

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/21/2018
NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764		
(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 Second Probationary Licensure survey Statement of Licensure Violations	S 000			
S9999	Final Observations Statement of Licensure Violations 300.696a)b) 300.696c)2)6) 300.1010h) 300.1210a) 300.1210b)3) 300.1210d)5) 300.1220b)2) 300.1220b)6) 300.1620a) 300.1640a) 300.1640e) 1 of 9 Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. Section 300.696 Infection Control c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings 6) Guideline for Isolation Precautions in Hospitals These Regulations were not met as evidenced by: Based on observation, record review and interview, the facility failed to operationalize their Infection Control Program by failing to track all infections, failed to provide complete data analysis and trending of infections/diseases and failed to report communicable diseases to the local and/or State Departments of Public Health	S9999			

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S9999	Continued From page 2 for R102, R104, and R107, failed to perform hand hygiene when indicated (R108), failed to properly disinfect blood glucose meters to prevent cross-contamination (R101, R108, R111, R113), failed to follow their policy for infection control for R103. These failures have the potential to affect all 67 residents that resident at the facility. Findings Include: 1.) The facility Infection Control Program Policy dated 8/2/17 documents, "The facility will establish and maintain the program in order to provide a safe and sanitary environment, and to help prevent the development and transmission of disease and infection", "Surveillance data will be collected on {an} ongoing basis. Recording, reviewing, analyzing, and reporting of infection case data will be done monthly, quarterly, and annually to detect trends. Surveillance data shall be used for planning control efforts, detecting epidemics, directing inservice education, and identifying individual resident problems for intervention. Analysis of surveillance data will include at least the following elements on each infection to detect clusters and trends: date of onset, body site, geographic location.", "Surveillance data shall be used to detect and prevent outbreaks in the facility. The Administrator will make a determination, through data obtained, whether or not there is an "outbreak" or potential for one in the facility. If an outbreak is suspected a Outbreak Log will be initiated an appropriate steps taken according to our outbreak policy." The facility Scabies Policy dated 8/2017 documents, "Residents identified with scabies or exposure to scabies will receive scabies treatment per physician order", "Scabies is	S9999			

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S9999	Continued From page 3 reportable to the Department of Public Health." On 3/20/18 at 11:10 am, there was personal protection equipment (PPE) hanging on the room door of R104 and R107. At this time, V4 RN (Registered Nurse) stated, "they are on isolation precautions for scabies." The facility Infection Control Log dated 11/2017 - 3/2018 does not document any scabies infections. On 3/21/18 at 10:50 am, V2 IDON (Interim Director of Nursing) stated, in the past month, there has been three other residents besides R102 who have been treated for suspected scabies. V2 stated, scabies has not been confirmed because skin scrapings were not completed but that all the residents who were treated had classic signs and symptoms of scabies. V2 stated, V2 "can not recall who the other residents were." V2 also confirmed the residents treated for scabies were not included in the Infection Control Log and stated, "the infections were not reported to Public Health because I didn't know I was suppose to." On 3/21/18 at 1:00 pm, V6 NP (Nurse Practitioner) stated, "back in December {2017}, there was an outbreak on {one of the wings}. Multiple residents with rashes and complaints of itching. All residents with characteristics and their roommates were treated as well as staff of the wing, pretty much every resident was treated for scabies. It {scabies} was contained to that one wing but since then, they have been in other parts of the building." V6 confirmed that trending an analysis needs to be completed to try and figure out how "all these residents are getting it. Scabies isn't like lice or bed bugs where the bugs jump.	S9999			

