Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 04/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ILLINI RESTORATIVE CARE	1455 HOSPITAL ROAD SILVIS, IL 61282

(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
S 000	Initial Comments Licensure Findings	S 000		
S9999	Final Observations Licensure Findings 300.610a) 300.1210b) 300.1210d)2) 300.3220f) 300.3240a) 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. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with	S9999		

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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/22/16

Illinois Department of Public Health

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S9999	Continued From page 1 each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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: 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.	S9999		

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S9999	Continued From page 2	S9999		

These Regulations were not met as evidenced by:

Based on record review and interview, the facility failed to monitor Prothrombin/International Normalized Ratio (PT/INR) laboratory blood work for one resident (R1) of seven residents who were taking the medicationWarfarin in a sample of seven residents. This failure resulted in R1 expiring from a Gastro-intestinal bleed secondary to Coumadin (Warfarin) toxicity.

Findings include:

R1's online medical record documents R1 was admitted, to the long-term care facility, on 3/12/2016, with the diagnosis of sepsis, type 2 diabetes, atrial fibrillation, and entercolitis due to Clostridium Difficile. R1's Physician's Orders, dated 3/11/2016, document R1 was to have: 1) "Stat INR every day"; and 2) "Warfarin 3 milligrams (mg) daily-check INR before giving Warfarin".

On 3/15/2016, a "Consultation Report", from Z1 (Registered Pharmacist), documents "upcoming labs have not been scheduled". Z1 left a note, on the "Consultation Report", for Z2 (Medical Doctor) stating, "[Z2], No INR's scheduled? When do you want this checked?"

R1's "Medication Administration Record" documents, R1 received daily Warfarin medication from 3/12/2016 up to and including 3/21/2016.

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S9999	Continued From page 3	S9999		

R1's "Progress Notes", dated 3/22/2016, at 3:10 a.m., documents: Patient had at least two large bloody stools on second shift; [R1] then had three bloody stools on third shift; [R1] was pale, cool to the touch, altered level of consciousness, delayed responses; [R1] began throwing up bright red blood; and [R1] was sent to the local hospital-emergency room.

Local hospital's "Final Report-History and Physical," dated 3/22/16 and dictated by Z3/Physician, states, "Gastro-intestinal bleed secondary to coumadin toxicity" that required close monitoring in the intensive care.

R1's "Physician's Progress Note", from the local hospital, dated 3/23/2016, documents: R1's INR to critically high at 7.7 (INR was drawn in the emergency room 3/22/2016) and [R1] "was admitted for GI [Gastro-intestinal] bleed. After discussing with the family, it was decided to make [R1] comfort care."

R1's "Admission Record", dated 3/25/2016, documents, R1 was readmitted to the long-term care facility on 3/24/2016. R1's "New Admit Report", not dated, documents R1's admitting diagnosis [on 3/24/2016] includes: Comfort care only, lower GI bleed, and Warfarin toxicity.

R1's "Death Record", dated 3/26/2016, documents R1 expired 3/26/2016, at 8:15 a.m.

On 4/12/2016, at 12:10 p.m., E1 (Director of Nursing) confirmed: R1 was admitted 3/12/2016 with daily INR orders; R1's INR orders were not processed, thus R1 did not have daily INR blood work done; R1's pharmacy consultation report [dated 3/15/2016] was misplaced; R1 continued

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S9999	Continued From page 4 to receive Warfarin; on 3/21/2016, R1 started having bloody bowel movements; and in the early morning hours of 3/22/2016, R1 was sent to the local hospital where R1 was admitted with a GI bleed and Warfarin toxicity. (A)	S9999		

IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Illini Restorative Care

DATE AND TYPE OF SURVEY: April 12, 2016

Incident Investigation of 3/21/2016-IL84690

Attachment B
Imposed Plan of Correction

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.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

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:

2) All treatments and procedures shall be administered as ordered by the physician.

Section 300.3220 Medical Care

f) *All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.*

Section 300.3240 Abuse and Neglect

a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.*

THIS WILL BE ACCOMPLISHED BY:

I. A committee consisting of, at a minimum, the Medical Director, Administrator and Director of Nursing (DON) will review and revise the policies and procedures regarding abuse and neglect. This review will ensure that the facility's policies and procedures address, at a minimum, the following:

A. Recognition of situations that could be interpreted as abusive or neglectful.
B. Appropriate reporting procedures for staff.
C. Appropriate and thorough investigations of alleged abuse or neglect.
D. The facility's responsibilities to prevent further potential abuse while investigation is in progress.
E. The facility taking appropriate corrective action when an alleged violation is verified.

II. The facility will conduct mandatory in-services for all staff within 30 days that addresses, at a minimum, the following:

A. Any new or revised policies and procedures, including actions needed to follow them that are developed as a result of this plan of correction.
B. All staff will be informed of their specific responsibilities and accountability for the care provided to residents.
C. Documentation of these in-services will include the names of those attending, topics covered, location, day, and time. This documentation will be maintained in the administrator's office.

III. The following action will be taken to prevent re-occurrence:

A. The above in-service education will be reviewed with all staff on a regular basis.
B. Supervisory staff will ensure that the State Regulations regarding abuse/neglect allegations (reporting and follow-up) are followed.

IV. The Administrator and Director of Nursing will monitor items I through III to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Ten days from receipt of the Imposed Plan of Correction.

AA/5/31/2016