

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
---	--

(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 1944742/ IL113519	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)1) 300.1630d) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE

08/02/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation and a notation made in the resident's record.</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</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
--	--

(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
S9999	<p>Continued From page 2</p> <p>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 administer medications as ordered to prevent significant medication errors for 2 (R1, R3) reviewed for medications. This failure resulted in R1 not receiving her insulin as ordered and being admitted to intensive care unit.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. R1's profile page identifies her diagnoses to include Diabetes Mellitus Type II in part. <p>R1's Hospital Discharge Medications Orders dated 5/30/19 included the following insulin medication orders:</p> <ul style="list-style-type: none"> -Lantus (long acting insulin) Solostar Pen, 100 units/ml (milliliter) subcutaneous (injection under skin), 10 units one time daily at bedtime. -Humalog (fast acting insulin) 100 units/ml injectable solution before meals and at bedtime per sliding scale (insulin dose based on blood glucose ranges) of 180-220 = give 1 unit of Humalog, 221-260= give 2 units of Humalog, 261-300= give 3 units of Humalog, and blood glucose level above 300 call medical doctor. -Lispro (Humalog/fast acting insulin) before meals with 10 units with breakfast, 5 units with lunch and 6 units with dinner. <p>R1's Electronic Medical Record (EHR) Progress note, dated 5/30/19 at 4:31 PM entered by V9, Licensed Practical Nurse (LPN) documents R1 being admitted to the facility and was alert/oriented.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>The next entry into the progress notes is on 5/31/19 at 12:22 PM entered by V4, Registered Nurse (RN) and documents "HS (bedtime) blood sugar (reading) administered at (1:30 AM) and was 124. Pt's (patients) nighttime meds (medications) were missed because they did not yet come in from pharmacy." R1's Progress Note continued to document "Checked BS (blood sugar) at (7:30 AM) R/T (related to) to malfunctioning glucometer (a device that measures sugar level in blood). Pt. seemed a little bit drowsy upon awakening, BS was 568 at the time." R1's Progress Note documented "Spoke with nurse at the physician's office and told her that nighttime Lantus was not administered because the meds had not arrived from pharmacy. Asked the nurse to clarify the Humulog sliding scale and Lantus orders. Awaiting call back from doctor to have orders clarified before contacting family. Took the blood sugar again at (10:30 AM) and it was 517. Doctor's order was for a one- time dose of 10 units of Lantus and a one- time order for Humulog 10 units. Also got an order for daily HS Lantus (10 Units) plus a continuation of current sliding scale orders. Doctor believes the elevated blood sugar may have resulted from the missed Insulin Lantus dose. Will continue to monitor. Passed onto next shift to monitor the blood sugar."</p> <p>The May 2019 Medication Administration Record (MAR) documents none of R1's regular routine and/or sliding scale insulin was administered at all on 5/30 or 5/31/19. The MAR documents that on 5/31/19, the 5-7 AM blood glucose level was documented as being done late at 7:30 AM due to a malfunctioning glucometer with the blood sugar recorded as 568. The MAR documents a</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>blood glucose being done at 10:30 AM with the results being 517. According to R1's Admission Physician's Orders and the MAR, R1 missed the following doses of insulin 5/30 until 5/31/19: On 5/30/19 at dinner, R1 did not receive her 6 units of Lispro and the facility did not give insulin per her sliding scale order; on 5/30/19 at bedtime, R1 did not receive her 10 units of Lantus and the facility did not give insulin per R1's sliding scale order; on 5/31/19, at breakfast, R1 did not receive 10 units of Lispro and her sliding scale insulin; On 5/31/19, at lunch, R1 did not receive 5 units of Lispro and her sliding scale insulin. V10 LPN documented in the MAR at 1:55pm that R1's one time insulin order received at 10am that morning wasn't given due to her being in the ED (emergency dept) for evaluation.</p> <p>The next entry is later that evening on 5/31/19 at 9:24 PM entered by V10 LPN and documents "Phone call to (hospital) at this time, informed that guest is being admitted to the hospital at this time." Prior to this note, there is no information in the clinical record as to what happened or why R1 was sent to the hospital and or what time she transferred out.</p> <p>R1's Hospital Emergency Department (ED) Notes dated 5/31/19 documents R1 was being evaluated at the ED at 1:00 PM and documents "caretaker and family present at bedside and note patient to be more confused from her baseline" and "Lab work in the ED demonstrated DKA (Diabetic Ketoacidosis) with hyperglycemia, acidosis, urine ketones and elevated ketones in the urine with an AG (Argentum) of 20." The note documents R1 was admitted to intensive care unit for the DKA. The website, Mayoclinic.org, defines Diabetic Ketoacidosis as "a serious complication of diabetes that occurs when your</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>body produces high levels of blood acids called ketones. The condition develops when your body can't produce enough insulin."</p> <p>On 7/11/19 at 9:28am, V10, LPN, stated she walked into the building the morning of 5/31/19 at 7am and R1's granddaughter was here. V10 stated she didn't remember what R1's blood sugar was or even if she was told. V10 stated she documented R1's fall but didn't do any further assessments or anything with her as V4 was still here. V10 stated V4 could have gotten the insulin from the CAPSA but didn't remember giving her any insulin at all that day.</p> <p>On 7/11/19 at 1:06 PM, V4 RN stated on 5/30/19 she didn't do the bedtime blood sugar for R1 until 1:30 AM because she might have been busy doing patient care, answering call lights or such. V4 stated she didn't give any insulin at bedtime. V4 stated she didn't do the 5-7 AM blood sugar until 7:30am due to her having a nonfunctioning glucometer and didn't think about getting a glucometer from one of the other units. V4 stated she didn't ask the other nurses in the building about it either. V4 stated she called V15, R1's Physician, after getting the 568 glucose at 730 AM but didn't get a call back until much later. V4 stated she didn't know at the time that the insulin was available through the CAPSA system (an automated medication dispensing system) and didn't ask any of the other nurses or call the DON regarding it. V4 stated she redid the blood sugar at 10:30 AM and got the 517 level but hadn't heard back yet from the physician. V4 stated the physician did finally call back but she couldn't remember the time and can't remember if she gave R1 the insulin he ordered at the time or not. V4 stated she handed R1 off to the day nurse and didn't know what happened after that. V4 stated</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>she realized that a blood sugar of 568 is a critical level. V4 stated R1's family was present and was concerned with her blood sugar being so high. V4 stated she was here when R1 fell but couldn't describe her demeanor or her cognitive ability during time of the fall or after when the blood sugar was extremely high. V4 was unaware that R1 was admitted to the hospital later that day with ketoacidosis and hyperglycemia.</p> <p>A Resident Grievance Form, regarding R1, undated documents "Family reports on 5/31/19 upon visiting guest that she was not acting right" and "On 6/1/19, the family posted on facility (social media) page that the facility failed to administer insulin in a timely manner which led to high blood sugar of the guest. Upon investigation, her nurse on overnights 5/30/19 did fail to give insulin in a timely manner. This nurse states that the pharmacy had not yet delivered this medication and she was unaware that it could be found in the CAPSA system."</p> <p>On 7/11/19 at 10:44 AM, V2, Director of Nurses, states R1's insulin would have been available from the CAPSA in the building and they also have a back up pharmacy which they could have gotten the medication done. V2 confirmed at 1:50pm on 7/12/19 that no insulin was recorded as being given during R1's stay at the facility and no information was documented as to any details of her discharge.</p> <p>A CAPSA list provided by V2 on 7/11/19 documents R1's Humalog and Lantus were available for use at the time of R1's admission from the unit available in the facility.</p> <p>On 7/11/19 at 12:25 PM, V14 Pharmacist stated R1's blood sugar of 568 is life threatening and the</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
---	--