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S9999	Continued From page 4 You actually have to have prolonged contact with someone who has them, in order to get them." On 3/21/18 at 3:00 pm, V2 IDON confirmed V6's statement about the amount of residents who have been treated for scabies and stated, "we need to be filing out an outbreak log, in order to do trending. I will have to call pharmacy to get a list of everyone who has been treated." The facility Roster/Sample Matrix dated 3/20/18 documents their are 67 residents residing at the facility. 2.) The facility Glucose Meter Cleaning Policy dated 8/2017 documents, "Clean and disinfect glucose meter appropriately using EPA (Environmental Protection Agency) approved cleaner after each use. Allow glucose meter to thoroughly dry prior to using it on another resident." On 3/20/18 at 11:33 am, V4 RN (Registered Nurse) entered R111's room to administer the ordered medication and take R111's blood glucose reading. After completing R111's blood glucose monitoring, V4 placed the blood glucose meter on top of the medication cart, grabbed a germicidal disposable cloth and wiped the meter for 15 seconds. V4 then placed the meter on top of the cart again, where it was originally and placed the cloth in the garbage. V4 then placed the glucose meter back into the top drawer of the medication cart. V4 never cleaned the contaminated medication cart top. The germicidal disposable cloth instructions documented, to disinfect, "thoroughly wet the surface. The treated surface must remain visibly wet for a full 3 minutes."	S9999			

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S9999	Continued From page 5 On 3/21/18 at 10:50 am, V2 IDON (Interim Director of Nursing) stated, the blood glucose meter should not have been placed back into the medication cart until the meter had been visibly wet for three minutes, otherwise the other items in the cart could become contaminated. V2 also stated that the top of the medication cart should have been disinfected since the contaminated glucose meter was set on it. V2 provided a list of other residents who utilize the glucose meter on that medication cart, consisting of R101, R108 and R113. 3.) The facility Hand Washing Policy dated 8/2/17 documents, hand hygiene is the primary means to prevent the spread of infections, and that hands needs washed for fifteen to twenty seconds using antimicrobial or non-antimicrobial soap and water after using the restroom. This policy also documents, "resident, family members and visitors will be encouraged to practice hand hygiene through the use of face sheets, pamphlets and other written materials provided at the time of admission and posted throughout the facility." On 3/20/18 at 11:20 am, V4 RN (Registered Nurse) entered R108's room to administer R108's ordered medications. R108 was voiding in a urinal which R108 was holding with his right hand. R108's left hand and arm was contracted. Once R108 was finished voiding, V4 removed the urinal and told R108 to put his penis back into his pants, which he did with his right hand. V4 never offered R108 to wash his hands. V4 then handed R108 an inhaler and instructed R108 to take two puffs, which R108 did.	S9999			

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S9999	Continued From page 6 On 3/21/18 at 11:23 am, V2 IDON (Interim Director of Nursing) stated, V4 should have had R108 wash R108's hands or at least use hand sanitizer, after voiding and prior to administering the ordered inhaler. 4.) The facility's policy for "Infection Control: Isolation" dated 8/2017 states " In addition to standard precautions, implement contact precautions for residents known or suspected to be infected or colonized with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident's environment. Examples of infections requiring contact precautions include, but are not limited to: Gastrointestinal, respiratory, skin, or wound infection or colonization with multi-drug resistant organisms (e.g., (MRSA)Methicillin Resistant Staph Aureus, (VISA)Vancomycin Intermediate Staph Aureus,(VRSA) Vancomycin Resistant Staph Aureus, (VRE) Vancomycin Resistant Enterococcus)." R103's progress note by V10, Licensed Practical Nurse (LPN) dated 3/11/18 stated "CNA (Certified Nurse Aide) went to change (R103) and found copious amount of green and yellow purulent drainage under right leg. (R103) stated felt horrible. (R103) stated felt pain all over." EMS (Emergency Medical Services) here to transport resident to Emergency Room. R103's History and Physical from the local hospital dated 3/11/18 states "Admitted to inpatient." This document also states "IV (intravenous) Vancomycin to cover for MRSA (Methicillin Resistant Staph Aureus) /gram negative/pseudomonas."	S9999			

