

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/28/2025
NAME OF PROVIDER OR SUPPLIER AMBER GLEN ALZHEIMER'S SCC		STREET ADDRESS, CITY, STATE, ZIP CODE 1704 EAST AMBER LN URBANA, IL 61802		
(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 #IL 184464 For this survey, the establishment is in compliance with Part 295 Assisted Living and Shared Housing Establishment Administrative Code and 210 ILCS 9/1 Assisted Living and Shared Housing Act. Original investigation #IL 184423 For this survey, the establishment is in compliance with Part 295 Assisted Living and Shared Housing Establishment Administrative Code and 210 ILCS 9/1 Assisted Living and Shared Housing Act. Original investigation #IL 183719 Violations cited 295.5000 (General Violations) Original investigation #IL 183506 For this survey, the establishment is in compliance with Part 295 Assisted Living and Shared Housing Establishment Administrative Code and 210 ILCS 9/1 Assisted Living and Shared Housing Act. Original investigation #IL 182776 For this survey, the establishment is in compliance with Part 295 Assisted Living and Shared Housing Establishment Administrative Code and 210 ILCS 9/1 Assisted Living and Shared Housing Act.	A 000		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med	A5000		

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

TITLE

(X6) DATE

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A5000	Continued From page 1 This Regulation is not met as evidenced by: General Violations 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. c) Supervision of self-administered medication means assisting the resident with self-administered medication using any combination of the following. Supervision of self-administered medication by unlicensed personnel shall be under the direction of a licensed health care professional. 1) Reminding residents to take medication; 2) Confirming that residents have obtained and are taking the dosage as prescribed; 3) Reading the medication label to residents; 4) Checking the self-administered medication dosage against the label of the medication; 5) Opening the medication container for a resident who is physically unable to do so; 6) Confirming that residents have obtained and are taking the dosage as prescribed; and 7) Documenting in writing that the resident has taken (or refused to take) the medication. 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)	A5000		

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A5000	Continued From page 2 e) Medication stored by a resident in the resident's unit shall be stored and controlled as stated in the resident's service plan and shall be inaccessible to other residents. f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address: 1) Obtaining and refilling medication; 2) Storing and controlling medication; 3) Disposing of medication; 4) Assisting in the self-administration of medication and medication administration, as applicable; and 5) Recording of medication assistance provided to residents and maintenance of medication records. These requirements were not met as evidenced by: Based on interview and record review the establishment failed to administer medication to R1, R2, R3, R4, and R5 on 1/4/25. Interview: E1 and E2 both confirmed that medications were not administered to R1, R2, R3, R4, and R5. No adverse effects were noted. Review of documentation: Review of the medication administration report, incident documents, nurses notes were completed. E1 reported the incident with the department's time requirements. No adverse effects were noted and no residents were injured related to the missed medications. R1, R2, R3, R4, and R5 did not	A5000		

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A5000	Continued From page 3 receive all of their medication on 1/4/25. Observation: Missed medications dated 1/4/25 for R1, R2, R3, R4, and R5 were noted unopened.	A5000			