

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/11/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARK PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 PARK AVENUE PANA, IL 62557</b>
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Z 000	<b>COMMENTS</b>  FIRST CERTIFICATION FOLLOW UP TO SURVEY DATE OF 04/26/18	Z 000		
Z9999	<b>FINDINGS</b>  Statement of Licensure Violations  350.620a) 350.1210b) 350.1220e) 350.1220i) 350.1220j) 350.1420a) 350.1430a) 350.3240a)  Section 350.620 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.  Section 350.1210 Health Services  The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:  b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent.	Z9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>10/29/18</b>
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Z9999	<p>Continued From page 1</p> <p>Section 350.1220 Physician Services</p> <p>e) All residents shall be seen by their physician as often as necessary to assure adequate health care.</p> <p>i) Each resident admitted shall have a complete physical examination, within five days prior to admission, or within 72 hours after admission to the facility. This examination report shall include an evaluation of the resident's condition, including height and weight, diagnosis, plan of treatment and recommendations, treatment orders, personal care needs, and permission for participation in facility programs as determined appropriate by the attending physician. The report shall document the presence or absence of tuberculosis infection by tuberculin skin test in accordance with Section 350.1225. The report shall also document the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores) with grade, size and location specified, and orders for treatment if present. The report shall also include orders from the physician regarding weighing of the resident and the frequency of such weighing, if ordered.</p> <p>j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days.</p> <p>Section 350.1420 Compliance with Licensed Prescriber's Orders</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>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 350.1610. 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 350.1430 Administration of Medication</p> <p>a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.</p> <p>Section 350.3240 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 Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate health care services, monitoring, and follow-up to meet Residents' medical needs when nursing failed to ensure:</p>	Z9999		
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Z9999	<p>Continued From page 3</p> <p>1) R2 had a skin risk assessment, had documentation of wound assessments, had an appointment to be seen by a physician for an evaluation of pressure areas, and facility policy was implemented regarding wound care and wound assessment;</p> <p>2) R1 had a skin risk assessment, had documentation of wound assessments, had an appointment to be seen by a physician for an evaluation of Diabetic Ulcers, and facility policy was implemented regarding wound care and wound assessment;</p> <p>3) Medications are administered as ordered by the physician (R1, R3, R4);</p> <p>4) Quality Assurance is being assessed, monitored and reviewed for R1 - R14.</p> <p>Findings include:</p> <p>1. The facility's policy, titled "Pressure Ulcer Prevention, dated March 2007, documents: "It shall be the policy of the facility in regards to residents who have alteration in skin integrity, actual or potential, to treat the entire person, both mentally and physically. It is the philosophy of the facility that residents entering the facility without pressure ulcers will not develop pressure ulcers unless they are clearly unavoidable. Prevention of pressure ulcers is the responsibility of all staff ... All resident assessments will be reviewed and revised as necessary on a quarterly basis."</p> <p>The facility's policy, titled "Pressure Ulcer Treatment," dated March 2007, documents: "5. Documentation will be completed weekly on all pressure ulcers on the accepted form. Documentation will include accurate stage of the</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>ulcer, size, drainage, treatment and response to treatment. Treatments shall be recorded as they are completed."</p> <p>The 8/2018 Physician's Order Sheet (POS) identifies R2 as a 61 year old female with diagnoses of Profound Intellectual Disability, Type 2 Diabetes Mellitus, Seizure Disorder, and Anxiety.</p> <p>An "Individual Data" form, updated 6/26/18, documents that R2 was admitted to the facility on 2/8/2018. This form further documents that R2 utilizes a wheelchair and requires physical assistance with Activities of Daily Living (ADL).</p> <p>The Pressure Ulcer Scale Assessment tool, undated, is not thoroughly completed. The column for laboratory results is documented "new admit." The scoring of the Pressure Ulcer Scale is not completed to evaluate R2's risk for Pressure Ulcers.</p> <p>There is no evidence of any further updated Pressure Ulcer Assessment being completed on R2.</p> <p>In the General Event Report (GER) dated 9/3/18 at 7:00 AM for R2, E1, Direct Service Person (DSP) documents that E9 (DSP) found a "3 X 3 water filled blister with a 3 centimeter (cm) tail with redness around it. Some fluid has drained. E4, Registered Nurse-Trainer (RN-T) was notified."</p> <p>There is no evidence of where the water filled blister is located on R2's body.</p> <p>In an interview on 9/11/18 at 10:45 AM when asked where this fluid filled blister is located on</p>	Z9999		
