

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
"REPEAT B" VIOLATION(S)
STATEMENT OF VIOLATIONS

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HIDDEN VALLEY

0049056

Facility Name

I.D. Number

204 SOUTH PECON STREET, PO BOX G, JONESBORO, ILLINOIS 62952

Address, City, State, Zip

22344, 18196

APRIL 7, 2010

Reviewed By

Date of Survey

REVISIT TO COMPLAINT NO. 0953681

09038

Type of Survey

Surveyed By

As a result of a survey conducted by representative(s) of the department, it has been determined the following violations occurred. Please respond to each violation. The response must include specific actions which have been or will be taken to correct each violation. The date of which each violation will be corrected must also be provided. Forms are to be submitted with the original signature.

IMPORTANT NOTICE:

THE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

"REPEAT B" VIOLATION(S):

330.1510d)1)

Section 330.1510 Medication Policies

330.1530g)

d)1) All medications used by residents shall be properly recorded by facility staff at time of use.

330.1710f)

Section 330.1530 Labeling and Storage of Medications

g) Medication in containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or dispensing physician for re labeling or disposal. Medications in containers having no labels shall be destroyed in accordance with Federal and State laws.

Section 330.1710 Resident Record Requirements

f) A medication administration record shall be maintained which contains the date and time each medication is taken, name of drug, dosage, and by whom recorded. A medication administration record is not required for residents who have been approved by their physician to be fully responsible for their own medications under Section 330.1510d)2).

These requirements are not met as evidenced by:

Based on record review, observations, and interviews, the facility failed to follow its plan of correction for the September 4, 2009 survey by failing to 1) ensure that regulations pertaining to recording of medications taken are followed, 2) failing to ensure that medication are properly

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labeled, and 3) failing to ensure that all resident records are properly maintained. Specifically, the facility failed to accurately document medications taken by residents for 5 of 5 residents reviewed – (R1-R5), and failed to provide required labeling for filled insulin syringes for 3 of 3 residents receiving insulin from the sample of 5- (R1, R2, R3).

The findings include:

1. Review of the medication administration records of March and April 2010 was initiated on 4/6/10 at 10:30 AM. This review found that there were several blanks where facility staff should have signed their initials to verify that medication was received by the residents. This was found on all 22 resident medication administration records (MAR) for April. Following is a sample of 5 residents and the findings:
 - A) As of today, 04-06-10 at 10:30 AM, R1's April 2010 MAR had not had the AM medications signed off as received for April 1st, 2nd, 5th, 6th. The PM medication was not signed off as received on the 1st, 2nd, or 3rd. The 8 PM medications were not signed off as received on the 1st, 2nd or 3rd. The bedtime dose of Lantus insulin was not signed off as having been received for April 1st thru the 5th. R1 stated on 4-06-10 at 11:00 AM that he does give himself his insulin each evening and takes his pills everyday when he is supposed to. A review of the March 2010 MAR indicated that the AM medications had not been signed off as received on March 1st thru the 4th, 16th-17th and the 29th and 30th. The PM meds had not been signed off as received on the 12th, 17th and 27th.
 - B) As of today, 04-06-10 at 10:30 AM, R2's April 2010 MAR had not had the AM medications signed off as received for April 1st, 2nd, 5th, 6th. The 8 PM medications were not signed off as received on the 1st and 2nd. R2's Lantus insulin that is ordered for every AM was not signed off as received for April 1st thru April 6th. R2 stated per interview at 11:05 AM that he does give himself his insulin injection each morning and takes his pills when he is supposed to. Review of the March 2010 MAR indicated that the AM medications had not been signed off as received on March 1st thru the 4th, 16th-17th and the 29th and 30th. The PM meds had not been signed off as received on the 12th, 17th and 27th. R2's Lantus insulin was not signed off on the March MAR on the 1st thru the 4th, the 8th thru the 11th, the 22 thru the 26th and the 29th and the 30th.
 - C) In addition, review of R3's March and April MAR's found missing signatures for R3's ordered oral medications on the same dates as described above for R2.
 - D) As of today, 04-06-10 at 10:30 AM, R4's April 2010 MAR had not had the AM medications signed off as received for April 1st, 2nd, 5th, 6th. R4's 9 PM medication was not signed off as received on 04-02-10. Review of his March 2010 MAR indicated that the AM medications for March, 2010 were not signed off as received on the 22nd, the 29th and the 30th. His PM medications for March were not signed off as received on March 27th.
 - E) R5 also had similar blanks on his March and April MAR"s for his oral medications, as noted above for R1, R2 and R4. E1, owner, stated on 04-06-10 at 11:15 AM that staff are expected to sign off medications as received by the resident on the MAR"s.

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2. During the initial tour of the facility on 04-06-10 at 9:45 am the medication refrigerator was observed to have a locked compartment with filled syringes stored in it. There were 3 plastic bags in the locked compartment, each containing filled syringes. E2, Administrator, stated the syringes were filled with insulin. R1 had a plastic bag with 11 filled syringes and a handwritten label was noted on the bag with R1's name and the following information: Lantus 25 units at bedtime and the initials of E3, Registered Nurse. R2 had a plastic bag with 11 filled syringes and a handwritten label with his name and the following information: Lantus 15 units every AM and the signature of E3, RN. R3 had a plastic bag with 10 filled syringes and a handwritten label with his name on it and the following information: Lantus 22 units every AM and the signature of E3, RN. These repackaged medications did not have a pharmacy provided label and did not contain information regarding the name of the physician, prescription number, date of issue, expiration date, or name of the issuing pharmacy.

(RB)