

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

PRINTED: 05/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH ADAMS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2259 EAST 1100TH STREET</b> <b>MENDON, IL 62351</b>		
(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 516	Continued From page 11 covered with boxes.  On 12/30/11 at 8:30 am E1 (Adm.) stated, "We have been here since 6:00 am this morning working on moving those resident files from the wet basement."  The Facility Data Sheet dated 12/27/1, signed by E1 (Adm.), indicates the resident census was 61.	F 516			
F9999	FINAL OBSERVATIONS  Licensure Violations:  300.610a) 300.1210b) 300.1210d)1)2) 300.1630c) 300.3240a)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.  Section 300.1210 General Requirements for Nursing and Personal Care	F9999			

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

PRINTED: 05/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH ADAMS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2259 EAST 1100TH STREET</b> <b>MENDON, IL 62351</b>		
(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 12  b) The facility shall provide the necessary care 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.  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:  1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.  2) All treatments and procedures shall be administered as ordered by the physician.  Section 300.1630 Administration of Medication c) Medications prescribed for one resident shall not be administered to another resident.  Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.  THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:	F9999			

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

PRINTED: 05/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH ADAMS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2259 EAST 1100TH STREET</b> <b>MENDON, IL 62351</b>		
(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  Based on record review and interviews the facility failed to follow their policy on medication administration, and failed to give the correct medications to the correct resident for one of five sampled residents (R1) involved in medication errors. R1's blood pressure dropped so low that it did not respond to medical treatment for correction. R1 expired at the hospital from Vasodilatory Shock and Medication Toxicity on the third day after the medication error was made. This lack of staff responsibility through medication pass practice, potentially places all 61 residents residing at the facility at risk for medication errors, improper nursing care and medical complications.  Findings Include:  The facility report for R1 titled, "Accident/Incident Report" dated 12/10/11 at 9:20 am documents the following: "(R1) was given wrong medication. Sent to (nearby) hospital emergency room for evaluation. Diagnoses on admission: Huntington's Chorea, Pulmonary Fibrosis, Hypertension, and Chronic Obstructive Pulmonary Disease."  The report includes a final summary which states, "Follow up to (R1) medication error of 12/10/2011. Resident expired 12/13/2011 in (nearby) hospital. (E4/LPN/Licensed Practical Nurse) terminated 12/12/2011."  The facility investigation notes, "On 12/10/2011 (E4/LPN) administered medication to the incorrect resident. (R1) received Losarten 100 mg	F9999			

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

PRINTED: 05/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH ADAMS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2259 EAST 1100TH STREET</b> <b>MENDON, IL 62351</b>		
(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 14</p> <p>(milligrams) (used to treat Hypertension/high blood pressure) Lopressor 100 mg (used to treat high blood pressure), Nifedipine ER 90 mg. (extended release) (used to treat high blood pressure), Imdur 30 mg. (a vasodilator/used to treat high blood pressure), Glucosamine and Aspirin. Due to violation of policy, employee (E4) will be terminated at this time."</p> <p>On 12/28/11 at 1:25 pm, E5 (RN/Registered Nurse) stated, "I was feeding (R1) and another resident (R6) when (E4/LPN) came over and started talking about staff issues. I listened to (E4) while I continued to feed (R1 and R6). (R1) was still chewing when I looked across the dining room to see if another resident of mine (R8) was asleep; she often falls asleep during the meal. About that time (E4) asked me, 'Why did you let me do that?' I asked (E4) do what? (E4) said, 'I just gave (R1) some other resident's medication.' I told (E4) that I had already given (R1) his morning medication. (R1) was my resident, not hers (E4). I told (E4) to report to (R1's) doctor (Z6 medical doctor on call for Z2/R1's primary care medical doctor), who said to monitor (R1's) blood pressure every hour. The blood pressure was extremely low when she checked it, so I told (E4/LPN) to call the doctor back. The doctor (Z6) said to send (R1) to the emergency room. (R1) was his normal self until the EMT's (Emergency Medical Technicians) arrived. Then (R1) was hard to arouse. They had trouble finding his pulse. (R1) continued to increase in lethargy (drowsy and sluggish). I had given (R1) Ativan sometime around 6:00 am. The Ativan makes him sleepy. Then I gave his morning medications including a antihypertensive medication, Metoprolol 12.5 mg</p>	F9999			

