STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF510527	A. BUILDING _____ B. WING _____	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVEN HOUSE	1100 N PENTECOST RD MARION, IL 62959

(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 Annual Licensure Survey Violations cited: 295.5000 Medications	A 000		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This RULE: is not met as evidenced by: TYPE 3 VIOLATION Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage b) Medication reminders include: 1) Reminding residents to take pre-dispensed, self-administered medication; 2) Observing the resident; and 3) Documenting whether or not the resident took the medication. This Regulation is not met as evidenced by the Establishment failed to ensure the residents receive the right medication as ordered by their physician. Based on record review and interview a resident did not receive the correct medications, as ordered. During record review, R3 's Residential Service Plan, dated 09.30.23 identified R3 is a resident who receives his medications by staff reminder. R3 did not receive his correct medications on 04.29.24 when he was reminded by E4, CNA	A5000		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A5000	Continued From Page 1 (Certified Nursing Aide). R3's documents further state that R3 had no adverse reaction to this medication error. Additional documentatioin revealed that E4 was not employed at this Establishment after this medication error. During interview with E1, Director, on 10.17.24, E1 confirmed that R3 did have a medication error without adverse reaction and E4 was released from her duties immediately after this medication error was known.	A5000		