

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008783	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2024
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NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE SPRING VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362
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S 000	Initial Comments	S 000		
S9999	<p>First Probationary Licensure Survey</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>1 of 3</p> <p>300.610a) 300.686a)2) 300.686a)8) 300.686b) 300.686c) 300.686d) 300.686e) 300.686g)2)</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 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications</p> <p>a) For the purposes of this Section, the following definitions shall apply:</p>	S9999		

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

TITLE

(X6) DATE
08/20/24

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S9999	<p>Continued From page 1</p> <p>2) "Antipsychotic medication" - a medication that is used to treat symptoms of psychosis such as delusions, hearing voices, hallucinations, paranoia, or confused thoughts. Antipsychotic medications are used in the treatment of schizophrenia, severe depression, and severe anxiety. Older antipsychotic medications tend to be called typical antipsychotic's. Those developed more recently are called atypical antipsychotic's.</p> <p>8) "Informed consent" - documented, written permission for specific medications, given freely, without coercion or deceit, by a capable resident, or by a resident's surrogate decision maker, after the resident, or the resident's surrogate decision maker, has been fully informed of, and had an opportunity to consider, the nature of the medications, the likely benefits and most common risks to the resident of receiving the medications, any other likely and most common consequences of receiving or not receiving the medications, and possible alternatives to the proposed medications.</p> <p>b) State laws, regulations, and policies related to psychotropic medication are intended to ensure psychotropic medications are used only when the medication is appropriate to treat a resident's specific, diagnosed and documented condition and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. (Section 2-106.1(b) of the Act)</p> <p>c) Psychotropic medication shall only be given in both emergency and Montenegrin situations if the diagnosis of the resident supports the benefit of the medication and clinical documentation in the resident's medical record supports the benefit of the medication over the contraindications related to other prescribed medications. (Section</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>2-106.1(b-3) of the Act</p> <p>d) A resident shall not be given unnecessary drugs. An unnecessary drug is any drug used:</p> <p>4) Without adequate indications for its use.</p> <p>e) Residents shall not be given antipsychotic medications unless antipsychotic medication therapy is ordered by a physician or an authorized prescribing professional, as documented in the resident's comprehensive assessment, to treat a specific symptom or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Appendix F.</p> <p>g) Except in the case of an emergency, psychotropic medication shall not be administered without the informed consent of the resident or the resident's surrogate decision maker. (Section 2-106.1(b-3) of the Act) Additional informed consent is not required for changes in the prescription so long as those changes are described in the original written informed consent form, as required by subsection (h)(12)(A). The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome, pursuant to subsection (h)(12)(A). The most common side effects of the medications shall be described. In an emergency, a facility shall:</p> <p>2) Present this documentation to the resident and the resident's representative or other surrogate decision maker no later than 24 hours after the administration of emergency psychotropic medication. (Section 2-106.1(b-3) of the Act)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>This requirement was not met as evidenced by:</p> <p>Based on on observation, interview, and record review the facility failed to ensure the use of antipsychotic medication had clinical indications for use, and follow pharmacy recommendations for one resident (R6) and failed to obtain consent for the use of psychotropic medications for two residents (R1 and R6) of three residents reviewed for psychotropic medications in the sample of eight.</p> <p>Findings include:</p> <p>The facility's Psychotropic Medication policy and procedure, revised 2/1/18, documents "Purpose: To ensure that the residents are not given psychotropic drugs unless psychotropic drug therapy is necessary to treat a specific or suspected condition as per current standards of practice and are prescribed at the lowest therapeutic dose to treat such conditions. Guidelines: Informed consent shall be obtained as follows: a) Psychotropic medication shall not be administered without the informed consent of the resident or the authorized resident representative. