Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 05/21/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024		
NAME OF PROVIDER OR SUPPLIER Alden Park Strathmoor		STREET ADDRESS, CITY, STATE, ZIP CODE 5668 Strathmoor Drive Rockford, IL 61107			
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	MENT OF DEFICIENCIES st be preceded by full regulatory or LSC identifying information)			
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 35175 Based on observation, interview, and record review, the facility failed to store medication in a manner to prevent diversion for 2 residents (R8, R9) in 5 med rooms reviewed for medication storage in the sample of 13. The findings include: On 6/5/24 at 10:15 AM, all five medication rooms were checked for medication storage compliance. V5, Registered Nurse (RN), unlocked the A wing medication room door. This surveyor opened the unlocked refrigerator. The refrigerator contained an unopened bottle of morphine sulfate liquid on the top shelf. The bottle label showed it was issued for R8. The C wing medication room was unlocked by V6, RN. This surveyor opened the unlocked refrigerator. The refrigerator contained two ABHR suppositories in a clear plastic baggie on a shelf. The label on the baggie showed it was issued for R9. At 10:20 AM, V6 was asked what ABHR stood for. V6 looked the information up on his phone and said it stood for Ativan, Benadryl, Haldol and Reglan. On 6/6/24 at 8:55 AM, V2, Director of Nursing (DON), said morphine and lorazepam should be stored under two locks. It's a controlled drug and could be misused or abused. R8's 5/30/24 hospice record showed a physician signed order for morphine concentrate 100 milligram (mg)/5 milliliter (ml) (20mg/ml) oral solution. Administer 0.25ml (5 mg) orally or sublingually every 1-2 hours as needed. For pain or dyspnea. R8's record showed she was a current facility resident. The facility's 9/2022 Medication Pass Guidelines showed Schedule II controlled substances must be kept double locked. It is a good practice to keep all controls under double lock. The Drug Enforcement Administration (DEA) website showed morphine was a Schedule II narcotic under the Controlled Substances Act. (continued on next page				

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. 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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 145259

If continuation sheet Page 1 of 2

Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 05/21/2025 Form Approved OMB No. 0938-0391

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Alden Park Strathmoor		STREET ADDRESS, CITY, STATE, ZIP CODE 5668 Strathmoor Drive Rockford, IL 61107	
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Benadryl 25 mg; Haldol 0.5 mg; Renausea or vomiting. R9's record showed he passed awa A lorazepam (Ativan) controlled dru The National Institutes of Health (Nand addiction. This drug was a Scherefrigerated. This site showed loor lead to dependence.	ug storage policy and recommendation IIH) website showed lorazepam conce iedule IV medication with a potential for irazepam was a federally controlled su orage Policy showed after 30 days, if the	very four hours as needed for as was requested and not received. Intrate had a risk of abuse, misuse, or abuse and addiction and should abstance because it can be abused