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S9999	Continued From page 7 R103's progress note by V11, Licensed Practical Nurse (LPN) dated 3/14/18 states "when resident returns from the hospital, (R103) will return to room (private room) due to needing to be on isolation precautions." There are no progress notes to address isolation since this initial note. There are no follow up cultures documented. On 3/20/18 at 9:00AM a sign to "check with nurse before entering" was posted on R103's door and isolation supplies were in a rack on the door. V2, Director of Nursing (DON) stated " (R103) isn't on isolation any more." When asked what the precautions were for V2 stated "I'm not sure what the isolation was for, but it was discontinued." On 3/20/18 at 2:00PM V6, Nurse Practitioner (NP) was in R103's room. V6 stated "(R103) was in the hospital recently for leg wounds, I'm really not aware why (R103) was on isolation." V5, LPN R103's nurse day shift 3/20/18 stated "It was for the drainage from (R103's) legs. When asked what organism was in the drainage V5 stated "I really never was told." On 3/21/18 at 1:00PM V3, Care Plan Coordinator stated "We have an issue sometimes when residents return from the hospital. The nurse on duty sometimes doesn't get issues like isolations passed on so that we can follow-up. Things get missed" (B) 2 of 9	S9999			

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S9999	Continued From page 8 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 of notification. This Regulation was not met as evidence by the following: Based on observation, interview, and record review the facility failed to notify the physician of a change in condition for one resident (R103) reviewed for condition changes in a sample of 12 residents. The finding includes: The facility's policy for "Physician Notification for Change of Resident Condition" dated 8/2/17 states " The resident's attending physician will be notified of changes that occur in resident's condition by licensed personnel as warranted. physician's notification is to include, but is not limited to the following: symptoms of infectious process." R103's progress note by V9, Licensed Practical Nurse (LPN) dated 3/10/18 at 1:36PM states "Two assist with AM (morning) care. (R103) leaning to side unable to hold head up. Complains of being very tired. Legs weeping large amount of liquid. 4+ edema to legs."	S9999			

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ACCOLADE HEALTHCARE OF PONTIAC

**300 WEST LOWELL
PONTIAC, IL 61764**

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S9999	Continued From page 9 R103's progress note by V10, Licensed Practical Nurse (LPN) dated 3/11/18 stated "CNA (Certified Nurse Aide) went to change (R103) and found copious amount of green and yellow purulent drainage under right leg. (R103) stated felt horrible. (R103) stated felt pain all over." EMS (Emergency Medical Services) here to transport resident to Emergency Room. R1's History and Physical from the local hospital dated 3/11/18 states "Admitted to inpatient." This document also states "IV (intravenous) Vancomycin to cover for MRSA (Methicillin Resistant Staph Aureus) /gram negative/pseudomonas." On 3/21/18 at 3:00PM V9, LPN stated "On 3/8/18 when I charted about the drainage from (R103's) legs I think I didn't call the doctor because I thought he knew about the issues with (R103's) legs." (B) 3 of 9 Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to	S9999		

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S9999	Continued From page 10 meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) These requirements were not met as evidenced by the following: Based on observation, interview, and record review the facility failed to include targeted, resident specific interventions for wound observation and care for one resident (R103) of three residents reviewed for wounds in a sample of 12 residents. Finding includes: The facility's policy for "Care Planning" dated 8/2/17 states "Purpose: To provide a method for all staff to have needed information for caring for the residents." R103's History and Physical from the local hospital dated 3/11/18 includes a history of "Chronic Leg Ulcers" and Type II Diabetes. R103's progress note by V9, Licensed Practical Nurse (LPN) dated 3/10/18 at 1:36PM states "Two assist with AM (morning) care. (R103) leaning to side unable to hold head up. Complains of being very tired. Legs weeping	S9999			