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desire therapeutic outcome." "Monitoring: The licensed pharmacist will review the resident's drug regimen on a monthly basis and document findings. The pharmacist will report any irregularities to the Director of Nursing. The Director of Nursing will notify or direct licensed staff to notify attending physician as necessary. The facility will maintain a copy of the consultant report." "PRN (as needed) Psychotropic's: PRN hypnotic,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>antianxiety or antidepressant medications shall not be used beyond 14 days unless the prescribing practitioner indicates the clinical rationale for extended use and the expected duration for PRN use of the medication. The duration of use should not extend beyond 6 months unless re-evaluated by the attending physician or prescribing practitioner and clinical rationale is provided. PRN antipsychotic medications shall be limited to 14 days. If deemed appropriate to continue for greater than 14 days, the attending physician or prescribing practitioner will evaluate the resident and enter a new order for PRN administration as indicated, not to exceed 14 days."</p> <p>1) The Face Sheet for R6, includes the following diagnoses: Cerebral Atherosclerosis; Depressive Episodes; Moderate Vascular Dementia without behavioral disturbance, psychotic disturbance, mood disturbance or anxiety; Other symptoms and signs involving cognitive functions and awareness. There are no listed diagnoses to support the use of Antipsychotic medications for R6.</p> <p>The current Care Plan for R6 includes focus areas as being resistant to cares, will yell, curse and be verbally aggressive towards staff at times. R6 will crawl out of bed and sit on fall matt next to bed. R6 is at risk for elopement and is a wanderer. R6 uses antidepressant medication and uses psychotropic medications. There is no documentation in R6's Care Plan to justify the use of R6's Antipsychotic Seroquel or Haldol.</p> <p>The current Order Summary Report for R6 documents the following physician orders: ABH 1-25-1 (Ativan 1 mg/ml (milligram/milliliter) Gel, Benadryl 25 mg/ml; and Haldol 1 mg/ml Gel,</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>(Personal Care Assistant), we do not get consents for patients' medications."</p> <p>The Behavior Tracking for R6, documents R6's target behaviors as: resistive to cares, having little pleasure in doing things, agitated/anxiety/restlessness, and verbally aggressive. The Behavior Tracking for July 2024, documents R6 with one episode of being resistive to cares, having little pleasure in doing things, agitated/anxiety/restlessness and verbally aggressive on 7/22/24 and no episodes of rejection of cares, depression/tearfulness or elopement.</p> <p>On 7/30/24 at 10:30 am, R6 was lying in bed, at 12:12 pm was sitting in the dining room eating lunch independently, at 12 2:10 pm was lying in bed, and at 3:10 pm was in a wheelchair propelling self in the hallway smiling at staff and other residents. During these times R6 exhibited no identified behaviors.</p> <p>On 7/31/24 at 10:52 am, R6 was propelling wheelchair in front of the Nurses Station. R6 smiled and began talking about the necklace she was wearing in a pleasant and soft tone of voice. R6 exhibited no behaviors at this time.</p> <p>On 7/31/24 at 11:35 am R6 was sitting in a wheel chair in the dining room, at 11:45 am, R6 was eating lunch independently and exhibited no behaviors.</p> <p>On 7/31/24 at 11:36 am, V8 LPN (Licensed Practical Nurse) approached R6 with cup of medication, told her she had her Seroquel (antipsychotic medication) to help with her mood. R6 asked V8 LPN with a furrowed and sad brow if she had "Bad moods." V8 LPN told R6 "Oh no,</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>just helps you feel better."</p> <p>On 7/30/24 at 12:12 pm, R6 was talking randomly and not making sense. There was no anger or identified concerns with R6's tone of voice or words.</p> <p>On 7/30/24 at 2:18 pm, V9 CNA (Certified Nursing Assistant) stated R6 has some days where she is resistive with cares or more aggressive than others and we usually lay her down in between meals.</p> <p>On 7/31/24 at 11:40 am, V7 CNA stated she works 2 am to 2 pm and has not seen R6 with any behaviors other than R6 calling out when she needs help. V7 CNA stated R6 does not go to many activities, is up for meals, and will usually lay down after meals.</p> <p>On 7/31/24 at 11:36 am, V8 LPN stated R6 gets Seroquel for her Behaviors and Dementia. When asked why R6 is taking Seroquel V8 LPN stated R6 is impatient, will try to transfer herself, tries to go to the bathroom by herself, and hollers out but that's about it.</p> <p>On 7/30/24 at 2:50 pm, V2 DON stated R6 has End Stage Dementia and around 3:30 pm she has terrible "sun down" dementia. R6 will cry and yell out at staff and family; and tried to throw a vase at the front entrance window one day. R6 also has smoking behaviors where she just keeps wanting to go out and smoke and doesn't understand that she can't.