STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001010	A. BUILDING: _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBA CARE CTR OF BLOOMINGTON	1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701

(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	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1210b) 300.1210d)1) 300.1620a) 300.3240a) 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 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. 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 300.1620 Compliance with Licensed Prescriber's Orders 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 300.1810. All such orders shall have the handwritten signature (or	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on observation, interviews and record reviews the facility failed to administer a pain medication for one of five sampled residents. (R1) This failure resulted in R1 not receiving pain medication for 12 hours, crying in pain and calling 911 on own to be sent back to the hospital by ambulance due to pain. Findings include: Admission records for R1 document date of birth as 04/08/1969. Same admission records document admission diagnosis as status post right ankle fracture/dislocation with open reduction and internal fixation of distal fibula. On 3/26/15 at 10:15 A.M. R1 was sitting in room. This 45 year old resident was cognitively alert. Medical records from admission and R1's nurses notes document resident alert and oriented. R1 stated that on 3/11/15 R1 was admitted to the facility after she had fallen at home and fractured her right ankle with dislocation. R1 stated that she has been in a great deal of pain and is only relieved by the pain medication, Oxycodone she is to receive every four hours. R1 stated that on	S9999		

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S9999	Continued From page 2	S9999		

3/15/15 R1 had received a dose of Oxycodone at 8:00 A.M. but when she asked for it again at 12:00 P.M., E5 (Licensed Practical Nurse) told R1 they were out of the medication and waiting for pharmacy to deliver it. R1 said that E4 (Registered Nurse) came on second shift and told R1 that the Oxycodone was still not there and they were still waiting. R1 stated that she was in so much pain by 8:00 P.M. that she called 911 and went to the hospital per ambulance. R1 stated that the hospital was able to give her pain medications to relieve her pain and send her back to the facility.

On 3/26/15 at 2:20 P.M. E4 stated that when she came in to work on 3/15/15 at 2:30 P.M., E5 had told her that they were out of R1's Oxycodone and they were waiting for the pharmacy to deliver it. E4 stated that at about 5:00 P.M. R1 was noted to be crying in pain so she gave her Ibuprofen which did not help. E4 stated that around 8:00 P.M. E4 remembered that the facility had a convenience box with Oxycodone in it. E4 stated just at that same time the ambulance staff had come into the facility to take R1 to the hospital. E4 said that E4 should have immediately went to the convenience box at 2:30 P.M. to get the Oxycodone but did not remember it was in there.

The facility's Controlled Drug Record form notes that R1 received a dose of Oxycodone at 8:00 A.M. on 3/15/15 and then did not receive another dose of Oxycodone until 8:00 A.M. on 3/16/15.

R1's Physician's Order sheet for March 2015 reads, "Oxycodone 5/325 milligrams two tabs every 4 hours PRN (As needed)".

(B)