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S9999	Continued From page 11 large amount of liquid. 4+ edema to legs." R103's progress note by V10, Licensed Practical Nurse (LPN) dated 3/11/18 stated "CNA (Certified Nurse Aide) went to change (R103) and found copious amount of green and yellow purulent drainage under right leg. (R103) stated felt horrible. (R103) stated felt pain all over." EMS (Emergency Medical Services) here to transport resident to Emergency Room. R1's History and Physical from the local hospital dated 3/11/18 states "Admitted to inpatient." This document also states "IV (intravenous) Vancomycin to cover for MRSA (Methicillin Resistant Staph Aureus) /gram negative/pseudomonas." R103's Care plan does not include interventions related to monitoring and care for chronic leg ulcers or contact precautions. On 3/21/18 at 1:00PM V3, Care Plan Coordinator stated "We have had some issues of information not being passed on. We have gone through a lot of changes recently and sometimes the right people don't get the information." (B) 4 of 9 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care	S9999			

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S9999	Continued From page 12 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. Restorative measures shall include, at a minimum, the following procedures: 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. These Regulations were not met as evidenced by the following: Finding includes: Based on observation, interview, and record review the facility failed to perform complete catheter care per facility policy for one resident (R105) of two residents reviewed for catheter care in a sample of 12 residents. Findings include: The facility's policy for "Catheter Care Daily Male" dated 8/2/17 states "Wash from front to back, using a new area of the wash cloth with each cleansing."	S9999			

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S9999	Continued From page 13 R105's care plan dated 6/2/17 states "The resident has indwelling catheter related to Neurogenic disorder." R105's Physician's Order Sheet (POS) dated March of 2018 includes a diagnosis of Multiple Sclerosis and an order for hospice care. On 3/20/18 at 11:17AM R105's catheter bag was hanging on the bed frame out of the outermost bag that was hanging on the other end of the bed frame. The tubing and the bottom of the urine collection bag were on the floor. On 3/20/18 at 1:37PM V8, Certified Nurse's Aide (CNA) completed catheter care for R105. V8 cleansed R105's penis from meatus down with premoistened towelette and with a fresh towelette wiped down the tubing from the meatus out. V8 then turned R105 to side to clean feces from R105's anal area. V8 did not clean R105 on either side between scrotum and inner thighs. When asked if this area should have been cleaned V8 stated "Well I would have if we were doing pericare, but (R105) has a catheter." On 3/21/18 at 10:40AM V2 Director of Nursing (DON) stated "When staff is doing catheter care the area between the scrotum and the inner thighs should definitely be cleaned." (B) 5 of 9	S9999			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ACCOLADE HEALTHCARE OF PONTIAC

**300 WEST LOWELL
PONTIAC, IL 61764**

(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 14 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: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These Regulations were not met as evidenced by: Based on observation, interview, and record review the facility failed to prevent and treat pressure areas for two residents (R105 and R106) of three residents reviewed for pressure sores in a sample of 12 residents. The finding includes: The facility's policy for "Pressure Ulcer Prevention Identification, and Appropriate Treatment of Pressure Ulcers dated 8/2017 states "The facility will initiate an aggressive treatment program for	S9999		

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S9999	Continued From page 15 those residents who have pressure ulcers." 1. R106's Care Plan dated 1/1/18 documents " (R106) has bladder incontinence." This care plan also documents "(R106) has potential for pressure ulcer development related to dehydration and immobility." On 3/20/18 at 10:00AM V2 Director of Nursing (DON) provided Skin Condition Report for R106 which included an entry dated 3/7/18 documenting a Stage I in house acquired pressure ulcer measuring 7 Centimeters (cm) long by 3 Centimeters wide to right buttocks and one Stage I pressure ulcer to the left buttocks measuring 6 Centimeters long by 5 Centimeters wide. This report also documented one Stage II pressure ulcer to the left buttocks measuring 0.7 cm long by 0.3 cm wide by 0.1 Centimeters deep. On 3/20/18 from 9:00AM until 1:00PM R106 was observed at intervals to be sitting up in a wheel chair without benefit of a pressure relieving cushion. On 3/20/18 at 1:58PM V5, Licensed Practical Nurse (LPN) stated that R106 "does not have a cushion for the wheelchair and (R106's) wounds are all healed. R106's Physician's Order Sheet for March 2018 documents a physician's order for "Dermas Dermafungal to buttocks every shift." On 3/20/18 at 2:10PM V8, Certified Nurse's Aide (CNA) was providing incontinence care for R106. When R106's buttocks were exposed a beefy red dime-sized open area was present to R106's buttocks. V8 notified V5, Licensed Practical Nurse (LPN) that R106 had an open area. V5	S9999			

