STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013098	A. BUILDING: _____ B. WING _____	C 03/14/2018

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S 000	Initial Comments Investigation of Complaint Number 1871443/IL100786	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1010h) 300.1210d)1)2) 300.1620a) 300.3220f) 300.3240a) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant 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. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 2) All treatments and procedures shall be administered as ordered by the physician. 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 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 300.3220 Medical Care 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) 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 were not met as evidenced by:	S9999		
	Based on interview and record review the facility failed to monitor resident's fluid intake and urine output, failed to provide treatments as planned and as ordered, failed to follow physician's order to administer the medications, and failed to			

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S9999	Continued From page 2 ensure resident remained free of significant medication errors. These failures resulted in R1 not receiving the medication Desmopressin for 3 days and R1's readmission to the hospital on 3/25/17 with diagnoses of Acute Respiratory failure, hypernatremia, Hypokalemia, and Lactic Acidosis. This applies to 1 out of 3 residents (R1) reviewed for intake and output and medication errors in the sample of 3. The findings include: R1 is 66 year old and was admitted on 03/23/17 with diagnoses including diabetes mellitus, diabetes insipidus and unifocal Langerhans cell histiocytosis. Hospital discharge instructions and medications orders for R1 showed: 1. Desmopressin (DDAVP) 10 mcg/spray (0.1ml) nasal spray, administer 1 spray into alternating nostril every 36 hours, with specific instructions to start on 03/24/17 at 8 AM with following dose on 03/25/17 at 8 PM. 2. Hydrocortisone 5 mg (milligram) and to take 3 tablets (15 mg) by mouth daily in the morning at 7 AM. Best if taken with food. 3. Hydrocortisone 5 mg to take 1 tablet (5 mg) by mouth every evening at 7 PM. Best if taken with food. 4. Please check CMP (comprehensive metabolic profile) on Mondays and Thursdays and fax results to V6 (hospital physician/endocrinologist) 5. If Na (sodium) is greater than 145 or resident (R1) urinating more than 3000 cc over 24 hours, please check urine specific gravity and BMP (basal metabolic profile), fax results to V6 and	S9999		

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call V6.
6. Resident (R1) needs to intake 500 cc of fluids per shift.

Hospital record showed that Desmopressin 10 mcg nasal spray was last administered to R1 on 03/22/17 at 4:52 PM. in the hospital before discharged.

R1's hospital discharged medications order were transcribed in R1's March 2017 POS (physician order sheet) as:
- Desmopressin 10 mcg nasal 1 spray every 3 days schedule at 9 AM (instead of every 36 hours, to be started at 8:00 AM),
- Hydrocortisone 5 mg (15mg) 3 tablets schedule at 6 AM (instead of 7 AM),
- Hydrocortisone 5 mg 1 tablet schedule at 9 AM (instead of 7:00 PM).

R1's March 2017 MAR (medication administration record) showed that Desmopressin was not administered at the facility as per the physician's order. The physician's order was to give Desmopressin on 03/24/17 at 8 AM and following dose to be given on 03/25/17 at 8 PM. No dose was given at the facility.
Hydrocortisone 15 mg was given on 03/24/17 and 03/25/17 at 6 AM instead of 7 AM and Hydrocortisone 5 mg was given on 03/24/17 and 03/25/17 at 9 AM instead of 7 PM.

Facility's laboratory report dated 03/24/17 showed that R1's Sodium level was 150 H (High). This result was not faxed to V6 or called to V6 as ordered.