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

PRINTED: 05/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH ADAMS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2259 EAST 1100TH STREET</b> <b>MENDON, IL 62351</b>		
(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 15 around 8:00 am. Then (R1) got all those other blood pressure medications from (E4) around 9:20 am."</p> <p>At 2:26 pm, 12/27/11, E4 (LPN) reported, "I got (R2's) medications and I was stirring them in a medication cup. I was shook up because we were told not to be late on the new medication pass system (on the computer). I got side tracked talking to (E5 and E9/LPN's) as E5 was feeding (R1) at the table. As soon as I gave that medication to (R1) I knew it was wrong. I made an error previously. I got Lortab (pain) mixed up with cough syrup for a resident in pain (R3) last month. (R3) said she felt better after the cough syrup. Both had hydro in the name, Hydrocodone/Lortab (pain) and Hycodan (cough). I also had a wrong dose on (R1) in November (last month). His dose was up and down and I just read it wrong. I didn't get in any trouble, no counseling and no disciplinary action after those errors but this time they terminated me. The facility said I didn't follow the policy and procedure in my job description. They gave me a ten page job description but I know the original job description was only one page."</p> <p>E1 (Administrator) stated on 12/27/11 at 10:00 am, "(R1) did pass away at the hospital on 12/13/11. Here is the coroner's (Z5) phone number. He (Z5) left it when he was here doing his investigation."</p> <p>Z5 (County Coroner) stated on 12/27/11 at 1:15 pm, "I am not completely finished with the investigation, but (R1's) cause of death will be due to medication overdose. I can say that (R1) would still be alive if it weren't for the medication</p>	F9999			

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

PRINTED: 05/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH ADAMS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2259 EAST 1100TH STREET</b> <b>MENDON, IL 62351</b>		
(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 16 given to him (R1)."</p> <p>On 12/27/11 at 1:55 pm , Z1 (R1's medical doctor/hospitalist where R1 was sent after the medication error) reported, "The ER (Emergency Room) doctor was very upset about the large amount of medications as well as the high doses of blood pressure medication given to (R1). (R1) went into Vasodilatory Shock (results from increases in blood flow into the vessels but simultaneously lowers blood pressure), for which (R1) did not respond to the intravenous fluids we gave to correct the low blood pressure. Then (R1) developed a Dense Encephalopathy (impaired brain function). They put him on comfort care but the ultimate cause of death was from the blood pressure medications they gave him (R1)."</p> <p>Nursing note dated 12/10/11 at 12:09 pm, "(R1) transferred per stretcher by ambulance at approximately 10:30 am for low blood pressure evaluation, unable to obtain BP (blood pressure) at time of ambulance transport and pulse is weak per EMT's, breathing is erratic and (R1) is difficult to arouse." On 12/14/11 at 10:52 am, (late entry) for 12/10/11 9:30 am, "Initial BP 82/49, pulse 113, remains under direct observation in dining room." Nursing note dated 12/14/11 at 10:57 am (late entry) notes, "12-10-11 10:15 am, (E4) took BP (blood pressure) again as requested by MD (medical doctor) to monitor every hour. BP was 69/46."</p> <p>The County ambulance Emergency Management System record dated 12/10/2011 notes patient contact was made at 10:40 am on 12/10/2011, for ingested poisoning. Complication noted</p>	F9999			

