by a licensed prescriber from his or her own supply, the label shall clearly indicate all of the preceding information and the source of supply; it shall exclude identification of the pharmacy, pharmacist and prescription number. h) Medication in containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or dispensing licensed prescriber for relabeling or disposal. Medications whose directions for use have changed since the medication was originally dispensed and labeled may be retained for use at the facility, in accordance with the licensed prescriber's current medication order. Medications in containers having no labels shall be destroyed in accordance with federal and State laws.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 14 Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) These requirements are not met as evidenced by: Based on observation, interview, and record review the facility failed to have procedures to identify morphine that had been tampered with and failed to ensure residents did not receive morphine that had been tampered with. This failure also resulted in the facility not having access to liquid morphine for residents in pain. This failure applies to 3 of 3 residents (R1, R2, R3) reviewed for controlled substances in the sample of 8. The findings include: 1. On 5/27/21 at 1:40 PM, V2 Director of Nursing pulled two bottles of morphine out of a locked cabinet in her office. V2 stated they had been R2's morphine and were pulled out of the nurses' cart on 5/19/21 because the color was not consistent with the blue color that was expected. One of the bottles indicated R2 had received approximately 8 ml of the unknown mint green liquid. V2 said only two bottles of R2's morphine was pulled from the nurses' cart and one bottle of morphine was left in the cart for R2's use. On 6/1/21 at 10:43 AM, V2 pulled R2's remaining bottle of morphine from the nurses' cart. The	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 15 bottle of morphine contained approximately 10 milliliters (ml) of a light green liquid. The morphine bottle indicated it had originally contained 15 ml (milliliters) of morphine however; R2's narcotic count sheet and the pharmacy label on the bag showed a 30 ml bottle was dispensed. (Indicating the 30 ml bottle was taken and switched with a 15 ml bottle of unknown substance). On 6/1/21 at 10:43 AM, V14, Pharmacy Nurse Consultant stated R2's in-use morphine was a light green color (not the correct color) and it should be a 30 ml bottle not a 15 ml bottle. R2's Narcotic Count sheet showed her in-use bottle was first used on 5/19/21 at 7:30 PM and she had received 17 ml of the unknown liquid, including a dose on 6/1/21 at 11:53 AM, after the bottle was identified to have been tampered with. On 6/1/21 at 3:18 PM, V2 stated the dose of morphine given to R2 at 11:53 AM on 6/1/21 had to have been given from the bottle of morphine that was known to have been tampered with. V2 stated the liquid in the bottle was most likely either diluted morphine, or an unknown substance. On 6/2/21 at 10:48 AM, V7, Licensed Practical Nurse, stated she has witnessed R2's morphine go clear. V7 stated there was an instance where R2's morphine was so clear she was unable to see the liquid in the bottle. V7 said she reported this to V2, Director of Nursing, and was told to destroy the morphine and open a new bottle. V7 said R2 has had two open bottles of morphine at the same time which "was a red flag." V7 said R2 has lots of pain and hospice has had to increase her morphine to being scheduled to assist in	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 16 controlling her pain. On 5/28/21 at 3:59 PM, V5, Registered Nurse (RN), stated, "We have had issues with morphine for awhile. There is morphine that starts blue and over time it becomes clear. Hospice staff have taken back morphine from us because it looks like it has been tampered with. (R2) had morphine that had a pin hole leak in it, and the morphine in the bottle looked diluted..." On 6/1/21 at 11:50 AM, V1, Nurse Practitioner,stated " if a medication is not known what it is, it should not be given. It could be something harmful to the resident like Coumadin (blood thinner.)" 2. On 6/2/21 at 10:05 AM, R3's bottle of morphine was compared to his previously, in use, bottle of morphine. The new bottle that was received on 6/1/21 at 9:45 PM contained morphine that was a medium blue color with an intact paper faced seal. A side-by-side comparison of the new bottle of morphine and the previous bottle showed the previous bottle to have a liquid of a noticeably different color. The liquid was noticeably greener. The color of R3's previously in-use morphine was not the same shade of blue provided to the facility in the photographs of 5/19/21 and the bottle was not pulled from use until 6/1/21. R3's Narcotic Count sheet showed he received a dose of the unknown green liquid that was in the morphine bottle. The Narcotic count sheet showed the morphine was pulled from use on 6/1/21. R3 was without morphine until that evening at 9:45 PM. On 5/28/21 at 9:05 AM, in addition to the open	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 17 bottle of morphine described above, R3 had a bottle of morphine with a green liquid that was sealed with a foam seal. In a side-by-side comparison, the sealed bottle was noticeably greener than the opened bottle and also not the same color as the photographs of 5/19/21. The facility's Pharmaceutical Procedures policy revised on 10/18/2019 showed, "The medications of each resident shall be kept and stored in their originally received container. Medications shall not be transferred between containers." The policy showed that the facility should maintain an emergency supply of medications for "immediate use." 3. The facility's investigation regarding tampering of R1's morphine showed on 5/14/21 at 4:00 PM a nurse by the name of either V3, V9, or V10, Registered Nurses, contacted R1's physician which was sent to the on-call physician. The request showed, one of the three nurses were requesting "comfort meds" (a comfort pack includes liquid morphine as well as other medications). The facility's investigation showed a second phone call was placed to the on call physicion on 5/15/21 at 10:20 AM. The communication to the on call physician's answering service documented V8 Registered Nurse as the person who made the second request for the comfort medications. The on-call physician responded via electronic communication at 10:40 AM, "All meds have been sent." On 5/28/21 at 8:15 AM, V8, RN, denied ordering comfort medications and stated she was not working on 5/15/21 at 10:20 AM. V8 stated, in	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 18	S9999		