The clinical notes report dated 03/26/17 and timed 12:18 AM written by V8 (nurse) showed that R1 was lethargic. Vitals signs were checked

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S9999	Continued From page 4 at 4:30 PM, B/P (blood pressure) 130/60, pulse 99, pulse ox 96% on room air, temperature 96.4, blood glucose 133. At 9 PM pulse ox 86%, applied oxygen at 6 liters then pulse ox went up to 92%. B/P 127/60, pulse 113, respiratory rate 18. V7 (attending physician) was informed regarding R1 desatting and R1's condition, order for STAT (immediate) X-ray was obtained. R1 was monitored throughout the shift. At 11:10 PM, V8 was called to R1's room. R1's pulse ox dropped to 88%, R1 was unresponsive. B/P 120/59, pulse 120. R1 was rechecked 5 minutes later B/P 98/53, Pulse 121. Called 911 and started intravenous 0.9 NS (normal saline). R1 was sent out to the hospital on 03/25/18 at 11:20 PM. R1 was admitted to hospital for acute respiratory failure, hypernatremia, hypokalemia and lactic acidosis. The hospital laboratory report dated 03/26/17 showed: -Sodium was 157 high (reference range 136-144) -Chloride was 128 high (reference range 95-110) On 03/08/18 at 3:15 PM, V9 (Pharmacy) stated that R1's medications was processed on 03/23/17. V9 said that V11 (nurse) called them (pharmacy) on 03/23/17 at 7:39 PM regarding R1's medications as a STAT order and usually takes up to 4 hours for delivery. R1's medications were processed at 7:59 PM and were delivered on 03/24/17 between 12:00 AM to 1:00 AM.	S9999		
	On 03/08/18 at 2:45 PM, V10 (nurse practitioner) stated that on 03/24/17 he reviewed and initialed the laboratory result that was done on 03/24/17 for R1 but he did not inform the physician because it (sodium) was not alarming at that			

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point. V10 further stated that he did not see R1 and also did not review the chart at that time. V10 said he did not see the order to inform the V6 (physician/endocrinologist) if Na is >145.

Hospital discharge order showed that R1 needs intake of 500 cc fluids per shift. R1's intake was not monitored. The order to monitor urine output and if R1 urinates more than 3000 cc in 24 hours to check urine specific gravity and BMP was not done. R1's intake and output was not monitored in the facility.

On 03/08/18 at 10:25 AM, V4 (nurse) stated that there was no order in R1's POS to monitor oral intake and urine output, so it was not done. V4 further stated that the admitting nurse usually enters all the orders and she did not see the discharge orders from the hospital.

On 08/08/18 at 3 PM V5 (nurse) stated that the facility follows all orders from the hospital and if there is a specific time for the medications and it needs to be followed.
V5 transcribed R1's discharge medications orders but did not transcribe the specified time on the orders.

On 03/12/18 at 2:15 PM, V7 (attending physician) was asked regarding R1's medications Desmopressin and hydrocortisone that was ordered last March 2017 and if there are any significance when these orders were not followed. V7 stated that Desmopressin can be significant but he does not know how much it contributed to R1's condition. The hydrocortisone is to be dispensed at 12 hour interval and it may affect resident's blood pressure. The Desmopressin is being use to hold on the fluid (antidiuretic) so resident will not urinate a lot. V7 was also asked if

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a resident had a medication order with specified time would he change the time. V7 stated that he does not change the schedule time of the medications if it was specific on the discharge orders.

On 03/12/18 at 5 PM, V6 (physician/endocrinologist) was asked regarding the Desmopressin order when R1 was discharged from hospital last 03/23/17. V6 stated he cannot say anything with the March 2017 order from the hospital. R1 was last seen back in August 2017. V6 also said that there should be no missed dose with this kind of medication.

On 03/13/18 at 10:35 AM, V2 (director of nursing/DON) stated that the fluid intake and urine output should be entered in the resident's electronic medical record to monitor it. V2 said that if there is an order it goes in the system and the nurse document the fluid intake and urine output in the resident's electronic medical record. The nurse will inform the dietary department and decide how much fluid resident can have for meals and medications. The nurse's aide will inform the nurse the amount of fluid intake and urine output then the nurse will document it.

Lexi-Comp's drug reference Handbook, 13th Edition shows Desmopressin is used for treatment of diabetes insipidus. Desmopressin enhances reabsorption of water in the kidney by increasing cellular permeability of collecting ducts.
It also shows for diabetes insipidus the following parameter should be monitored: fluid intake, urine volume, specific gravity, plasma, and urine osmolality and serum electrolytes.

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