STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145363	A. BUILDING _____ B. WING _____	C 05/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF OAK LAWN EAST	9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint Investigation 1692586/IL85464	F 000		
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to accurately transcribe and administer a resident's ordered medication and failed to identify a medication that a resident received was a cancer medication instead of the ordered renal anti-rejection medication for 42 days. This applies to 2 of 2 renal transplant residents (R1, R10) out of eight residents reviewed for medication administration in a sample of 10. This failure resulted in R1 being hospitalized and treated for a panic low level leukopenia and low hemoglobin, which required the transfusion of two units of packed red blood cells. Findings Include: R1's Physician Order Sheet (POS) diagnoses include myocardial infarction, myalgia, and end stage renal disease, anemia in chronic kidney disease, kidney transplant (2009), hypertension	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145363	A. BUILDING _____ B. WING _____	C 05/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF OAK LAWN EAST	9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453

(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) COMPLETION DATE
F 309	Continued From page 1	F 309		

and rhabdomyolsis.

R1's progress note dated 3/29/16 indicated R1 was sent to a local hospital. R1's progress notes dated 3/31/16 indicated R1 was re-admitted to the facility.

R1's hospital discharge medication list dated 3/31/16 includes an order for Cyclosporine Modified oral (anti-rejection medication) 25 mg two capsules daily after morning meal and Cyclosporine Modified 25 mg three capsules daily after evening meal.

R1's Medication Review Report dated 4/1/16 did not include an order for Cyclosporine as indicated on the hospital discharge records.

R1's Medication Review Report dated 4/1/16 includes an order for Cyclophosphamide (cancer treatment medication) 25 mg give two capsules by mouth in the morning for kidney transplant and Cyclophosphamide 25 mg give three capsules one time a day for kidney transplant, which was not ordered on the hospital discharge medication list.

R1's April and May 2016 Medication Administration Records indicates that R1 received Cyclophosphamide capsules 25 mg (two capsules) at 9:00 am and Cyclophosphamide 25 mg capsules (three capsules) at 9:00 pm everyday from 4/1/16 to 5/12/16.

The facility's proof of delivery dated 4/1/16 - 5/19/16 indicated Cyclophosphamide was delivered to the facility for R1.

The facility's incident report dated 5/13/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145363	A. BUILDING _____ B. WING _____	C 05/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF OAK LAWN EAST	9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453

(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) COMPLETION DATE
F 309	Continued From page 2	F 309		

indicated R1 received medication Cyclophosphamide 50 mg in the morning and 75 mg in the evening, instead of receiving prescribed Cyclosporine 50 mg in the morning and 75 mg in the evening. R1's incident report indicates that the root cause of the medication error was attributed to an incorrect transcription from the hospital's discharge medication to the electronic medication administration record.

R1's progress note dated 5/12/16 at 6:00 pm indicates in part: E2, director of nursing (DON) received a call from Medical Doctor (no name) reporting R1 received Cyclophosphamide versus Cyclosporine. R1's progress note indicates that Cyclophosphamide would be discontinued and Cyclosporine will be initiated. R1's progress note also indicates R1 was on Cyclosporine at original admission and upon return from the hospital Cyclophosphamide was entered.
R1's progress note dated 5/12/16 at 9:32 pm indicated R1 did not return from the nephrology clinic appointment and was being admitted to the hospital with the diagnosis evaluation of leukopenia.
R1's Pharmacy Consultant Medication Regimen Review documented by Z4 (Consultant pharmacist) on 4/19/16 with no irregularities found.
R1's Medication Review Report dated 4/1/16 was signed and dated on 5/7/16 indicating the medication was reviewed.

R1's hospital medical records dated 5/12/16 - 5/15/16 indicated R1 was admitted to the hospital due to leukopenia and receiving the wrong medication. R1's medical records indicate that R1 was admitted to the hospital secondary to medication error and is being treated for a urinary

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145363	A. BUILDING _____ B. WING _____	C 05/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF OAK LAWN EAST	9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453

(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) COMPLETION DATE
F 309	Continued From page 3	F 309		

tract infection with complaints of dysuria.
R1's laboratory urine culture dated 5/7/16 indicates that R1's urine was positive for Escherichia coli.
R1's laboratory Cyclosporine level dated 5/10/16 includes a level less than 10ng/ml with a therapeutic range of 100 - 400 ng/ml.

On 5/19/16 at 10:10 am E5 Licensed Practical Nurse (LPN) when asked what the process is to transcribe medication for a new admission or re-admission E5 stated that the orders are verified with the Physician and entered into the computer to pharmacy. E5 stated that she verified R1's orders with R1's Physician but does not recall what happened when she transcribed R1's medication upon re-admission. When asked what the medications Cyclophosphamide and Cyclosporine are used for E5 stated that she was not aware of the purpose of the medication.

On 5/19/16 at 8:28 am E2 Director of Nursing (DON) stated she cannot attest to whether R1 received Cyclophosphamide while in the facility. E2 stated that when R1's readmission papers were reviewed Cyclosporine was ordered. E2 stated that when there are new medication orders each medication is verified with the Physician, entered into the computer and confirmed.