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Z9999	<p>Continued From page 5</p> <p>R2, E1 (DSP) stated it is on the back of R2's right thigh. When asked if E1 measured the area, E1 stated that E4 (RN-T) was here and looked at the area and she (E1) documented what E4 (RN-T) told her to document about the measurements.</p> <p>There was no evidence that R2's physician had been consulted for an evaluation and treatment of the open areas on R2's right posterior thigh until after surveyor entered the facility for the survey. In an interview on 9/14/18 at 2:35 PM, when asked if R2 has been seen by her physician, E2 (Administrator) stated that R2 has an appointment on 9/17/18 to be seen by her physician.</p> <p>There was no documentation to verify if the open area was an avoidable or unavoidable pressure sore.</p> <p>Observation of R2's right posterior thigh on 9/11/18 at 3:45 PM, with E6 and E5 (DSP) present revealed 2 irregular shaped open areas and 1 circular open area on R2's right posterior thigh. Top layer of skin is missing and area is dark red in color for the 2 irregular shaped open areas. The circular area is noted to be whitish in color with greenish color surrounding the white color.</p> <p>Observation of R2's right posterior thigh on 9/12/18 at 3:34 PM, E7 (DSP) was present. There are 2 open areas noted on R2's posterior right thigh. The 2 irregular shaped areas noted on 9/11/18 were observed to be merged together. The area's measurement was 11 cm (centimeters) in length, 6 cm wide in the largest area (which was observed to be dark red in color.) The circular open area measures at 1cm inner whitish area with a 1 1/2 cm greenish area</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>surrounding the whitish area. It was also noted that R2 had sloughing area, dark red excoriation in the coccyx area.</p> <p>The National Pressure Ulcer Advisory Panel (NPUAP) Pressure Injury Stages, 2016, states the definition of "Pressure Injury: "A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.</p> <p>Stage I Pressure Injury: Non-blanchable erythema of intact skin. Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.</p> <p>Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis. Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) tissue is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present....."</p> <p>There is no evidence of an assessment for Pressure Ulcer risk or further documentation of</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>R2's pressure ulcers. There was no documentation to verify the Pressure Ulcer had been acquired outside the facility. There is no documented evidence of a nursing assessments for R2's pressure ulcers.</p> <p>In an interview on 9/13/18 at 9:30 AM, when asked if a Pressure Ulcer Risk Assessment has been completed on R2, E2 (Administrator) stated, "No, it is not completed." E2 further stated "The Direct Care Staff are to do daily skin assessments." E2 also stated that "the facility has this pressure ulcer policy and it has not been implemented until this morning."</p> <p>In an interview on 9/14/18 at 2:35 PM, when asked if R2 has been seen by her physician, E2 stated that R2 has an appointment on 9/17/18 to be seen by her physician.</p> <p>In an interview on 9/13/18 at 2:00 PM, when asked if R2 has a medical care plan, E2 stated, "No."</p> <p>2. According to R1's Physician Order Sheet (POS) dated 7/2018, R1 functions at a Mild Intellectual Disability Level with current diagnoses of Diabetes Mellitus, Psychosis, Hyperlipidemia, Obesity, GERD, Hypertension, Anemia, Depression and Sleep Apnea.</p> <p>During observation on 9/12/18 at 4:20 PM, R1's right posterior arm wounds were observed as: one wound on right hand between first and second digits measured 2 cm's in diameter, circle shape with greenish tissue in the center. The edging was red and warm to touch 1/2 cm around the wound. The right forearm wound was approximately 1 1/2 cm in a circle shape with a greenish center and red around the edges. R1</p>	Z9999		



