STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001721	A. BUILDING: _____ B. WING _____	C 03/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN BUEHLER MEMORIAL HM.	3415 NORTH SHERIDAN ROAD PEORIA, IL 61604

(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 Original Complaint Investigation 1821345/IL100683 Statement of Licensue Violations	S 000		
S9999	Final Observations Statement of Licensure Violations 300.3220f) 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. This regulation is not met as evidence by: Based on interview and record review the facility failed to obtain a physician ordered laboratory test for one of three residents (R1) reviewed for physician orders in a sample of three which resulted in hospitalization for excessive bleeding. Findings include: The facility's Anticoagulation (Warfarin) Policy dated, 11/1/02 documents, "Staff will use the Standing Orders for coumadin therapy to dose Coumadin and re-time laboratory (lab) draws for all residents who have been on Coumadin	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001721	A. BUILDING: _____ B. WING _____	C 03/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN BUEHLER MEMORIAL HM.	3415 NORTH SHERIDAN ROAD PEORIA, IL 61604

(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 1	S9999		

therapy for at least one month. The Physician will be notified as specified on the standing order sheet for any Protime/INR (International Normalized Ratio) not within range. If resident refuses laboratory draw, the Physician will be notified and new orders obtained."

The facility's Revised Standing Order for Coumadin Therapy, dated 11/20/02, documents the following: "These orders may only be used on patients who have been on Coumadin Therapy for at least one month. INR is 1.5 to 1.9- No change. Repeat protime/(INR) in 2 weeks. If repeat protime/(INR) remains within 1.5 to 1.9 range, increase Coumadin by 0.5 milligrams per day and repeat protime/(INR) in 2 weeks.

According to R1's POS (Physician Order Sheet) R1 has a diagnosis of A-Fib (Atrial Fibrillation) and is receiving Coumadin (anticoagulation therapy) daily.

R1's Coumadin log (12/13/16- 1/16/18) documents on 1/9/18, R1's INR was 1.2 and an order was received to increase the coumadin from 4mg (milligrams) to 4.5mg and recheck INR level in one week. This same log documents on 1/16/18 an INR of 1.8 with an order to increase the coumadin from 4.5 to 5mg and recheck INR level in two weeks.

On 3/6/18, R1's medical records do not include an INR lab for 1-30-18 or any documentation as to why the lab was not drawn.

R1's Nursing Notes dated 2-2-18 document, "During rounds (R1) found to have blood (bright red) with clots on pillow and hands and some on her face. (R1) appears to have bitten her tongue. (V4/Physician) was called and said to send (R1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001721	A. BUILDING: _____ B. WING _____	C 03/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN BUEHLER MEMORIAL HM.	3415 NORTH SHERIDAN ROAD PEORIA, IL 61604

(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 2 to the hospital." The local hospital's record dated 2/1/18 documents, "At the time of presentation (R1's) INR was in excess of 8. INR 8.7 HH/High with normal therapeutic range being 2.0-3.0." (R1) was admitted to the hospital with warfarin (Coumadin) induced coagulopathy and bleeding from the mouth. She received fresh frozen plasma and vitamin K. This same record documents principal diagnosis as Hemorrhagic disorder due to extrinsic circulating anticoagulants. On 3/6/18 at 9:25 a.m., V1 (DON/Director of Nursing) stated, "(I) don't know what happened and why that lab was not drawn. The local hospital draws our labs so (I) am not sure why (R1's) INR was not drawn on 1-30-18." On 3-6-18 at 11:10 a.m., V4 (Physician) stated, "(I) was called by the nursing staff saying (R1's) tongue was bleeding and knowing (R1) was on coumadin (I) directed staff to send her to the hospital. (I) found out (R1's) INR was at a critical level after the hospital drew the lab on 2-1-18. If the lab would have been drawn on 1/30/18 (I) would have been notified of the critical level. (I) was not informed from the facility that the 1-30-18 lab was not drawn." (B)	S9999		