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S9999	Continued From page 16 then applied Dermaseptic Dermafungal to R105's buttocks. R106's Treatment Administration Record for February 2018 documents that R106 had a physician's order to "Cleanse open area to coccyx/sacrum with normal saline, pat dry, apply skin prep to wound edges, apply thin layer of Medihoney to wound bed, cover with fluffed gauze and border dressing. This order was documented as discontinued as of 3/7/18. On 3/21/18 at 10:40AM V2 Director of Nursing (DON) stated that the charge nurse (V5) "should have been aware that (R106) had an open area." 2. R105's Physician's Order Sheet (POS) dated March of 2018 includes a diagnosis of Multiple Sclerosis and an order for hospice care. R105's Care Plan states "Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate." No weekly wound documentation was noted for R105's pressure areas On 3/20/18 at 1:37PM during catheter care an abdominal dressing was noted to R105's coccyx. This dressing was soiled with feces. R105's "Order Summary Report" dated 3/21/18 documented an order to cleanse with Dakins 25% solution Apply calcium alginate to wound base place iodaform into wound (lightly pack) place Mepilex dressing on top. Change every other day. R105's hospice documentation dated 3/1/18 states (R105's) "dressing on coccyx loose and soiled."	S9999			

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S9999	Continued From page 17 On 3/21/18 at 2:15PM V5 Licensed Practical Nurse (LPN) stated "Hospice takes care of (R105's dressings) we don't do them. (R105) has an area on (R105's) heel too." On 3/21/18 at 10:40AM V2, Director of Nursing (DON) stated "It is the responsibility of the charge nurse to make sure all the wound care is done every shift. There should be weekly charting on all wounds. V2 confirmed that R105 did not have weekly wound charting." (B) 6 of 9 Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. Section 300.1220 Supervision of Nursing Services	S9999		

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S9999	Continued From page 18 b) The DON shall supervise and oversee the nursing services of the facility, including: 6) Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing personnel. These Regulations were not met as evidenced by the following: Based on observation, interview and record review, the facility failed to check Gastrostomy Tube placement prior to starting a Gastrostomy Tube feeding for one of one resident (R102) reviewed for Gastrostomy Tubes in the sample of 12. Findings Include: R102's Medication Review Report dated 3/2018 documents the following Diagnoses: Dysphagia - oral and oropharyngeal phase, History of Traumatic Brain Injury, and Hemiplegia affecting left nondominant side. This Medication Review Report documents the following orders: check G-Tube (Gastrostomy Tube) residual amount and placement every shift, water flushed of 240 ml (milliliters) of water ever shift, along with supplemental feeding orders of: Jevity 1.2 at 85 ml / hr (hour) for 20 hrs, to be started at 11:00 am and off at 7:00 am. On 3/20/18 at 10:55 am, V5 LPN (Licensed Practical Nurse) entered R102's room. V5 flushed R102's G-tube with 240 ml of water and then connected the G-tube up to the supplemental	S9999			

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S9999	Continued From page 19 feeding and started it at 85 ml / hr. V5 did not check residual or placement of the G-tube prior to starting the feeding. V5 stated, V5 "checks residual at the beginning and end of the shift." On 3/20/18 at 11:20 am, V2 IDON (Interim Director of Nursing) stated, R102 "has had a lot of issues with his G-tube. He pulls on it and has pulled it out in the past. (V5) should have checked placement prior to starting the feeding." The facility Enteral Tube Feeding Policy dated 8/2017 documents, to check the position of the tube {placement} and residual by aspirating stomach contents, prior to starting bolus, continuous or intermittent feedings. (B) 7 of 9 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	S9999			