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Z9999	<p>Continued From page 8</p> <p>complained of it feeling like it was on fire.</p> <p>According to Health Care Report, Monthly Nursing June 2018, dated 7/10/18 states, "R1 was seen by her General Practice for Left arm sore? MRSA P- F/U 2 weeks Doxycycline 100 mg BID for 10 days." On 6/26/18 R1 was seen for Right arm sore chronic, plan dermatologist to follow."</p> <p>According to Health Care Report, Monthly Nursing July 2018, dated 8/7/18 states, "R1 was seen by Dermatology and a biopsy done on diabetic sore. Results pending. Return on 8/1/18".</p> <p>Facility provided to surveyor a blank assessment sheet on 9/13/18, stating R1 "has a history of open areas to both upper extremities caused from diabetes. Both arms must be evaluated daily on first shift to ensure there isn't worsening of symptoms - swelling, redness, drainage, and odor; increased depth; and/or increase in number of open areas. Measurements and further exams will be completed by the RN trainer weekly."</p> <p>In an interview with E2, Administrator, on 9/13/18, at 10:50 AM, E2 states, "We have a policy for skin assessments. The nurse is to assess skin, the DSP's should chart daily and notify nurse of any changes." E2 further stated this assessment sheet was available, but it was not implemented until 9/13/18.</p> <p>There is no evidence of R1's physician being notified for evaluation and treatment prior to survey entrance.</p> <p>The "Diagnostic Imaging" dated 8/27/18 shows R1 has a new diagnosis of Stage 2 Kidney damage relating to 4 cm mass in lower right</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>kidney, likely Renal Cell Carcinoma.</p> <p>There is no evidence of any comments, recommendations or wound assessment from nursing on the monthly nursing report for June and July 2018 for R1. There is no evidence of a skin/wound assessment for R1.</p> <p>There is no evidence of a physician referral for R1 to be seen for the diabetic ulcers.</p> <p>3. D. 1.) 59 Illinois Administrative Code Ch. 1. Section. 116.60 Section 116.60 Medication Self-Administration C) Training of individuals to self administer medication shall minimally include instruction, for each medication prescribed, in the following area:</p> <ol style="list-style-type: none"> <li>1) Name of medication or identification within the existing agency pharmacy protocol;</li> <li>2) Dosage or quantity to be taken;</li> <li>3) Route of administration;</li> <li>4) Frequency or times of administration;</li> <li>5) Purpose of medication, special instructions, common side effects and potential consequences of not taking the medication or of not taking medication properly; and</li> <li>6) When to seek medical assistance and any action to be taken in the event of a missed does, medication error, or adverse drug reaction.</li> </ol> <p>R1's Physician Order Sheet (POS) dated 7/2018, identifies R1 as functioning within the Mild level for Individuals with Intellectual Disability (IID), with current diagnoses of Diabetes Mellitus, Psychosis, Hyperlipidemia, Obesity, GERD, Hypertension, Anemia, Depression and Sleep Apnea.</p> <p>During observation of med pass on 9/11/18 at</p>	Z9999		

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Z9999	<p>Continued From page 10</p> <p>4:18 PM, R1 was observed checking her blood sugar, administering a multivitamin, Metformin 850 mg's, Singulair 10 mg's by mouth.</p> <p>During record review of R1's POS, dated 7/2018, R1 is to receive an I-Vite Tab, Singulair 10mg's, Metformin 850mg's, and to do an Accu-check at 4PM.</p> <p>There is no evidence R1 received an I-Vite at the 4PM medication administration.</p> <p>There is no evidence of R1 having an order for multivitamin daily at 4PM.</p> <p>According to R3's POS, dated 7/2018, R3 functions within the Moderate level for Individuals with Intellectual Disability (IID), with current diagnoses of Depression, Epilepsy, Obesity, Mood Disorder, and Glaucoma.</p> <p>During observation of medication administration on 9/11/18 at 4:35 PM, R3 received Valproic Acid 250 mg/5ml, 15 ml by mouth, Vit D3 1000 units, (stock), 2 tablets extra strength Tums, (stock).</p> <p>During record review of R3's POS, dated 7/2018, R3 is to receive Valproic Acid 250 mg/5ml, 15 ml by mouth, Vit D3 400 units, (stock), 2 tablets extra strength Tums, (Stock).</p> <p>There is no evidence of R3 receiving a Vitamin D 400 units.</p> <p>There is no evidence of Vitamin D 400 units being available from stock items.</p> <p>During interview with E1 (Direct Service Person/DSP) on 9/12/18 at 10:30 AM, E1 stated, "I usually fill out the order sheet when we need to</p>	Z9999		

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Z9999	<p>Continued From page 11</p> <p>reorder stock items. We don't have any I-Vite in stock and I didn't realize that the D3 1000 units stock item is different than the D400 Units."</p> <p>In an interview with E3 (Licensed Practical Nurse/LPN) on 9/13/18 at 10:40 AM, E3 stated, "I check the bubble packs and the orders; we just wait till it gets close and we order the stock items when then tell us they need it."</p> <p>R4 is a 39 year old per the 8/2018 Physician Order Sheet (POS), who functions at a mild Intellectual Disability Level with current diagnoses of Cerebral Palsy, Mood Disorder, Depression, and Psychosis.</p> <p>A physician order for R4 dated 8/22/18 documents that R4 is to receive Klonopin 0.5 mg by mouth twice a day as needed for anxiety or agitation. Another order for R4 dated 8/23/18 changed Klonopin 0.5 mg by mouth twice a day scheduled. At the bottom of the print out, E3 (Licensed Practical Nurse/LPN) documented Klonopin discontinued on 8/27/18 with her initials.