STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003842	A. BUILDING: _____ B. WING _____	C 01/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW ROSE REHAB & HEALTH	410 FLETCHER JERSEYVILLE, IL 62052

(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 2049994/ IL129750	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210d)1) 300.1230i) 300.3240a) Section 300.1210 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. Section 300.1230 Direct Care Staffing i) The facility shall schedule nursing personnel so that the nursing needs of all residents are met. 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 regulations are not met as evidenced by:	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

Based on interview and record review the facility failed to administer medications for one of three residents (R2) reviewed for significant medication error in the sample of 4. This failure resulted in R2 having multiple seizures and being sent to the emergency room for G-tube placement when no RN available to give meds per IV (intravenous) access.

Finding includes:

1. R2's December 2020 Medication Administration Record (MAR) documents that R2 has a diagnosis of Epilepsy. R2's MAR documents that R2 is prescribed the following seizure medications: Phenytoin suspension 125 Milligram (mg) per 5 Milliliters (ml) to take 5 ml per tube 3 times a day, Lamotrigine 200 mg per tube twice daily, Valproic Acid 250 mg/5 ml 43 ml (2150 mg) per tube twice daily, and Gabapentin solution 250 mg/5 ml Take 10 ml (500 mg) per tube three times daily. R2's MAR documents that R2 did not receive these medications per tube as R2's tube not in place from 12/25/20 evening. R2's medication administration record documents that R2 missed 5 doses of Lamotrigine 200 mg, 5 doses of Valproic Acid, 6 doses of Gabapentin, and 6 doses of Phenytoin. R2's MAR does not document the orders that were sent from R2's first hospital trip on 12/27/20 at 1:37 AM for medications to be changed to IV.

R2's Nurse's Notes dated 12/27/20 at 7:00 AM document that R2 had 5 seizures since 5:00 AM. R2's notes document that every time you barely bump R2's bed or change R2, R2 has a seizure. Nurse's notes document call place to Director of Nursing (DON) about IV push medications needed to be administered by a Registered Nurse

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S9999	Continued From page 2	S9999		

(RN). Notes document no answer and that R2's mother notified and requested R2 be transported to hospital. R2's Nursing notes do not document any seizure activity from 11/29/20- 12/25/20 when R2 was receiving her medication as ordered.

R2's hospital triage notes dated 12/27/20 at 8:45 AM document that R2 was transported to the hospital by Emergency Medical Services (EMS). R2's notes document that EMS services stated the facility notified them that R2 needed to be transported to the hospital because they could not use IV access for medication as there is no RN available to administer the medications.

R2's hospital labs dated 12/27/20 at 9:50 AM at the hospital emergency room document sub therapeutic blood levels of R2's prescribed seizure medications: Phenytoin level 1.0 (normal 10-20), Valproic Acid level <3.0 (normal 50.0-100.0).

On 1/11/21 at 9:14 AM, V10, physician, stated omission of seizure medication could cause R2 to have seizures.

The Facility Policy undated policy Medication Administration documents to document any medication not administered for any reason by circling initial and documenting on the back of the MAR the date, the time, the medication and dosage reason for omission and initial. The policy documents to notify the physician as soon as practical when a scheduled does of a medication has not been administered for any reason.

(B)

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