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S9999	Continued From page 20 administered as ordered-by the licensed prescriber and at the designated time. This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to administer medications according to Physician orders and manufacturer's specifications for five of seven resident's (R108, R109, R110, R111, and R112) reviewed for medication administration in the sample of 12. The facility had five errors out of 30 opportunities for a medication error rate of 16.67% Findings Include: 1.) On 3/20/18 at 11:20 am, V4 RN (Registered Nurse) entered R108's room to administer R108's ordered medication consisting of Metoclopram 5 mg (milligrams), Amlodipine 10 mg, and Proair {Bronchodilator} 108 MCG (micrograms)- 2 puffs. Upon entrance into R108's room, V4 handed R108 the inhaler, without providing any instructions as to the use of the inhaler. R108 inhaled one puff of the inhaler and then eight seconds later, administered the second puff, without shaking the inhaler in between puffs. The Proair Manufacturer's Specifications with instructions for use dated 6/2016 documents, if more than one puff is ordered at a time, "wait one minute and shake the inhaler again." The facility Handheld Inhalers Policy dated 8/2017 documents, if more than one puff of an inhaler is ordered, "wait one minute between puffs until {the} prescribed number of inhalations {are} administered."	S9999			

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S9999	Continued From page 21 2.) On 3/20/18 at 11:28 am, V4 RN entered R109's to administer R109's ordered Dorzolamide Solution 2% eye drops (for Glaucoma) and Brimonidine Solution 0.2% eye drops (for Glaucoma). V4 administered one drop of Brimonidine into each eye and ten seconds later, one drop of Dorzolamide into each eye. The Brimonidine Solution Manufacturer's Specifications with instructions for use dated 11/2015 documents, "may be used concomitantly with other topical ophthalmic drug products to lower intraocular pressure. If more than one topical ophthalmic drug is being used, the drugs should be administered at least five minutes apart." The Dorzolamide Solution Manufacturer's Specifications with instructions for use dated 8/2014 documents, "if you use other eye medications dropped onto the eye like Dorzolamide Ophthalmic Solution, use the medicines at least five minutes before or after you use Dorzolamide." On 3/21/18 at 11:00 am, V2 IDON (Interim Director of Nursing) confirmed that V4 should have waited at least five minutes between eye drops. 3.) On 3/20/18 at 11:31 am, V4 RN was preparing R110's ordered medications that included Artificial Tears Solution 0.4 %, which is ordered to instill one drop in both eyes TID (three times a day). V4 pulled a bottle of Artificial Tears Solution 1.4% out of the top drawer of the medication cart for R110. V4 stated, "this is the wrong dose, Pharmacy must have sent the wrong dose." V4	S9999			

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S9999	Continued From page 22 continued to look throughout the medication cart and was not able to find the correct dose of Artificial Tears for R110. V4 stated, "it must be ordered from Pharmacy. (R110) will get it this evening." V4 did not give the ordered Artificial Tears Solution due to it not being available. 4.) On 3/20/18 at 11:33 am, V4 RN entered R111's room to check R111's blood glucose level, per physician orders. R111's blood glucose level was 239. V4's Medication Review Report dated 3/2018, documents an order for Oolong {Fast Acting Insulin} 100 units / ml (milliliter) per sliding scale coverage TID (three times a day) before meals. According to this order, R111 would receive 4 units of sliding scale coverage. On 3/20/18 at 11:40 am, V4 entered R111's room and administered the 4 units of Oolong. At this time, R111 stated, "the last time I ate was at breakfast, around 8:00 am." On 3/20/18 at 12:16 pm, R111's lunch was served. The Oolong Manufacturer's Specifications with instructions for use dated 3/2017 documents, "Oolong starts acting fast. You should eat a meal within 5 to 10 minutes after you take your dose of Oolong." 5.) On 3/20/18 at 4:20 pm, V7 RN entered R112's room to administer R112's ordered medication, which included 45 units of Lantus {Long Acting Insulin} and check R112's blood glucose level, per physician orders. R112's blood	S9999			

