

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145862</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HILLTOP SKILLED NSG &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>910 WEST POLK STREET CHARLESTON, IL 61920</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0755  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to maintain a system of accounting for and disposition of all controlled medications. This failure affected four of four residents (R1, R2, R3, R4) reviewed for controlled medication in a sample list of ten residents. Findings include: 1. R1's Progress note documents R1 was admitted to facility [DATE]. R1's Controlled Substance Proof of Use documents (20) [MEDICATION NAME] (narcotic) 5 milligram tablets were received by the facility on [DATE]. R1's Progress note documents R1 expired [DATE]. There is no documentation of disposition of the (17) tablets remaining at the time R1 expired. 2. R2's Progress note documents R2 was admitted to facility [DATE]. R2's Controlled Substance Proof of Use documents (5) [MEDICATION NAME] (narcotic) ,[DATE] milligram tablets were received by the facility on [DATE]. R2's progress note documents R2 was discharged [DATE]. There is no documentation of disposition of the (3) tablets remaining at the time R2 was discharged . 3. R3's Progress note documents R3 was admitted to facility [DATE]. R3's Controlled Substance Proof of Use documents (15) [MEDICATION NAME] ,[DATE] milligram tablets and (15) Clonazepam (benzodiazepine) 1 milligram tablets were received by the facility on [DATE]. R3's progress note documents R3 was discharged [DATE]. There is no documentation of disposition of (2) [MEDICATION NAME] tablets and (6) [MEDICATION NAME] tablets remaining at the time R3 was discharged . 4. R4's Progress notes document R4 was admitted to facility [DATE]. R4's Controlled Substance Proof of Use documents 30 Milliliters of [MEDICATION NAME] (narcotic) 20 milligrams per milliliter was received by the facility [DATE]. R4's progress notes document R4 expired [DATE]. There is no documentation of disposition of the 27.75 milliliters remaining at the time R4 expired. On [DATE] at 11:00AM V2 (Director of Nursing) stated, If there is no signature of the nurse destroying or sending home controlled substances with a resident and/or no witness signature of destruction or sending home medications with a resident, then there is a problem with the controlled substance documentation. The facility's policy Narcotic Count revised [DATE] states, It is the responsibility of the Charge Nurse for each shift to inventory controlled substances with the off-going shift. It is the responsibility of the Director of Nurses to ensure the policy is followed.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.