fact, when she had seen the fax implying she had called and requested the comfort medications, she called V1 Administrator and informed him of the situation. V8 stated she was instructed to remove the morphine from the nurses' cart and lock it where nurses would not have access to it. V8 said V3 had done medication pass with the nurses' cart earlier that day.

The facility's timeline of events showed V8 notified V1 regarding the comfort medication discrepency on 5/16/21 at 2:57 PM.

The facility's drug diversion investigation showed on 5/19/21 at 3:50 PM the facility was notified by their pharmacy that a bottle of liquid morphine, originally prescribed to R1, had been returned to the pharmacy and it had been tampered with. The facility was notified by their pharmacy that the seal was not the correct type, the color of the liquid was different, the NDC (National Drug Code, code to identify the medication) did not match what was originally sent to the facility, and the patient label on the bottle had been "wiped clean."

On 5/19/21 at approximately 5:30 PM, V1 was sent photographs that had been taken by the facility's pharmacy. The photographs showed a known untampered with bottle of morphine next to R1's bottle of morphine. The known bottle of morphine was a medium blue color with R1's morphine being a medium green color.

On 5/28/21 at 11:07 AM, V6, RN, stated there has been issues with morphine at the facility. V6 said, residents would have morphine bottles taken out of the stat safe (emergency supply) when they already had morphine and she has observed drops of water on the seals of morphine bottles

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 19 that appeared lighter in color. On 5/28/21 at 8:15 AM, V8, RN, stated she has noticed issues with morphine becoming lighter in color from one shift to her next shift. 4. On 6/1/21 at 10:00 AM, V2 Director of Nursing and V14, Pharmacy Nurse Consultant, removed the three available bottles of Morphine form the Statsafe (Dispensing system with multiples drawers containing emergency supply of medications for the residents.) The bottles were taken to the conference room for observations. All three bottles where in a resealable bag. The bag had a label and the label showed a lot number. The lot numbers on the all three bags did not match the lot number for the bottle of morphine they contained. The bottle with lot # 8003D07843 had a National Drug Code indicating it was a 15 milliliter (ml) bottle; however, it was filled to at least 30 ml of liquid. This bottle also had green stains on the manufacturer label and the label appeared well worn and used. All three bottles had foam seals that were creased. The bottle with lot # 8003D09052 had green stains around it's seal and inside the cap. All three bottles contained liquid in different shades of green except the bottle with lot number 8003D09052 which had a slight blue color. On 5/27/21 at 12:59 PM, V4, Pharmacist/Pharmacy Director, stated the morphine her pharmacy purchases has been a particular shade of medium blue since she started with the pharmacy in 2018. V4 said less expensive morphine can be purchased that is clear, however, the pharmacy pays extra to purchase the morphine from their supplier due to their blue coloring of morphine. V4 said there may be slight variations in color from one lot to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 20 the next; however, that variation would not be perceptible. V4 said she has never seen the manufacturer use a foam seal, it's always a paper faced seal. On 5/28/21 at 9:30 AM, V4 said she has had conversations with the manufacturer when drug diversion issues have come up. V4 said she was assured by the manufacturer the color of the morphine they produce does not change over time and the shade of blue is consistent across lots. V4 said it would not make sense to have a drug diversion deterrent that changes from one lot to the next. On 6/2/21 at 2:15 PM, V4 stated she contacted the morphine manufacturer and she was told the seals have not changed and they are the same as they have always been. V4 said she has used this manufacturer for many years and it has always been a paper faced seal with some sort of foil/plastic under the paper to waterproof the paper. (The seals found on the three Statsafe morphine bottles were foam.) On 6/1/21 at 9:45 PM, V1 stated the pharmacy driver arrived at the facility with new morphine. At 9:55 PM, three bottles of morphine were observed. The bottles of morphine were delivered in tamperproof bags. One bag contained the bottles for the Statsafe and the other bag contained morphine for R2 and R3 as well as other controlled substances. The bottles contained a blue liquid with medium darkness. The color of the liquid was a blue color that had not been observed in any morphine bottle in the facility as of the start of the survey on 5/27/21. The seals were smooth paper faced; however, under the paper face the seal felt substantial different as if there was a thick plastic or foil layer	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 21	S9999		