</p> <p>On 7/31/24 at 8:45 am, V2 DON stated R6 was getting more agitated and her PCP (primary care physician) increased her Seroquel and added Haldol one time dose on 6/7/24 which was</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>changed to PRN after that dose was given. When asked V2 what behaviors R6 exhibits, V2 stated she will yell and can't be re-directed, she will go to the bathroom and keep wanting to go to the bathroom, tries to stand up on her own, wants to go smoke repeatedly, calls her son and cries "why did you put me here, I wouldn't have done that to you." V2 DON stated one time she tried to throw a vase at the front door window. R6 had End Stage Dementia but is doing better now. She was getting ABH to her wrists but that was changed to prn. V2 DON also confirmed she was unable to locate a consent for R6's use of Ativan and does not have a consent form for the use of the ABH gel.</p> <p>2) Current Physician's Order Summary Report indicates R1 has orders for the following psychotropic medications: Buspirone (anxiolytic) 10mg (milligrams) three times/day for restlessness, irritability related to Anxiety Disorder Risperidone (antipsychotic) 1mg at bedtime for depression and anxiety related to Schizoaffective Disorder with Delusions Sertraline (antidepressant) 100mg daily for restlessness, loss of interest, sadness related to Recurrent Major Depressive Disorder. Alprazolam (antianxiety) 1mg Monday, Wednesday, Friday prior to dialysis for anxiety.</p> <p>Progress Note/Quarterly Clinical Assessment dated 7/31/24 indicates R2 is alert oriented to person, place, time and situation and "No evidence of acute change in mental status from baseline. No concerns with mood or behavior.</p> <p>On 7/30/24 at 1:30pm V2, DON (Director of Nursing) stated R1 is mostly independent and is able to go out of the facility with friends.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Consent for Psychotropic Medications dated 5/4/23 indicates the consent for R2's Risperidone was signed by R1's "POA (Power of Attorney). Consent did not indicate diagnosis or indication for use.</p> <p>Consent for Psychotropic Medications dated 3/31/22 indicate R1 signed the consent on that date for Ativan and Buspirone.</p> <p>Consent for Psychotropic Medications dated 3/23/21 indicates consent for Alprazolam (antianxiety), Lorazepam (antianxiety), Risperidone, Amitriptyline (antidepressant) and Sertraline was signed by R2's POA.</p> <p>On 7/31/24 at 3:15pm V2, DON (Director of Nursing) stated she did not know why R1's POA signed R1's consents in 2021 and 2023 as R1 is capable of understanding and signing the consents. V2 stated she is unaware of any current behaviors R1 has as R1 is mostly independent and able to leave the facility unsupervised. V2 also stated no GDR's (Gradual Dose Reductions) were found for R1's Risperidone or Buspirone.</p> <p>(B)</p> <p>2 of 3</p> <p>300.610a) 300.1010g)3 300.1010h) 300.1210a) 300.1210d)5)</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</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>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 300.1010 Medical Care Policies</p> <p>g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the following:</p> <p>3) Documentation of the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores), with grade, size and location specified, and orders for treatment, if present. (A photograph of incipient or manifest decubitus ulcers is recommended on admission.)</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to identify and initiate</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>treatment for a left heel pressure wound upon admission for one resident (R2) of three residents reviewed for wounds in the sample of eight.</p> <p>Findings include:</p> <p>Facility Policy/Pressure Injury and Skin Condition Assessment dated 1/17/18 documents: A skin condition assessment and pressure ulcer risk assessment will be completed at the time of admission/readmission. At the earliest sign of a pressure injury or other skin problem, the resident, legal representative, and attending physician will be notified. The initial observation of the ulcer or skin breakdown will also be described in the nursing progress notes.</p> <p>On 7/30/24 at 10:20am R2 was in bed sleeping. Gauze wraps were noted to be covering both of R2's feet and lower legs.</p> <p>On 7/31/24 at 11:10am R2 was up in a motorized wheelchair and stated the nurse had already changed his leg/feet dressings and he did not want them changed again until the next day. Both of R2's legs and feet were wrapped in gauze.</p> <p>Current Physician's Order Report Summary indicates R2 was admitted to the facility on 6/21/24. Order Report indicates orders were initiated on 6/27/24 for "Treatment to left heel wound: Skin Prep daily."</p> <p>On 7/31/24 at 1:10pm V3, ADON (Assistant Director of Nursing)/Wound Nurse stated that R2 was admitted from another facility which included orders for treatment to a left heel pressure wound.</p> <p>Transferring facility Order Summary</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008783	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2024
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NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE SPRING VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362