(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
S9999	<p>Continued From page 7</p> <p>physician should have been notified immediately.</p> <p>On 7/16/19 at 12:38 PM, V18 LPN/Endocrinologist nurse for V19, Endocrinologist stated V19 would always expect the nurse to follow the physician's orders from the hospital and if unable to do so, should have called the physician and notified him. V18 stated V19 manages R1's Diabetes and insulin.</p> <p>The policy/procedure entitled "Medication Administration" undated documents the MAR must always be used when giving any medication, timing must be appropriate (this includes one hour before and after scheduled times; at least 30 minutes prior to meals in medication is ordered or scheduled before meals; one after meals if medication is scheduled after meals; with the meal if ordered this way by the physician." The Reasons medication may not be given is listed as "a. guest is out of facility, b. There is an order to hold them medication, and c. Medication is refused by the guest."</p> <p>The policy/procedure entitled "Acquiring Medication" undated documents the purpose as "to ensure that routine and emergency medications are provided to the guests." The policy documents to order new medications, staff are to enter the medication into the electronic medical record. The order is transmitted to the pharmacy via ePrescriptions. Prescriptions for controlled substances must be faxed to the pharmacy. If the ePrescription fails, a message will be sent via the message system in the electronic record. The policy documents "The facility maintains a limited supply of medications in the facility for use during emergency or after-hours situations." The policy documents "An emergency supply of medications is also</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 8</p> <p>maintained within the facility. Licensed nurse will complete a Request for Removal and fax this request to the pharmacy. Once the fax is sent to the pharmacy will provide the nurse with the code to open the box as well as an authorization code for removal." The policy also documents "Licensed nurses may contact the pharmacy 24 hours per day, 7 days per week to order/obtain medications" and "When delivery of a medication will be delayed or the medication is not or will not be available, the licensed nurse will contract the physician for notification."</p> <p>2. R3's Hospital History and Physical dated 5/30/19 documents the reason for hospitalization is Tachycardia (rapid heart rate) thought to be Atrial Fibrillation (an irregular and often rapid heart rate that can increase your risk of stroke, heart failure and other heart related complication) with Rapid Ventricular Response (RVR -lower chambers of the heart beat too fast).</p> <p>R3's Medication Discharge Report from the hospital, dated 6/5/19, documents multiple prescriptions including the following: Amiodarone (a medication used to treat certain types of serious irregular heartbeat), 200 milligrams (mg), twice daily; Digoxin (medication used to treat Atrial Fibrillation), 125 micrograms (mcg); and Levothyroxine (medication used to treat hypothyroidism), 50 mcg, 1 tablet every day.</p> <p>The Profile page of R3's electronic record documents admitted diagnoses as Atrial Fibrillation with RVR (rapid ventricular rate), Tachycardia, Hypothyroidism and Unspecified Dementia in part.</p> <p>On 7/10/19 at 11:08 AM, V8, R3's wife and Power of Attorney (POA) stated R3 was in the hospital</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>for rapid heart rate and went to the facility for rehabilitation after they adjusted his medication Digoxin. V8 stated it was V7, Nurse Practitioner, who discovered R3's Digoxin and Levothyroxine wasn't being given as ordered from admission not the facility who made the discovery of initial medication error.</p> <p>On 7/10/19 at 3:15 PM, V7 stated she initially came in to see R3 on 6/12/19 and she always checks current meds with admission orders. V7 stated it was during that review when she realized that R3's Digoxin and Synthroid had been missed when processing the hospital's discharge orders. V7 stated she was very concerned because R3 had just been hospitalized for Atrial Fibrillation with RVR which could only be controlled with the Amiodarone and Digoxin together and then to throw in the Synthroid not being given makes it worse. V7 stated she immediately went into R3's room to assess him and found his heart rate estimated to be in the 120s resting as he sat in the wheelchair. V7 stated with activity, R3's rate could go as high as 160. When told that R3's vitals were checked every shift from admission to current with the pulse documented as being between 71-82, V7 stated "There is no way it would have been that without the Amiodarone and Digoxin." V7 stated this medication is significant and harmful in that it caused tachycardia and puts him at a higher risk for another stroke. V7 stated R3 already had a stroke that left him with left hemiparesis (paralysis). V7 stated both her and V11, Physician, have talked to V1, Administrator, and V2, Director of Nurse's, about this. V7 stated medication errors in the facility have been a problem for a while and no improvement has been noted.</p> <p>R3's Resident Grievance Form dated 6/12/19</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
--	--

