

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2017
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NAME OF PROVIDER OR SUPPLIER EVERGREEN NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 NORTH WENTHE EFFINGHAM, IL 62401
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1210b) 300.1620c) 300.3220f) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>c) Review of medication orders: The staff pharmacist or consultant pharmacist shall review the medical record, including licensed prescribers' orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 300.Appendix F, determine if there are irregularities that may cause potential adverse reactions, allergies, contraindications, medication errors, or ineffectiveness. This review shall be done at the facility and shall be documented in</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, the director of nursing and the administrator, and shall be acted upon.</p> <p>Section 300.3220 Medical Care</p> <p>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 2-104(b) of the Act)</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review the facility failed to monitor the Prottime/International Normalized Ratio by obtaining physician ordered blood work, for 1 of 3 residents (R2) reviewed for the monitoring of anticoagulation therapy in the sample of 3. This failure resulted in R2 being admitted to the Intensive Care Unit with an elevated INR (International Normalized Ration) of greater than 11 and required Packed Red Blood Cells, Vitamin K, and Fresh Frozen Plasma. R2 was in the hospital for a total of 4 days.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Findings Include:</p> <p>R2 was admitted to the facility on 1/31/17 with the following diagnoses in part as documented on the Computerized Face Sheet: Left Hip Fracture. R2's Computerized Physician Orders dated 1/31/17, documents Coumadin tablet 5 milligram (mg) daily and check PT\INR on 2/3/17. The results of the 2-3-17 PT was 23.9 and the INR was 2.1. R2's physician order received on 2/3/17 was to continue Coumadin 5 mg and repeat INR in 1 week. There is no further PT/INR results after 2/3/17. The Medication Administration History documents that the Coumadin 5 mg was given as ordered from 1/31/17 to 2/21/17.</p> <p>E3 ADON (Assistant Director of Nurses), on 3/14/17 at 10:00AM, stated that the facility orders the PT/INR for residents taking Coumadin as ordered by the physician. E3 stated R2 started taking Coumadin 5 mg on 1/31/17 and the PT/INR was drawn on 2/3/17. The physician was notified on 2/3/17 and an order was received to continue the same dose and repeat the PT/INR in one week. E3 stated there is no further orders regarding the Coumadin or INR. She stated R2 did not get the PT/INR drawn as ordered one week after the previous PT/INR (2-3-17), which would have been due on 2/10/17. E3 stated R2 continued to received the Coumadin 5mg starting on 1/31/17 and continued until she was hospitalized on 2/22/17. She went on to say Coumadin was given related to the Left Hip Surgery.</p> <p>R2's hospital Emergency Department (ED) record dated 2/22/17, documents that R2 was diagnosed with Anemia, Dehydration, Colitis, Abdominal Pain, Bleeding and is on Coumadin.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>The ED records state that R2's Hemoglobin was 6.9, INR was greater than 11, CT (Computerized Tomography) of Abdomen and Pelvis documents Colitis, and she takes Coumadin for DVT (Deep Vein Thrombosis) prophylaxis. While in the ED R2 received 6 units of FFP (Fresh Frozen Plasma), 2 units of RBC (Red Blood Cells) and 10 mg (Milligrams) of Vitamin K. The next day, (2/23/17), R2's Hospital Record documents that the INR was 1.9 and Hemoglobin was 7.5, another 2 units of FFP and 1 unit of RBC was given. On 2/24/17 the Hospital Record documents that the INR was 1.7 and the hemoglobin was 8.9. The Hospitalist Progress Note, dated 2/24/17, documents to start Occupational and Physical Therapy, remove the foley, and give a full liquid diet. R2's Discharge Summary, dated 2/26/17, documents the patient went home on 2/26/17 with Home Health Services.</p> <p>On 3/14/17 at 2:00PM Z1 (Physician) stated the elevated INR caused by the Coumadin necessitated the need for the RBC, FFP, and Vitamin K. On 3/15/17 at 10:00AM Z1 stated she does not consider this a life threatening event and considered treating R2 as an outpatient.</p> <p>(B)</p>	S9999		
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