

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2006
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F 333	Continued From page 8 prior to providing patient care. 7. Pharmacy nurse consultants began periodically monitoring facility medication passes on 4/10/06. Corporate Nurse Consultants began periodically monitoring facility medication passes on 4/6/06. The medication pass audits are ongoing. 8. The Pharmacy Consultant stated the she " would not recommend doing anything differently." 9. An in depth analysis relate to all policies and procedures, in-service education, and employee orientation concerning medication administration was conducted to determine the risk areas that may be present for the guests. As a result of the analysis, in conjunction with the facility's Medical Director and the Consultant Nurses, it was determined that there were no changes or revisions necessary to our policies and procedures. 10. The root causes of the 5/2/06 and 5/15/06 medication errors were determined to be solely due to human error.	F 333			
F9999	FINAL OBSERVATIONS STATE VIOLATION RELATED TO: REVISIT TO ANNUAL SURVEY OF 04/11/2006 COMPLAINT #0611866 300.1210 b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2006
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 9</p> <p>300.1210 b)1) Medications including oral, rectal, hypodermic, intravenous, and imtramuscular shall be properly administered.</p> <p>300.1220 b) The DON shall supervise and oversee the nursing services of the facility, including: 300.1220b)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.</p> <p>300.1220b)8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility training programs. This person may conduct these programs personally or see that they are carried out.</p> <p>These regulations were not met based on interview and record review the facility failed to ensure that residents are free of significant medication errors. This is for 2 (R4 and R13) of 13 residents in the sample.</p> <p>These failures resulted in R4 having to have blood glucose testing every 30 minutes for 6 hours and 55 minutes (14 needle sticks), having nausea, shakiness and having to drink " many" simple carbohydrates.</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2006
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 10</p> <p>These failures resulted in R 13 having to have blood glucose testing hourly for 12 hours and every 2 hours for 12 hours, this was a total of 18 needle sticks. The resident also had Intravenous fluids (IV) for 12 hours. This resulted in 4 additional needle sticks before achieving a patent IV.</p> <p>The examples include:</p> <ol style="list-style-type: none"> 1. R4 is a 62 year old male who has a diagnosis of Diabetes Mellitus per his May 2006 Physician Order Sheet (POS). R4 receives oral Glyburide 2.5 mg every 24 hours per the POS. On 5/2/06 at 7:30 AM R4 received an injection of 35 units of 70/30 insulin. This medication was to be administered to R12 by E3 (Registered Nurse - RN). The nurse's notes for R4 dated 5/2/06 at 7:30 AM "...administer insulin 70/30, 35 units to guest. While signing Medication Administration Record (MAR) recognized insulin was given in error". <p>The physician order dated 5/2/06 at 5:05 PM stated "check Blood Sugars every 30 minutes up to midnight. Use Hypoglycemic protocol. Call Doctor in the morning with a follow-up for further advice." On 5/3/06 at 7:30 AM the Physician Order states to "hold Glyburide today. Resume on 5/04/06. Resume blood sugar testing as ordered twice daily".</p> <p>The facility's Standard Treatment Protocol for Hypoglycemia defines mild Hypoglycemia as a blood glucose between 50-70 mg/dl. Per facility policy for a blood glucose of 50-70 mg/dl</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2006
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 11</p> <p>4 ounces of fruit juice is to be given, and repeat the blood glucose test in 10-15 minutes. On 5/2/06 at 11:50 AM R4's blood glucose was 63 mg/dl. R4 was given orange juice with 2 packets of sugar (per nursing documentation). According to nursing documentation on 5/2/06 R4's blood glucose was rechecked 30 minutes later.</p> <p>Nursing Documentation shows that on 5/2/06 at 4:20 R4 was "feeling shaky with complaints of shortness of breath...oxygen saturation 88%".</p> <p>During an interview with R4 on 6/14/06 at 11:30 AM he stated that the day he received the Insulin (May 2, 2006) he was "shaky and a little nauseated".</p> <p>On 6/14/06 at 12:49 PM Z1 (Medical Director) stated "I was contacted on 5/2/06 at 4:30 PM regarding R4 who had received insulin in error that morning. I was also informed that through the course of the day he had been given several glasses of orange juice with sugar added. Based on the facts I was given, and knowing he consumed many simple carbohydrates to prevent hypoglycemia, I felt his symptoms were in response to the carbohydrates he consumed. I advised the Director of Nursing to continue to monitor as Z2 (Physician) ordered." 70/30 insulins peak between 2-12 hours with a duration lasting up to 24 hours.</p> <p>On 6/14/06 at 12:30PM E3 stated she gave R4 Insulin Subcutaneous at 7:30 AM on 5/2/06. E3 (RN) thought she was looking at the MAR for R4 but she was actually looking at R12's MAR. E3 drew the Insulin up into the syringe and then</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2006
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	<p>Continued From page 12</p> <p>went to R4. She told the resident she was going to give him his insulin. E3 stated the resident said okay. E3 went back to the MAR to sign that she had given the medication. It was at that time she realized that she had given R4 the Insulin that R12 should have received.</p> <p>2. R13 is a 68 year old female resident who, according to the May 2006 Medication Administration record, has a diagnosis of Diabetes.</p> <p>R13's Diabetes is treated with a daily injection of 15 units of Lantus Insulin. On May 15, 2006 at 8:05AM E4 (Licensed Practical Nurse - LPN) gave R13 an injection of 35 units of Novolin 70/30 Insulin. The Nurse's Notes dated 5/15/06 at 8:00AM document, "...administered insulin Novolin 70/30 35 units to guest after checking name band. This writer went to the MAR to sign out Insulin given. When signing out writer noted that it was another guests MAR that the order was taken from".</p> <p>The 5/15/06 Physician Order Sheet states the resident is to have her blood glucose checked every hour for 12 hours and then every 2 hours for 12 hours. Her vital signs are to be checked every 2 hours for 24 hours. Intravenous fluids of 5% Dextrose and 45% Normal Saline is to be initiated and is to run at 40 Cubic Centimeters an hour for 12 hours.</p> <p>Review of nursing documentation for 5/15/06 at 3:00 PM R13 complained of left lower abdominal pain.</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2006
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD ROCKFORD, IL 61108		
(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) COMPLETION DATE	
F9999	Continued From page 13 During an interview with E4 (LPN) on 6/14/06 at 10:10 AM she stated she was unfamiliar with the hall she was assigned to. E4 (LPN) said she drew up the insulin for R13, checked the order on the Medication Administration Record, checked the residents arm band, and asked the resident to state her name. E4 said she told the resident she was going to give her insulin to her. After giving the insulin, E4 said she went back to the Medication Administration Record to sign her initials signifying that she gave the insulin and realized that she gave the wrong insulin to R13. On 6/14/06 at 12:50 PM Z3 said she ordered the Intravenous fluids as precautionary treatment. R13 was supposed to receive 15 units of Lantus Insulin but received 35 units of Novolin 70/30 insulin. Lantus Insulin has no peak time, the insulin is delivered at a steady level. Novolin 70/30 insulin has a peak time of 2-12 hours.	F9999			