

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: 145610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2012
NAME OF PROVIDER OR SUPPLIER BLOOMINGTON REHABILITATION & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701		
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F 329	<p>Continued From page 7</p> <p>want to get up." E3, E4 and E5 all stated that CNAs had not reported these symptoms, and also E6 stated this on 3/8/12 at 12:15pm.</p> <p>On 3/1/12 at 9:30am, Z6 (Pharmacist) stated that routine monitoring of Dilantin levels should be done every three months, and seven days following a dosage increase. On 3/8/12 at 2:45pm, Z2 (per Z1) stated that sign/symptoms of Dilantin toxicity include twitching, ataxia, tremors, seizures, and confusion.</p> <p>The above information was discussed with E1 (Administrator) and E2 on 3/8/12 at 2:30pm. No additional information was provided.</p> <p>2. According to the POS for 3/12, R2 has diagnoses including Head Trauma with Severe Brain Injury, Migraine, and Intracranial Hemorrhage. R2's medications include an order dated 1/17/12 for Dilantin 200mg twice daily. R2's last Dilantin level done on 11/30/11 which was within normal range.</p> <p>On 3/1/12 an order was written by E2 to check the Dilantin level. This order was not signed off as completed. On 3/8/12 at 8:45am, E7 (nurse) was asked if this order for Dilantin level was done. After checking the lab schedule and requisitions, E7 stated that the lab had not been done. At 9:00am, E2 confirmed that she had written the order, but then did not complete the requisition or order the lab.</p>	F 329			
F9999	FINAL OBSERVATIONS	F9999			

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F9999	Continued From page 8 Licensure Violation 300.1010h) 300.1210d)2) 300.1210d)3) 300.3240a) 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 time of notification. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.	F9999			

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F9999	Continued From page 9 These regulations are not met, as evidenced by the following: Based on record review and interview, the facility failed to adequately monitor 2 of 4 sampled residents who received Dilantin (anticonvulsant) by failing to respond to physical complaints and requests to obtain blood levels (R3), and by failing to obtain blood levels as ordered (R2). These failures contributed to R3 being hospitalized with Dilantin toxicity. Findings include: 1. According to the Physician's Order Sheets (POS) for 1/12 and 2/12, R3 was admitted to the facility on 12/24/11 with a diagnosis list of Clostridium Difficile, Vancomycin Resistant Enterococcus, and Chronic Obstructive Pulmonary Disease. The Diagnosis sheet in the record also lists Bronchitis, Hypertension, Congestive Heart Failure, History of Cerebrovascular Accident (CVA), and Urinary Tract Infection. Only the hospital History and Physical lists diagnoses of Cirrhosis, Hepatitis C, Ascites, Elevated Liver Enzymes, and Hypothyroidism. These are not reflected on the facility's POS or diagnosis list. R3's initial medication orders dated 12/24/11 include Dilantin (anticonvulsant) 100mg (milligrams) two capsules twice daily. The Minimum Data Set (MDS) dated 1/3/12 assesses R3 with no cognitive impairment or communication problems. The MDS, under Active Diagnoses, indicates Cirrhosis, Seizure disorder, Anxiety and Depression. The undated Nursing	F9999			

