STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106064	A. BUILDING: _____ B. WING _____	C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER CREEK COTTAGES	1007 E COLUMBIA STREET LITCHFIELD, IL 62056

(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 Facility Report Incident Investigation to Incident of 05/27/25 / IL1933756. Violation 295.5000 Medication h)3)	A 000		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Type 2 Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage h) Any medication stored by the establishment shall meet the following requirements: 3) Medication shall be stored in the original labeled container, except for medication organizers, and according to instructions on the medication label; Based on record review and interview, the Establishment failed to ensure that R1 And R2 are protected from receiving other residents medications by the nursing staff. This failure resulted in R4's medication being removed by a nurse for administration to R1 & R2. In addition, this failure by the Establishment has the probability for all residents at the Establishment to have their medications removed by a nurse to administer to other residents. Findings include; The Individual Service Plan (ISP), dated 03/21/25, identifies R1 as an individual who has	A5000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106064	A. BUILDING: _____ B. WING _____	C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER CREEK COTTAGES	1007 E COLUMBIA STREET LITCHFIELD, IL 62056

(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
A5000	Continued From page 1 lived at this Establishment since 03/21/25 on a Memory Care Unit. This ISP additionally documents that R1 was born on 06/03/39. Under the Medications section of this ISP, its documented that R1 is to receive her medications from nursing staff. The Medication Administration Report for the month of May, 2025 includes the 'Hydrocodone 5/325 tablet by mouth every four hours as needed for pain'. A typewritten undated document by E3, Regional Nurse, states 'Around 10:00 am on 5/27/2025, E7, Nurse, came to me for help. She stated 2 residents had run out of Norco, so she "borrowed' it form another resident yesterday. Once she received the medication from the other 2 residents, she popped them out of the card and taped them in the card she "borrowed" them from and asked if I would sign for this ...' A typewritten, undated, document by E2, Regional Nurse, states '05/27/25 arrived at Establishment, E3, Nurse stated E7, Nurse, came to her and said that R1 and R2 were out of Norco so she (E7) took them from R4 and would replace them when they came in. ... and explained to her (R7) that you can not borrow medications from another resident regardless ... .. proceeded to the west side to check the narc counts. As we started we ... taped medications ...' During interview with E2, Regional Nurse, on 06/06/25, E2 confirmed that E7, Nurse, took one resident medications to give to another resident. She (E7) taped the packages. (E2) took pictures of the package. No resident received any of the medications that was removed for another resident. E2 further stated that all residents	A5000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106064	A. BUILDING: _____ B. WING _____	C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER CREEK COTTAGES	1007 E COLUMBIA STREET LITCHFIELD, IL 62056

(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
A5000	Continued From page 2 received the medication that was ordered for them and no resident paid for any medication we had to destroy.	A5000		