STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015192	A. BUILDING: _____ B. WING _____	C 07/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SR LVG POPLAR CREEK	2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194

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S 000	Initial Comments Facility Reported Incident of 7/4/23/IL161981	S 000		
S9999	Final Observations Statement of Licensure Violations 330.710a) 330.4220f) Section 330.710 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.4220 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) These requirements were not met as evidenced by: Based on interview and record review the facility failed to follow physician's orders to monitor laboratory testing for determining blood clotting time was performed, failed to develop policies	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 related to laboratory testing. This failure resulted in R1 going to the hospital with a critically high blood clotting time and being hospitalized for 6 days with Coumadin toxicity. This applies to 1 of 3 residents (R1) reviewed for medications in the sample of 3. The findings inlcude: R1's electronic face sheet printed on 7/18/23 showed R1 had diagnoses including but not limited to atrial fibrillation, anemia, heart failure, and pulmonary hypertension. R1's individual service plan dated 12/13/22 showed, "Does the resident receive anticoagulation therapy? YES-Medication management and laboratory management from staff." R1's 5/15/23 lab results showed, "PT 18.2 seconds (High-Reference Range 9.6-11.3 seconds), INR 1.8 (Normal). R1's physician's orders dated 5/16/23 showed, Coumadin 2.5mg M/W/F/Su, 3mg T/TH/Sa. Recheck PT/INR (Prothrombin Time/International Normalized Ratio) 6/14/23. R1's physician's orders dated 6/23/23/ showed, "PT/INR." The facility had no documentation of R1 having a PT/INR lab draw performed from 5/16/23-7/4/23. The (local lab's) phlebotomist's log showed no PT/INR lab draws for R1 from 5/16/23-6/23/23. (The facility changed lab companies on 6/27/23).	S9999		

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S9999	Continued From page 2 R1's local hospital records dated 7/11/23 showed, "Resident of assisted living facility admitted from the emergency room on 7/4/23 with a history of atrial fibrillation on Coumadin, mitral valve repair, pulmonary hypertension, congestive heart failure, chronic kidney disease sent to the emergency room for evaluation of left leg injury. Patient said that he was being transferred from the chair to the wheelchair with the help of assisted living staff. He lost his balance and his left leg got scraped either on the wheelchair or the chair ....noted to have skin tears on the left leg with bleeding ...INR was >11. Per emergency room physician lab reported to them that the INR was 23. Patient was given Vitamin K ....diagnosis Coumadin Toxicity." On 7/18/23 at 11:57AM, V3 (Licensed Practical Nurse-LPN) stated, "I have worked at the facility for almost 17 years. I worked with (R1) from the first day he moved into the community. For Coumadin orders, once you receive the order you fax the lab company the new order and then fill out a requisition and we put it in a binder and then when the lab comes they draw the lab. When we switched lab companies in May, we entered the lab requisition into the computer. I had only done a few requisitions because initially the overnight shift was putting the requisitions in. I don't remember when it changed but then we were entering the requisitions ourselves when we received the order. The lab has been a problem since we started with them. They were missing labs or not drawing on everyone they were supposed to be. The June 14th lab requisition I entered into the system. The June 23rd one I had so many orders I don't recall if I filled it in or put the order out for the overnight shift to enter. It was a busy day for me that day. We were trying to explain to (V2-Director of Nursing) that there	S9999		

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S9999	Continued From page 3 was no way for us to know if a lab was missed because there was no tracking. Every nurse complained to her and they will tell you that we complained to her. She had no solution for us, just kept telling us that she would take care of it. I asked her what about our Coumadin patients because I have all of the Coumadin patients on my floor and I know how important this is. She told me she would take care of it. On 7/4/23, (R1) had obtained a skin tear earlier that day and then on my shift (2nd) it started bleeding again and I couldn't get it to stop. I had the resident assistant hold pressure while I notified (V10-R1's physician). V10 advised me to get a STAT PT/INR and when I went back to the room I held pressure for 7 minutes and I still couldn't get the bleeding to stop. I looked at (R1's) chart and notified (V10) that the PT/INR had been missed on 6/14/23 and 6/23/23 and she gave me the order to send (R1) to the emergency room. There is a progress note and an incident report. We are back to using the old lab. It is so much easier now because we can track it because we fill out the lab requisitions and there are 2 pages so we keep a copy and the phlebotomist keeps a copy so if a resident's lab requisitions are still there then we know the lab has not been drawn. With the old company we were not able to tell when the lab had been there unless they checked in with us. We never knew when they were coming, or even what day so it was very hard to schedule labs." On 7/18/23 at 12:21PM, V2 (Director of Nursing) stated, "We switched over to a new lab in May. (V3-LPN) knew how to use the system because she had requested (R1's) labs that were done on May 15th. You could track in the system to see if a lab requisition had been completed so if she didn't know if she did it or not she could have checked the system. All of the nurse's received	S9999		

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S9999	Continued From page 4 an in-service on how to use our new lab system before we switched over. We switched back to our old lab company at the end of June because we were having issues with the new lab company not coming out when they were supposed to. Anytime we have new orders from a physician they are supposed to be entered into an observation note for that resident. I don't see any notes from (V3) regarding lab orders for (R1) in the month of June or July. There was also never any lab requisition entered into the lab system for (R1) for June. I had to call the lab company because we don't have access to their system and I guess the nurse's don't either. I thought they did. I contacted the lab company we had in June and they verified that (V3) never entered any lab requisitions for (R1). I don't know why (V3) never entered the lab requisitions. We don't have a policy on lab orders or Coumadin but I'm in the process of implementing one now due to this incident with (R1). He was hospitalized on 7/4/23 with a diagnosis of Coumadin toxicity because his INR was critically high." The facility's in-service log dated 5/17/23 showed 6 of the 14 nurse's currently working at the facility were in-serviced on the new lab company procedures. On 7/18/23 at 12:39PM, V5 (LPN) stated, "We had a lab company that was really good and then all of a sudden we changed to a new company and they were terrible. We weren't receiving the faxed results and when we would try to get into the system to check and see if a lab requisition had been done we didn't have access. If we needed to check on a lab we had to call the company and wait on hold until someone eventually answered. There was a period of time where the lab wasn't even showing up. (V2) was	S9999		

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S9999	Continued From page 5 aware of this and she knew there was an issue and she kept telling us she would take care of it. Eventually, we switched back to the old lab company and we haven't had any problems." R1's Certificate of Death dated 7/13/23 showed R1 died as a result of pneumonia and atherosclerosis. (R1 had been transferred to a local skilled nursing facility on 7/11/23). On 7/19/23 at 11:16AM, V10 (R1's physician) stated, "(R1) was on Coumadin for chronic atrial fibrillation. My opinion is that the lab did not get drawn because they were changing over to a new lab and that might have been the issue. For this resident, his INR previously was pretty stable and it seemed unusual that his INR jumped up that high. He must have been critically ill. He was pretty therapeutic. The last time I saw him he was watching a baseball game and was being his normal self. I can't say for sure if missing his labs contributed to his hospitalization. They have a lot of stable staff and know him well and would have noticed a change in condition with him. He just suddenly changed for the worse and I knew he had to be sent out right away because that was not like him. (V3) called and told me he was not himself, he was sleepy and tired, she did not report anything to me that he had been bleeding that I recall but I don't have all of my notes in front of me. I can't really say what exactly happened but I do see where the concern is that the labs were not done. I would not expect this to be a situation that we "sweep under the rug." It needs to be addressed and could be very critical again in the future if it were to happen again." The facility was unable to provide a policy regarding laboratory monitoring or documentation expectations for staff.	S9999		

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