(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
S9999	<p>Continued From page 10</p> <p>documents the summary of the grievance as follows: "Facility does find that there a was a medication error in transcribing medications from his hospital orders to the facility orders."</p> <p>R3's Electronic Health Record (EHR) Progress notes, dated 6/12/19 1:42 PM, documents new orders written by V7 for Levothyroxine 50mcg and Digoxin 125mcg which were already ordered on admission from the hospital.</p> <p>The Progress note, Late Entry, entered on 6/15/19 at 3:21 PM by V6 Registered Nurse (RN) documents "On 6/15/19 writer was putting in data entry of guest admissions orders and overlooked 2 medications Levothyroxine and Digoxin. My Administrator notified writer that physician is aware of medication errors."</p> <p>The Medication Administration Record (MAR) for June documents first dose of Digoxin as being given at 8:00 AM on 6/13/19 and the first dose of Levothyroxine given on 5:00 AM on 6/13/19.</p> <p>On 7/10/19 at 11:00 AM, V2 Director of Nursing (DON) stated the facility does not have a policy/procedure on processing admission medication orders and then explained that the admitting nurse enters the medications into the computer and then sends them to the pharmacy. V2 stated there is no check system in place to ensure that the orders are processed properly. V2 stated regarding R3's situation, she did re-educate the nurse, V5 Licensed Practical Nurse (LPN) who made the error, on processing orders correctly.</p> <p>On 7/11/19 at 12:25 PM, V14 Pharmacist stated R3 not receiving the Amiodarone with the Digoxin with a history of atrial fibrillation with RVR is "a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	Continued From page 11 bad deal and could be life threatening". (A)	S9999		
-------	---	-------	--	--