On 5/19/16 at 8:44 am E11 Unit Manager Registered Nurse (RN) stated that R1 received Cyclophosphamide while in the facility. E11 stated that R1's hospital discharge order was to receive Cyclosporine. E11 stated that when there are new medication orders each medication is verified with the Physician, entered into the computer and confirmed. E11 stated that R1's medication order for Cyclosporine was entered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145363	A. BUILDING _____ B. WING _____	C 05/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF OAK LAWN EAST	9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453

(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) COMPLETION DATE
F 309	Continued From page 4	F 309		

incorrectly.

On 5/19/16 at 8:51 am Z2 (R1's Physician) stated that it is the expectation that the facility carry out the hospital orders after the orders are verified. Z2 stated that Cyclosporine should have been given to R1. Z2 stated that Cyclophosphamide can lower the immune system and that R1 was admitted to the hospital for monitoring of any adverse effects after receiving the Cyclophosphamide instead of the Cyclosporine.

On 5/19/16 at 12:24 pm Z4 (Consultant Pharmacist) stated that during a medication review the resident ' s current medication is viewed through the computerized system and checked for dosing, duplication and resident side effects. Z4 stated that the medication is reviewed through the Medication Administration Record instead of the original Physician Order Sheet (POS). Z4 stated that there were no irregularities found on 4/19/16 when R1's medication was reviewed. Z4 stated that there were no concerns with R1's order for Cyclophosphamide because the medication is an immunosuppressant and R1 has a history of renal transplant.

On 5/23/16 at 11:24 am Z4 (Consultant Pharmacist) stated that Cyclophosphamide is an immunosuppressant and a medication used in cancer patients. Z4 could not confirm a history of cancer in R1. Z4 stated that Cyclophosphamide should be used with caution when given to patients with renal disease because the medication may cause renal toxicity.

On 5/23/16 at 4:15 pm Z3 Neurologist stated that R1 had a routine visit on 5/12/16 at the Nephrology transplant clinic when it was noted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145363	A. BUILDING _____ B. WING _____	C 05/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF OAK LAWN EAST	9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453

(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) COMPLETION DATE
F 309	Continued From page 5	F 309		

that R1 was receiving Cyclophosphamide, a chemotherapy agent instead of the prescribed medication Cyclosporine. Z3 stated that R1 was admitted to the hospital on 5/12/16 to monitor for further bone marrow suppression, including decrease in white blood cells, hemoglobin and platelets. Z3 stated that Cyclophosphamide is medication used for patients with cancer, lupus and rheumatoid arthritis. Z3 stated that Cyclophosphamide causes bone marrow suppression and is not usually prescribed as a transplant anti-rejection medication. Z3 stated that during R1's hospital stay R1's white blood cell count dropped to 1.4K/uL and the hemoglobin dropped to 7.7 g/dl requiring R1 to receive a transfusion of two units of packed red blood cells. Z3 stated that any long term effects of the Cyclophosphamide remains to be seen but R10 can potentially reject the transplanted kidney and there is always the risk of developing cancer. Z3 stated that bladder infections and blood in the urine are also side effects of the use of Cyclophosphamide.

The manufacturers insert for Cyclophosphamide indications and usage includes malignant disease: malignant lymphomas, multiple myeloma, leukemia's, and neuroblastoma, adenocarcinoma of the ovary and breast carcinoma. The manufacturer's insert under warning and precautions includes urinary tract and renal toxicity. The adverse reactions include renal failure, renal impairment and nephropathy toxic.

R10's records indicate that R10 was admitted to the facility on 3/18/16. R10's order summary diagnoses include kidney transplant.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145363	A. BUILDING _____ B. WING _____	C 05/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF OAK LAWN EAST	9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453

(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) COMPLETION DATE
F 309	Continued From page 6 R10 ' s hospital discharge orders (undated) include an order for Tacrolimus (1 mg capsule) 4 mg oral, every 12 hours. R10's March 2016 Medication Administration Record (MAR) includes a transcribed order for Tacromilus capsule 1 mg give one (1) by mouth two times a day for immunosuppressant. R10's March 2016 MAR indicates that R10 received Tacrolimus 1 mg on 3/20/16 and 3/21/16 despite the original physician order for 4 mg. On 5/23/16 at 5:15 pm E13 (Quality Assurance Consultant) stated that the error was noticed and corrected by the facility. E13 stated that an incident report was done and the resident, family and physician were notified. R10's incident report dated 5/23/16 (error occurred 3/18/16 - 3/21/16) indicates that a medication error occurred when R10's order of Tacrolimus 1 mg (4 capsules twice a day) was reconciled as Tacrolimus 1 mg (1 capsules twice a day). The facility's requirement and guidelines for clinical record content dated 2015 indicates that the nurse is responsible for the accuracy of transcription and signs and dates the orders as noted.	F 309		