STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004733	A. BUILDING: _____ B. WING _____	C 11/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY OF LINCOLN PARK	1366 WEST FULLERTON AVENUE CHICAGO, IL 60614

(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 Complaint Investigation 1686468/IL89808	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)1) 300.1210d)2) 300.1620a) 300.3240a) 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. 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. Section 300.1620 Compliance with Licensed	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Requirements are not met as evidenced by: Based on interview and record review the facility failed monitor anticoagulation medication according to manufactures guide lines for the initial use of the medication. This failure affects one of three residents (R1) reviewed for anticoagulation therapy. As a result, R1 had excessive bleeding from a surgical wound after a knee replacement, due to a high level of the anticoagulation medication and sent to the hospital for treatment. Findings Include: R1 is 73 years old and was admitted to the facility for post knee replacement rehabilitation. R1 was at the facility from 8/18/15 through 9/30/15. R1	S9999		

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S9999	Continued From page 2	S9999		

has diagnosis of prosthetic heart valve, diabetes mellitus type II, osteoarthritis and artificial knee joint.
During telephone interview on 11/22/16 at 2:15PM Z1 Orthopedic Surgeon stated R1 had poor anticoagulation therapy at the facility. It should have taken three to four days on Lovenox to get the Coumadin to a therapeutic level. R1 was on both drugs Lovenox and Coumadin for 10 days. R1 had bleeding in the surgical site (knee) and subsequently developed a hematoma which became infected. R1 has had several surgeries to this knee and currently has nerve damage.
During telephone interview on 11/23/16 at 230PM Z2 Pharmacist stated Lovenox and Coumadin can be taken together for five days, until the INR (blood test to monitor Coumadin level) is at or above 2.0. If the INR level is not at 2.0 keep taking Lovenox until the INR level is 2.0. The INR level should be checked daily until stable, then depending on clinical need every one to four weeks.
The POS (Physicians Order Sheet) admitting orders on 8/18/15 document Lovenox 120 mg (milligrams) subcutaneously every 12 hours for prophylaxis until INR 2.5 then discontinue. Coumadin 5 mg give 1 tablet by mouth at bedtime for Aortic Valvular Prosthesis .The MARS (Medication Administration Sheet) documents Lovenox 120 mg was given 8/18/15 through 8/24/15. Coumadin 5mg was given 8/19/15 through 8/23/15.
Progress Notes document Z4 (Nurse Practitioner) initial visit was 8/21/15. Z4 ordered an INR for 8/22/15. The INR was done on 8/24/15; the value was 1.86.
Progress Notes dated 8/24/15 document R1 was sent to the local hospital to see Z1 (Surgeon) for wound dehiscence. The hospital laboratory INR dated 8/26/15 had a result of 2.8. R1 was

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S9999	Continued From page 3	S9999		

readmitted to facility on 8/26/15. The Lovenox was discontinued at the hospital. Z4 saw R1 on 9/1/15 and ordered an INR for 9/3/15. The INR value for 9/3/15 was 1.68. Progress Notes dated document Z3 MD (Medical Doctor) ordered Coumadin 5.5mg and INR lab draw on 9/10/15. Progress Note dated 9/10/15 document Z4 orders continued Coumadin dose 5.5 mg and recheck INR on 9/17/15. The Laboratory report documents the INR value is 3.53 (high). The laboratory report documents an INR dated 9/9/15 with a value of 3.03 (high). The Progress Notes do not document who ordered the INR or who received the result.

Progress Notes document R1 is started on Clindamycin 300mg four times a day per orders from Z1 (Surgeon) after visit with Z1 on 9/15/15. Progress Notes dated 9/16/15 document to hold Coumadin and recheck in the morning. Notes 9/17 to hold Coumadin. Lab report INR value 9/17/15 is 5.03 critical high.

Progress Notes dated 9/18/15 document Z3 orders Coumadin held and repeat INR on 9/19/15. Lab report 9/18/15 INR value 3.69 high. The MARS document Coumadin 5.5mg was given to R1 on 9/18/15 by E4 RN (Registered Nurse).

Progress Notes dated 9/19/15 document Z3 ordered Coumadin held tonight then start Coumadin 5mg 9/20/15 and recheck INR 9/21/15. The laboratory report documents the INR was not checked until 9/24/15. The value was 2.19.

Progress Note dated 9/22/15 documents R1's right knee incision bleeding large amount of bright red blood. R1 was sent to hospital at 3:55PM by medical transport.

Interview on 11/23/16 E2 DON (Director of Nursing) stated, "E4 no longer works here. The progress notes dated 9/18/15 state to hold the Coumadin. It should not have been given."

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S9999	Continued From page 4 Z3 Physician was unavailable for interview. Telephone interview on 11/23/16 at 1:10PM Z4 Nurse Practitioner stated, "I would check INR weekly if it was not high. I would not order daily INR's if not high. It should not have taken that long to reach a therapeutic level for R1." Coumadin Prescribing Information from the manufacturer documents in part: Dosage and Administration. Individualize dosing regimen for each patient and adjust based on INR response. Monitoring. Obtain daily INR determination upon initiation until stable in the therapeutic range. Obtain subsequent INR determination every 1 to 4 weeks. (B)	S9999		