</p> <p>There is a physician order dated 9/5/18, that documents on 8/27/18 R4's Klonopin was discontinued.</p> <p>There is no documented evidence of a discontinue order from the physician until 9/5/18 for Klonopin 0.5 mg twice a day.</p> <p>In an interview with E3 on 9/13/18 at 10:00 AM, E3 stated, "It was discontinued because he was dizzy and falling." E3 was asked where the telephone order was from the physician discontinuing Klonopin on 8/27/18. E3 stated, "I don't know."</p>	Z9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/11/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARK PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 PARK AVENUE PANA, IL 62557</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
Z9999	<p>Continued From page 12</p> <p>4. 59 Illinois Administrative Code Ch. I. Section 116.100 Quality Assurance: a) A registered professional nurse, advanced practice nurse, licensed practical nurse, pharmacist or physician shall review the following for all individuals: 1) medication orders; 2) medication labels and medications listed on the MAR to ensure that they match physician orders; 3) MAR's (for persons who are not self-medicating) to ensure that they are completed appropriately for:     A) medication administer as prescribed     B) refusal by the individual; and     C) Full signatures provided for all initials used.</p> <p>The facility roster verifies level of functioning, undated, there are 14 individuals living in the facility. Seven individuals function within the Mild range of IID (R1, R4, R5, R7, R8, R11, R14); 2 individuals function within the Moderate range of IID (R6, R10); 3 individuals function in the Severe range of IID (R3, R9, R13); and 2 individuals who function within the Profound range of IID (R2, R12).</p> <p>During observation of medication administration on 9/11/18 at 4:18 PM, R1 was observed checking her blood sugar, administering a multivitamin, Metformin 850 mg's, Singulair 10 mg's by mouth.</p> <p>Record review of R1's POS, dated 7/2018, documents R1 is to receive an I-Vite Tab by mouth, Singulair 10mg, Metformin 850mg, and to do an Accu-check at 4PM. R1 is on a self medication program and has her own box with all the medication in it.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/11/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARK PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 PARK AVENUE PANA, IL 62557</b>		
(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
Z9999	<p>Continued From page 13</p> <p>Observation of R1's med box with E1 (Direct Support Personal/DSP) a bottle of multivitamin was present but no evidence of an I-Vite bottle was in the box.</p> <p>During observation of medication administration on 9/11/18 at 4:35 PM; R3 received Valproic Acid 250 mg/5ml, 15 ml by mouth, Vit D3 1000 units, stock, 2 tablets extra strength Tums from stock.</p> <p>During medication reconciliation, R3's POS, 7/2018, states "Vitamin D 400 unit tablet by mouth every evening stock (Supplement), Valproic Acid 250 mg/5ml, 15 ml by mouth, 2 tablets extra strength Tums (Stock)."</p> <p>There is no evidence of Vitamin D 400 units being available from stock items.</p> <p>Review of the Medication Administration Record (MAR) on 9/11/18, at 11:30 AM, showed only 2 (DSP's) E1 and E6 signed the back of the MAR. The facility provided a list of Authorized Direct Support Persons, undated, documenting 7 individuals on the list who are authorized by the RN trainer to pass medication (E1, E5, E6, E7, E10, E11, E12) DSP's.</p> <p>In an interview with E1 (DSP) on 9/11/18 at 12:40 PM, E1 was asked who signed the MAR. E1 stated, "I did and E6." E1 was asked, "Are you two the only ones who pass medication?" E1 stated, "No".</p> <p>Review of "Medication Oversight," dated 9/7/18, documents R1 received an order for Xanax 0.5mg take 1 tablet by mouth 30 minutes before MRI. No special instructions. Only E11 (DSP) signed the "Medication Oversight Form."</p>	Z9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/11/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARK PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 PARK AVENUE PANA, IL 62557</b>		
(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
Z9999	<p>Continued From page 14</p> <p>Review of MAR shows E10 (DSP) administered Medication without any prior training. In an interview with E1 on 9/11/18, at 12:40, E1 stated, "E10 gave the medication but did not sign the training sheet."</p> <p>In an interview with E3 (Licensed Practical Nurse) on 9/13/18 at 10:40 AM, E3 was asked who verifies the right medication is in the boxes of self medication administration individuals, as well as the medications in the cart. E3 stated, "I check the bubble pack and the orders." E3 was asked, "How is it possible that R1 and R3 have the wrong medication being administered?" E3 stated, "I don't know." E3 was asked who oversees the signing of the MAR and the Training. E3 stated, "That would be E4, the RN Trainer here."</p> <p>(B)</p>	Z9999		