STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510119	A. BUILDING: _____ B. WING _____	C 09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER CREEK COTTAGES	203 STAHLHUT DR LINCOLN, IL 62656

(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
A 000	Initial Comment Original investigation of Complaint 2427417 / IL 178060. Violation 295.5000 d)	A 000		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage d) Medication administration refers to a licensed health care professional employed by an establishment engaging in administering routine insulin and vitamin B-12 injections, oral medications, topical treatments, eye and ear drops, or nitroglycerin patches. Non-licensed staff may not administer any medication. (Section 70 of the Act) VIOLATION Based on record review and interviews, the establishment allowed a non-licensed staff to administer medications all 23 memory care residents residing in the establishment. (R1 through R23) Findings include: On 9/25/24 at 10:30 A.M., E3 (L.P.N.) stated that she has worked at the establishment since April of 2024. E3 stated that ever since she started working at the establishment, if a Licensed Nurse calls off or is not scheduled E1 (Administrator) will	A5000		

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A5000	Continued From page 1 administer the medications to all the residents that day. E3 stated that it's her understanding that E1 is not a Licensed Nurse and is a C.N.A.. E3 stated that this is a memory care facility and that all of the residents need staff to administer their medications and she did not think anyone but a Licensed Nurse was supposed to administer medications to the residents. On 9/25/24 at 11:05 A.M., E2 (Regional Administrator) stated that she was unaware that non-licensed staff could not administer medications in a memory care establishment. E2 confirmed that at times when a nurse calls off work, E1 has been administering medications to all the residents in the facility. E2 stated that E1 is off with an illness at this time. On 9/24/24 at 1:20 P.M., Z1 (Complainant) stated that her and resident family members have witnessed E1 administering medications to the residents at different times. Facility resident Medication Administration Records for the month of September 2024 notes that on 9/9/24 and 9/18/24, E1 administered all of the medications to R1 through R23 from 8:00 A.M. until 7:00 P.M.. E1's employee file notes that she was hired on 5/13/24 and notes the only license and or certification that E1 has is a Certification for a Nurse's Aide.	A5000		