below. The seals on the new bottles were unlike the previous 3 Statsafe bottles in both it's material and sturdiness.

The Statsafe Morphine that was observed on 6/1/21 at 10:00 AM showed two morphine bags labeled 1L-777. (1L indicates the drawer in the Statsafe where it is stored. Drawer 1L contained morphine as well as well as other controlled substances.) Both 1L-777 morphine bottles showed signs of tampering and liquid that was not consistent with morphine. The facility's Statsafe Access Logs for drawer 1L showed the two morphine bottles, 1L-777, were accepted into the Statsafe on 4/7/21 at 8:58 PM by V5 Registered Nurse. (Actual time was 10:58 PM per V4 Pharmacy Director. Statsafe clock was not corrected until 6/2/21 and was off by two hours prior to this date; all times referenced will be the actual/corrected time.) The logs showed V5 accessed the drawer again on 4/10/21 to pull Oxycodone for R4, a new admission on 4/10/21. The next access was by V3 ,RN on 4/18/21 at 9:32 AM for R5. V3 pulled one tablet of Hydrocodone (narcotic) with acetaminophen 5/325 milligrams (ml). The third and final person who accessed drawer 1L, prior to 6/1/21, was a pharmacy representative who was clearing errors.

R5's Hydrocodone/Acetaminophen (Norco) controlled substance count record showed on 4/18/21 as of 9:32 AM, when V3 accessed the Statsafe, R5 had 20 tablets of Norco available in the nurses' medication cart.

On 6/2/21 at 11:51 PM, V4 Pharmacist/Pharmacy Director stated there was no reason for V3 to access the Statsafe on 4/18/21. V4 said it is a multistep process to access the Statsafe and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 22 nurses do not like accessing it unless they have to, because it is a hassle. On 6/2/21 at 10:40 AM, V2 said there was no reason for V3 to pull Norco from the Statsafe for R5. V3's Time Card showed she worked on 4/18/21 from 6:00 AM to 10:24 AM. (V3 has been scheduled on certain shifts to assist with morning medication pass.) R2's Morphine count sheet showed she had already been given the green liquid 3 times on 6/1/21 and would not have an opportunity to receive morphine until nearly 10:00 PM; 12 hours after the Statsafe morphine was identified to be in question. On 5/27/21 at 10:00 AM, the facility provided a list of residents on morphine. R2 and R3 were the only residents listed. As of 6/1/21 at 10:00 AM, R2, R3, and the facility's Statsafe morphine were all in question and no morphine was available for any resident in the facility. On 6/2/21 at 10:48 AM, V7, Licensed Practical Nurse stated she was " frustrated that morphine issues had been reported over several months and nothing is done. It's like we're not heard. We can't even trust each other with all the problems we've had." As of 6/1/21 at 10:00 AM, the facility was known to have 8 bottles of morphine in their possession that had been tampered with and a 9th bottle that had been returned to the pharmacy. On 6/4/21 at 8:50 AM, V1 Administrator stated there was an allegation of drug diversion involving	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016133	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF FREEPORT	2170 WEST NAVAJO DRIVE FREEPORT, IL 61032

(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 23 morphine in November 2020. V1 stated morphine in the facility was replaced. V3's Personnel File showed she was available for employment in 2/3/2020. (A)	S9999		