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

PRINTED: 05/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH ADAMS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2259 EAST 1100TH STREET</b> <b>MENDON, IL 62351</b>		
(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 17 Hypotension (low blood pressure). Was dispatched 10-40 for a male (R1) with low blood pressure. Arrived to find a 74 YO (year old) male. The nurse present stated he was given his morning medication by her . Then later another nurse gave him the medications of another resident by mistake. The nurse stated his blood pressure keeps dropping. His (R1's) last blood pressure prior to our arrival was 60/22 per automated blood pressure cuff. Patient had no brachial pulse but radial was present. Blood pressure could not be auscultated with a stethoscope. Pulse rate was 100. Initial blood pressure (by EMT) was 40 systolic by doppler. A 300 cc bolus of Normal Saline administered for hypotension (low pressure). The blood pressure was rechecked and was (still) 40 systolic by doppler. Transported to hospital. Pt. (R1) own medications given this am, Metoprolol 12.5 mg (milligram) (blood pressure), Ativan 1 mg., Aspirin 325 mg, Nephro Vite 0.8 mg. Prednisone 60 mg, Tamsulosin 0.4 mg (for BPH/Benign Prostatic Hypertrophy/may effect blood pressure), OcuVite and Mucinex 600 mg."  R1's hospital History and Physical dictated on 12/10/11 by Z1 (hospital/medical doctor for R1), "(R1) is 74 year old male. Admitted after getting an assorted number of medications accidentally at nursing home. He was found to have a blood pressure in the 50 to 60 range when he was sent to the ER. He was placed on Dopamine by the ER doctors and had a max dose with significant tachycardia (rapid heart beat). Spoke with family and placed a central access (central catheter for intravenous/IV/administration of fluids/medications) as (R1) has been getting large doses through a peripheral IV.	F9999			

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

PRINTED: 05/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH ADAMS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2259 EAST 1100TH STREET</b> <b>MENDON, IL 62351</b>		
(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 18</p> <p>IMPRESSION/PLAN: 1. Vasodilatory Shock 2. Accidental ingestion of blood pressure medications. The patient (R1) presents critically ill." 12/11/11 at 10:19 am dictation by Z2 (R1's primary care physician) notes: GROSS FINDINGS: (R1) who has a history of Huntington's Chorea and has respiratory insufficiency, was brought to the ICU (intensive care unit) and a subclavian line (central intravenous line place in the subclavian vein) was placed yesterday. Through the evening(R1) began to have increasing shortness of breath. The family was agreeable to the chest tube after this morning's chest x-rays showed a large pneumothorax (collapsed lung) with hydrothorax (serous/fluid) accumulating in the pleural cavity (space between the two membranes surrounding the lungs)." Z1 dictated on 12/12/11 at 7:01 am, "The patient (R1) remains critically ill. Today (R1) has a dense encephalopathy from his (R1's) illness. The daughter (Z3) would like him kept comfortable. We will have hospice come and make transition from ICU level care to comfort measures."</p> <p>Hospital billing information dated 12/12/11 notes Principal Diagnosis: Poisoning by antihypertensive agent. Also noted are: Poisoning by unspecified agent affecting the cardiovascular system, Poisoning by coronary vasodilator and Poisoning occurring at residential institution, present on admission (to hospital). Hospital Adult Patient Profile dated 12/12/11 reports: "Reason for admission/chief complaint as stated by (R1's) family: (R1) given another patients meds at nursing home. Describe previous general health: Average."</p>	F9999			

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

PRINTED: 05/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH ADAMS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2259 EAST 1100TH STREET</b> <b>MENDON, IL 62351</b>		
(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 19</p> <p>E4's personnel record and review of the facility medication incident/accident reports includes the following errors committed by and recorded by E4 (LPN): Incident dated 11/12/11 for R1 (a previous error on the same resident R1) notes, "Prednisone 20 mg, two tabs (40 mg), at 8:00 am daily. 11/12/11 gave one 50 mg of Prednisone. 'I believe I had a dyslectic tend reading 20 mg, which is still wrong.'" On 11/13/11, "Prednisone not given to (R1) due to not available", (also error by E4). Incident dated 11/13/11 for R3 with person responsible for error noted to be E4 (LPN). "11/13/11 Medication order, Hydromet PRN (as needed) for cough (5 ml/milliliter every 4 hours). Medication not given: Hydromet (error on name on report) 5 ml (milliliters) for pain. Gave cough med for pain med by error; mistook for generic liquid Lortab type." Medication error incident report dated 12/17 and 12/18 (no year). E4(LP) gave R4 Plavix for two days, while Plavix was on hold for 7 days prior to dental appoint on 12/19/?. Errors were also noted to have been made by E4 two times from 2004 through 2008, and again in 2010.</p> <p>The facility policy dated 5/3/1008 and titled, "Medication Administration" included under General Guidelines Procedure: "8. Staff should verify each time that a medication is administered that it is the correct drug, the correct dose, the correct route, at the correct rate, at the correct time, for the correct resident." (A)</p>	F9999			