

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>SHF</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>03/20/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEATHERS SENIOR HOME-PORTREE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6809 BARNARD MILL RD</b><br><b>RINGWOOD, IL 60072</b>                        |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| A 000                                                                   | Initial Comment<br><br>An investigation of complaints IL00200654 &<br>IL00200770 was conducted on 3/20/2026.<br><br>Violations:<br><br>IL00200654<br>295.5000 h) 3) i)<br><br>IL00200770<br>295.5000 h) 3) i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A 000                                                                   |                                                                                                                          |  |                                                                    |
| A5000                                                                   | Section 295.5000 Medication Reminders,<br>Supervision of Self Med<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation<br>Section 295.5000 Medication Reminders,<br>Supervision of Self-Medication, Medication<br>Administration and Storage<br><br>h) Any medication stored by the<br>establishment shall meet the following<br>requirements:<br><br>3) Medication shall be stored in the<br>original labeled container, except for medication<br>organizers, and according to instructions on the<br>medication label;<br><br>i) Except for medication organizers, resident<br>medication shall not be pre-poured. Medication<br>organizers may be prepared up to one month in<br>advance by the following individuals:<br><br>1) A resident or the representative;<br><br>2) A resident's relatives; | A5000                                                                   |                                                                                                                          |  |                                                                    |

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEATHERS SENIOR HOME-PORTREE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6809 BARNARD MILL RD</b><br><b>RINGWOOD, IL 60072</b> |                                                                                                                          |                                                                    |
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| A5000                                                                   | <p>Continued From page 1</p> <p>3) A nurse; or</p> <p>4) As otherwise provided by law.</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on observation, record review, and interview, the establishment failed to ensure medication was stored in the original labeled container by pre-pouring medications. The establishment failed to follow its own medication policy. This failure involves all residents of the establishment. This failure creates a substantial probability of harm to residents.</p> <p>Findings include:</p> <p>In March of 2026 the Illinois Department of Public Health (IDPH) received complaints against the establishment. The complaints alleged that medications were being pre-poured among other allegations.</p> <p>During observation of the establishment on 3/20/2026 at 11:20 AM a medication cart's drawers were examined. The medication cart was locked. The observations were as follows:<br/> Drawer 1: The drawer was labeled with a sitcky note that read "Meds. Saturday 3/21/2026". Medication tablets and softgels were observed in small clear medication cups with lids. The cups were labeled only with resident initials and med pass time.<br/> Drawer 2: There was no label on the 2nd drawer. The drawer contained around 15 knives.<br/> Drawer 3: The drawer was labeled with a sticky note that read "Meds. AM Sunday 3/22". Medication tablets and softgels were observed in small clear medication cups with lids. The cups</p> | A5000                                                                                             |                                                                                                                          |                                                                    |

Illinois Department of Public Health

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| A5000                                                                   | <p>Continued From page 2</p> <p>were labeled only with resident initials and med pass time.</p> <p>Drawer 4: The drawer was labeled with a sticky note that read "Meds. Friday 3/20/2026".</p> <p>Medication tablets and softgels were observed in small clear medication cups with lids. The cups were labeled only with resident initials and med pass time.</p> <p>Drawer 5: Unlabeled. Empty medication cups.</p> <p>Drawer 6: Unlabeled. Empty medication cups.</p> <p>Drawer 7: Unlabeled. Miscellaneous items.</p> <p>Candy, Blood Pressure Cuff, etc.</p> <p>During record review on 3/20/2026 at 11:36 AM the establishments medication policy was reviewed. On page 4 the policy states, "Storage of Medications. 1. Medication are stored in the containers in which they are received. Transfer between containers is performed only by the issuing pharmacy ..." This policy was deemed appropriate but was not followed by the establishment.</p> <p>During an interview with E3 (LPN) on 3/20/2026 at 11:34 AM they stated, "I set all the meds up. If I am here or another nurse is here, we give the meds."</p> <p>An interview with E5 (Care Partner) on 3/20/2026 at 12:05 PM went as follows:</p> <p>Surveyor: "Do you give medications when the nurses aren't here?"</p> <p>E5: "They are prefilled in a cup with a lid. But during evening time there is always a nurse to give the meds. I think a nurse comes in Saturday but not Sunday."</p> <p>Surveyor: "What are the 5 Rights of medication administration?"</p> <p>E5: "Oh it's in my state training book. I would like a refresher. We just did the training. [E3] and the</p> | A5000                                                                                             |                                                                                                                          |                                                                    |

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| A5000                                                                   | Continued From page 3<br><br>evening girls trained us on medication. But we<br>don't ever fill the med cups."                | A5000                                                                   |                                                                                                                          |  |                                                                    |