

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/06/2015
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NAME OF PROVIDER OR SUPPLIER MEADOWS MENNONITE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 24588 CHURCH STREET CHENOA, IL 61726
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(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
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210d)1) 300.1210d)2) 300.1620a) 300.1630c) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician.</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>Section 300.1630 Administration of Medication c) Medications prescribed for one resident shall not be administered to another resident.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to verify the identity of a resident prior to medication administration for one of 13 residents (R1) reviewed for medication administration in the sample of 13. As a result R1 was administered R4's medication, causing R1 new onset of lethargy (drowsiness) and hypotension (low blood pressure) subsequently requiring R1 to be sent via emergency transport to the hospital for</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>treatment.</p> <p>Findings include:</p> <p>The Physician's Order Sheet (POS) dated April 2015 lists the following diagnoses for R1: Dementia with Behavioral Disturbances, Depressive Disorder, Anxiety State and Convulsions. The same POS lists the following medication for R1 to receive at 5 PM.: Remeron (antidepressant) 15 milligrams (mg) tablet 1/2 tab (7.5 mg) by mouth daily at 5 PM , five times a week, Sunday, Monday, Tuesday, Thursday and Friday. Bactrim (antibiotic) 800-16; one tablet every day. Singulair (antiasthmatic) 10 mg every day, Oxybutynin (antispasmodic) 5 mg; 1/2 tablet 2.5.mg twice a day and Kepra (anticonvulsant) 250 mg one tablet twice a day. The Minimum Data Set (MDS) dated 5/17/15 documents R1 is moderately impaired in her cognitive status, requires extensive assistance with two staff for toileting, bed mobility, transfers and one staff assistance with eating.</p> <p>R1's Nurses Notes dated 4/13/15 at 9:41 PM documents "(R1) given another residents meds (medications) in error at 5:15 PM....Physician notified of meds given in error, received orders to monitor and send to hospital if needed.At 6:08 PM (R1)'s blood pressure was 60/40. Emergency Medical Services called to transport resident to hospital..."</p> <p>The facility's report titled "Medication Error Report" dated 4/13/15 describes a medication error on 4/13/15 for R1. The report states (R1) was given another resident (R4's) medication in error due to not correctly identifying the resident before administering medication to (R1). The report states (R1) received the following</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>medications Ativan (antianxiety) 0.5 mg, Effexor (antidepressant) 37.5 mg, Lovastatin (cholesterol lowering) 20 mg, Senna (laxative) 8.6 mg and Seroquel (antipsychotic) 100 mg. R1 had already received her prescribed medication to include, Remeron 7.5 mg, Bactrim 800-16, Oxybutynin 5 mg, Singular 10 mg and Keppra 250 mg.</p> <p>E3, Registered Nurse (RN) stated on 8/5/15 at 12:12 PM " On 4/13/15 I was passing meds for the short hall where (R4) lives and (R1) lives down the long hall of the unit. Both residents (R4 and R1) were sitting at the same table in the dining room. I asked (R1) if her name was Annie and (R1) stated yes so I gave (R1) the medication . Within 30 minutes (R1) became drowsy and started nodding off to sleep, took her vital signs and (R1's) blood pressure went down. I called the Physician and he said to send to Emergency Room." E3 confirmed the medications R1 received were the medications R4 should have received.</p> <p>E2, Director of Nurses stated on 8/4/15 at 12:54 PM (R1) received both medications her own and (R4's) for the 5PM medication pass on 4/13/15. E2 confirmed R1 was taken to the Emergency Room on 4/13/15 because (R1) had received the wrong medication.</p> <p>The facility's policy titled "Medication Administration Policy" dated June 1997 states under "Resident Identification...Check resident's picture in the Medication Administration Record "MAR" and call resident by name..."</p> <p>The Emergency Room Report dated 4/13/15 for R1 documents Admitting Diagnoses as "Drug Overdose Medication Reaction Wrong medication given by Nursing Home Staff."</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>Discharge Diagnoses states "Polypharmacy Problems." Nursing notes document per Emergency Room staff, R1 received IV (intravenous) fluids.</p> <p>Z1, Registered Pharmacist stated on 8/6/15 at 9:16 AM " Yes the side effects of the wrong medication given would cause (R1) to become drowsy and the side effect of the Seroquel is orthostatic hypotension which would cause (R1's) to have a decrease in blood pressure. Receiving the extra drugs would cause an issue for the resident."</p> <p>(B)</p>	S9999		
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FAC. NAME: MEADOWS MENNONITE HOME
LIC. ID #: 0011544
DATE COMPLAINT RECEIVED: 07/31/15 08:30:00

COMPLAINT #: 0079023

IDPH Code	Allegation Summary	Determination
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104	NEGLECT	2
105	IMPROPER NURSING CARE	I
402	LACK OF STAFF	2

The facility has committed violations as indicated in the attached*
 No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.