

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ILL6005755</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/18/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MADO HEALTHCARE - OLD TOWN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1121 NORTH ORLEANS CHICAGO, IL 60610</b>
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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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S 000	Initial Comments  Complaint 1782990/94120.	S 000		
S9999	Final Observations  Statement of Licensure Violation:  300.1210d)2) 300.3220f)  300.1210d)2) 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.  300.3220f) 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 2-104(b) of the Act)  This is not met as evidenced by:  Based on interview and record review the facility failed to follow a Physician Order labs to monitor anticoagulant level for one resident (R1) of one reviewed for labs in a sample of three. This failure resulted in R1 being admitted to the local hospital with a diagnosis of Coumadin	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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 (anticoagulant) Toxicity.</p> <p>Findings include:</p> <p>The facility's Therapeutic Level of Medication Policy, dated 10/9/14, documents "It is the policy of (facility) to monitor therapeutic levels of scheduled medications through lab values as ordered by the resident's psychiatrist and/or primary care physician." This form also documents that Coumadin's therapeutic blood levels will be monitored.</p> <p>R1's Physician Order Sheet, dated 5/1/17 through 5/31/17, documents the following diagnosis: Cerebralvascular Accident, Hyperlipidemia, Bipolar with psychotic features, Coronary Artery Disease, and pace maker placement.</p> <p>R1's Physician Order Sheet, dated 5/5/17 documents to change R1's Coumadin (anticoagulant) to 10mg (milligram) on Tuesday, Thursday, Sunday and 11mg on Monday, Wednesday, Friday and Saturday. This same forms documents to recheck R1's PT (Prothrombim Time) and INR (International Normalized Ratio) on 5/12/17.</p> <p>R1's Progress Notes, dated 5/14/17 at 6:30pm, R1 stated that R1 bumped into the wall and sustained a bruise to R1's right posterior upper arm. R1 stated that R1's bruise was due to the use of Coumadin.</p> <p>On 5/18/17 at 12:50pm, Z2, Charge Nurse/Hospital, verified that R1 was admitted to the hospital with a diagnosis of Coumadin Toxicity. Z2 verified that R1's PT was 67.4 seconds (normal 11-14 seconds) and an INR of 6.2 ratio (normal 2.00-3.00).</p>	S9999		

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S9999	Continued From page 2  On 5/18/17 at 11:30am, E3, Director of Nursing, verified that R1's PR/INR levels were not drawn on 5/12/17 as ordered. E3 verified that the local lab. comes to the facility on Tuesday and Thursday every week. E3 stated that E8 Licensed Practical Nurse, did not call the laboratory to schedule R1's lab draw. E3 stated that E8 was suspended and will be inservice before E8 can come back to work.  (B)	S9999		
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