

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>ASL510412</b>       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/17/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WINDSOR OF SAVOY (THE)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>401 BURWASH AVE<br/>SAVOY, IL 61874</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| A 000                                                             | Initial Comment<br><br>CHOW conducted on 1/14/25 and exited on 1/16/25.<br><br>Violations Cited 295.5000 (general violation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A 000                                                                               |                                                                                                                          |                                                        |
| A5000                                                             | Section 295.5000 Medication Reminders,<br>Supervision of Self Med<br><br>This Regulation is not met as evidenced by:<br>General Violation<br><br>Section 295.5000 Medication Reminders,<br>Supervision of Self-Medication, Medication<br>Administration and Storage<br><br>b) Medication reminders include:<br>1) Reminding residents to take pre-dispensed,<br>self-administered medication;<br>2) Observing the resident; and<br>3) Documenting whether or not the resident took<br>the medication.<br>c) Supervision of self-administered medication<br>means assisting the resident with<br>self-administered medication using any<br>combination of the following. Supervision of<br>self-administered medication by unlicensed<br>personnel shall be under the direction of a<br>licensed health care professional.<br>1) Reminding residents to take medication;<br>2) Confirming that residents have obtained and<br>are taking the dosage as prescribed;<br>3) Reading the medication label to residents;<br>4) Checking the self-administered medication<br>dosage against the label of the medication;<br>5) Opening the medication container for a<br>resident who is physically unable to do so;<br>6) Confirming that residents have obtained and | A5000                                                                               |                                                                                                                          |                                                        |

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

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| A5000                                                             | <p>Continued From page 1</p> <p>are taking the dosage as prescribed; and<br/>7) Documenting in writing that the resident has<br/>taken (or refused to take) the medication.<br/>d) Medication administration refers to a licensed<br/>health care professional employed by an<br/>establishment engaging in administering routine<br/>insulin and vitamin B-12 injections, oral<br/>medications, topical treatments, eye and ear<br/>drops, or nitroglycerin patches. Non-licensed staff<br/>may not administer any medication. (Section 70<br/>of the Act)</p> <p>These requirements were not met as evidenced<br/>by:</p> <p>Based on interview and record review the<br/>establishment failed to confirm that R2 and R3<br/>obtained and are taking their medication as<br/>prescribed. The facility failed to properly<br/>document that R2 and R3 did not receive their<br/>medication.</p> <p>Findings Include:</p> <p>Record Review: Documents for R2 and R3 are<br/>noted to be improperly filled out. Documents are<br/>signed that R1 and R2 received their evening<br/>medication on 12/14/24. R2 and R3 did not<br/>receive their medication on the evening of<br/>12/14/24. Their 12/14/24 evening medication was<br/>noted to be present during the 12/15/24 morning<br/>pass. Staff reported the finding to management.<br/>Management reported the incident to the<br/>department within 24 hours of the discovery.</p> <p>Interview: E1 stated that the medications were<br/>not passed and that the incident report sent to the<br/>department is factual.</p> | A5000                                                                               |                                                                                                                          |                                                        |