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S9999	<p>Continued From page 13</p> <p>Report/Discharge Orders dated 6/21/24 indicates R2 had the following orders: Heel protectors on while in bed to both feet every shift for compromised tissue to bilateral heels and; Skin Prep wipes to left heel topically every day shift related to pressure ulcer of left heel.</p> <p>Admission/Readmission Observation/Skin Assessment dated 6/21/24 at 3pm indicates R2 had the following wounds identified at that time: Right and left antecubital bruising, right knee abrasion and multiple small open areas on right front lower leg. Assessment did not include pressure wound on R2's left heel.</p> <p>R2's Care Plan did not include R2's left heel pressure wound until 7/1/24.</p> <p>On 7/31/24 at 1:15pm V3, ADON confirmed no assessment/documentation was done prior to 6/26/24 when the wound physician identified R2's left heel wound during assessment and, the same day the treatment was initiated for R2's left heel wound. V3 stated R2's heel wound should have been assessed, care planned and treatment initiated when admitted.</p> <p>Wound Physician Evaluation and Management Summary dated 6/26/24 indicates R2 was found to have an "unstageable (due to necrosis) left heel, full thickness." Summary indicates wound etiology as "pressure" and greater than 21 days in duration. Summary indicates left heel wound measured 0.5cm (centimeter) x 0.5cm (depth unmeasurable due to presence of nonviable tissue and necrosis) and covered in 100% thick adherent black necrotic tissue (eschar).</p> <p>Weekly Wound Summary dated 6/26/24 at 10:07am indicates R2 had a DTI (Deep Tissue</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>Pressure Injury) left heel that was "present on admission."</p> <p>(B) 3 of 3</p> <p>300.610a) 300.1630a)1)2)3)</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 300.1630 - Administration of Medication</p> <p>a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.</p> <p>1) Medications shall be administered as soon as possible after doses are prepared at the facility and shall be administered by the same person who prepared the doses for administration,</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>except under single unit dose packaged distribution systems.</p> <p>2) Each dose administered shall be properly recorded in the clinical record by the person who administered the dose. (See Section 300.1810.)</p> <p>3) Self-administration of medication shall be permitted only upon the written order of the licensed prescriber.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to properly administer medications for one resident (R8) of 11 residents observed during medication pass.</p> <p>Findings Include:</p> <p>The Facility's undated "Medication Administration General Guidelines" policy documents "Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so." "When medications are administered by mobile cart taken to the resident's location (room, dining area, etc.) medications are administered at the time they are prepared. Medications are not pre-poured either in advance of the med pass or for more than one resident at a time." "The person who prepares the dose for administration is the person who administers the dose."</p> <p>The undated "Medication Administration General Guidelines" policy documents "residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications." "The resident</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>is always observed after administration to ensure that the does was completely ingested. If only a partial does is ingested, this noted on the MAR (Medication Administration Record) and action is taken as appropriate."</p> <p>The undated "Medication Administration General Guidelines" policy documents "When PRN (as needed) medications are administered, the following documentation is provided: a) date and time of administration, dose, route of administration (if other than oral), and, if applicable, the injection site b) complaints or symptoms for which the medication was given c) Results achieved from giving the does and the time results were noted d) Signature of initials of person recording administration and signature or initials of person recording effects, if different from the person administering the medication."</p> <p>R8's Medication Administration Record for July 2024 documents a physician order for "guaifenesin Oral Liquid 100 mg (milligrams) per 5 ml (milliliter). Give 10 ml by mouth every 4 hours as needed for cough."</p> <p>On 7/30/24 at 10:40 AM V6 (Registered Nurse) entered R8's room to administered scheduled medications. On R8's bedside table there was a clear medicine cup with approximately 10 ml (milliliters) of pink liquid in it. R8 told V6 "That is my cough medicine that the third shift nurse left for me to take when I want to."</p> <p>On 7/30/24 at 11:00AM R8 stated "Some of the nurses will leave my medicines for me to take and some stand there and make me take them so they can watch. It just depends on who is passing the pills that day."</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>On 7/30/24 at 11:05 AM V6 (Registered Nurse) stated "No nurses should be leaving medicines for any of the residents to take, so many different things could happen, the resident could forget, they could spill them, not take all of them because they can't see the really small pills. All the nurses who work here should know better." V6 confirmed that R8 had not been assessed to self administer her own medications and had no physician order to do so."</p> <p>R8's July Medication Administration Record for July does not show any documentation of R8's as needed Guaifenesin being requested or given on 7/30/24.</p> <p>(C)</p>	S9999		