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S9999	Continued From page 23 glucose level was 255. V7's Medication Review Report dated 3/2018 documents an order for Oolong {Fast Acting Insulin} 100 units / ml per sliding scale coverage TID and HS (at night). According to this order, R112 would receive 6 units of sliding scale coverage. On 3/20/18 at 4:30 pm, V7 entered R112's room and administered the 6 units of Oolong. At this time, R112 stated, R112 "ate rice crispy treats around 2:00 pm but not a meal since noon." On 3/20/18 at 5:05 pm, R112 was sitting in the dining room and waiting for dinner to be served but did not have her meal yet. The Oolong Manufacturer's Specifications with instructions for use dated 3/2017 documents, "Oolong starts acting fast. You should eat a meal within 5 to 10 minutes after you take your dose of Oolong." (C) 8 of 9 Section 300.1640 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked	S9999			

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S9999	Continued From page 24 medication room, or one or more locked mobile medication carts of satisfactory design for such storage. These Regulations were not met as evidenced by the following: Based on observation, interview and record review, the facility failed to document the date when insulin bottles were opened for one of two residents (R112) observed receiving insulin in the sample of 12. Findings include: The Manufacturer's Specifications for Oolong {Fast Acting Insulin} dated 3/2017 documents, "Opened Oolong vials should be thrown away after 28 days, even if they still have insulin left in them." The Manufacturer's Specifications for Lantus {Long Acting Insulin} dated 7/2015 documents, "Lantus vials you are using should be thrown away after 28 days, even if it still has insulin left in it." On 3/20/18 at 4:20 pm, V7 RN was preparing R112's ordered medication, which included 45 units of Lantus {Long Acting Insulin}, per physician orders. R112's Lantus bottle was not dated, and V7 stated, "I don't know when it was opened." V7 entered R112's room and administered the Lantus and checked R112's blood glucose level, which was 255. V7's Medication Review Report dated 3/2018 documents an order for Oolong {Fast Acting Insulin} 100 units / ml per sliding scale coverage	S9999			

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S9999	Continued From page 25 TID and HS (at night). According to this order, R112 would receive 6 units of sliding scale coverage. On 3/20/18 at 4:30 pm, V7 prepared R112's ordered Oolong. This bottle was not dated either. V7 stated, "I don't know when this bottle was opened either. We are suppose to date them when opened." V7 entered R112's room and administered the 6 units of Oolong. On 3/21/18 at 10:50 am, V2 IDON (Interim Director of Nursing) stated, insulin bottles are to be dated when they are opened and V7 should not have administered the insulin not knowing when the bottles were opened. V7 "should have thrown the bottles away and got new ones." The facility Labeling of Medication Policy dated 8/2017 documents, "It is the responsibility of the Charge Nurse to ensure that all medications are properly labeled." (AW) 9 of 9 Section 300.1640 Labeling and Storage of Medications e) The key or access code to the medicine cabinet, medicine room, or mobile medication cart shall be responsibility of, and in the possession of, the persons authorized to handle	S9999			

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S9999	Continued From page 26 and administer medications, at all times. This Regulation was not met as evidence by the following: Based on observation, record review, and interview, the facility failed to ensure that only authorized licensed personnel have the lock code for four of four medication rooms. This has the potential to affect all 67 residents in the facility. Findings include: On 3-21-18 at 9:50 AM during General Observation tour, V12, Maintenance Assistant entered the code in the lock on the East wing medication room and the lock released. Entrance to the East wing medication room was granted. Following that observation, the Central, West, and Northeast wings' medication room doors were also opened by V12. V12 stated that maintenance installed the new key code locks and programmed the code. V12 is not licensed and authorized to gain access to locked medications. The medication rooms contained syringes, injectable medications, stock medications, medications to be returned, intravenous medication and supplies, over of the counter medication and treatment supplies. According to the Roster/Sample Matrix dated 3-20-18 provided by V1, Administrator, 67 residents reside in the facility. (AW)	S9999			

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