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F9999	<p>Continued From page 10</p> <p>Admission Care Plan notes multiple diagnosis and weakness, but does not address anything regarding Seizures or Cirrhosis. The careplan dated 1/13/12 also does not address anything regarding the Seizure Disorder.</p> <p>Nurses notes for 1/1/12 at 12:00pm stated that R3 was found on the floor and that R3 reported she had a seizure - that she "started 'jerking' when she went to stand up from her bed. Resident is alert and oriented x (times) three. . . . Resident also stated that her right arm and leg were 'twitching'. . . ." R3 was sent to the hospital where R3's Dilantin dose was increased 10mg twice daily to 300mg twice daily. No Dilantin level results were indicated in the Emergency record. R3 returned to the facility the same day. On 1/2/12 nurses notes state that R3 had a "small seizure lasting approximately 2 minutes 15 seconds. Res aware of seizure, states 'feel like I'm going dark. . . ." Nurses notes 1/3/12 at 12:05am state "no seizure activity noted at this time." No other nurses notes through 2/10/12 address anything regarding seizure activity or monitoring for seizure activity.</p> <p>According to Office Visit notes dated 1/9/12, R3 saw Z2 (attending Physician). At that time R3 was "negative for dizziness, tremors. . . ." Z2 ordered a Dilantin level to be done 1/23/12. The Dilantin level was low at 8.5ug/ml (micrograms per milliliter), normals 10 - 20.0. On 1/24/12, according to Z2's Telephone Contact Summary, Z2 reviewed the labs and increased R3's Dilantin to 300mg three times daily.</p> <p>Again on 2/3/12, R3 saw Z2 at his office, according to After Visit Summary notes. These</p>	F9999			

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F9999	<p>Continued From page 11</p> <p>notes include an order for a Dilantin level to be completed by 2/27/12. The telephone order written on the facility POS dated 2/3/12 stated to get the Dilantin level, but did not specify the date. The next order is dated 2/5/12 and states "Dilantin (level) OK if not seizures. . . copied from signed fax (facsimile) per {Z2}. . ." There was no fax in the record. E2 stated on 3/8/12 at 11:00am that it is facility practice to throw away faxes after a telephone order had been written. Z1 (Z2's office Nurse), on 3/8/12 at 1:00pm, stated and provided the fax that this fax was the 1/23/12 lab slip for the Dilantin level, and the orders written on it were from Z3, the on-call physician, written and faxed on 2/5/12, after Z2 had already responded to the labs. E2 also stated that she could not tell from the record when the next labs were to be done until E2 called Z2's office.</p> <p>On 3/1/12 at 3:15pm, R3 stated that on 2/9/12, she started feeling bad and felt like her chin was shaking and she was shaky and weak with walking. R3 said she told the nurse, and the nurse told R3 she would page the doctor. R3 said they also gave her medication for anxiety. R3 said she continued to complain through the weekend of the shaking and tremors especially in her chin, and sometimes felt like she was going to have a seizure. R3 said she could not remember if she reported having double vision. R3 stated she told the CNAs (Certified Nurse Aides), and one unnamed CNA told her that "wasn't a seizure, because her daughter had seizures and that wasn't it." R3 also stated that she would tell the nurses and they would say they called the doctor but the doctor had not called back yet. R3 also stated that one of the nurses</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>said they could move up getting the labs done; however, the labs were not done. On that Monday, 2/13/12, R3 stated she asked E5 (nurse) about the lab and that that the doctor be called regarding R3's complaints of shakiness. E5 told R3 that "Mondays were not good days to call the doctor." Then on Tuesday 2/14/12 she again asked regarding the doctor, and the nurse did not get back to R3. So then Z5 (family) took R3 to the hospital, where R3 was found to have a high Dilantin level.</p> <p>There is no documentation in the nurses notes regarding any complaints by R3 on 2/9/12 or after. When questioned on 3/1/12 at 2:30pm, E2 provided a Behavior Monitoring Record (which was not in the record) and also Incident Investigation Forms. The Behavior form had an entry by E4 (Nurse) dated 2/9/12 at 4:40pm that R3 was "anxious about procedure tomorrow. stating she will have a seizure." Interventions attempted indicate reduce stimuli, 1:1 monitoring - visual check frequency, and "talked with dr. office." This form also states that upon recheck at 5:30pm, the outcome was "improved." In the Incident Investigation dated 2/17/12, E4 stated that the daughter thought it was anxiety due the the testing R3 was to have the next day, and E4 "continued to monitor with no seizure activity." On 3/1/12 at 2:45pm E4 confirmed her written statement, and stated that E4 talked to a nurse in the doctor's office and thought it was an on-call doctor covering for Z2, but did not know who. E4 was instructed to monitor R3 and she was to proceed with the diagnostic test the next day. E4 confirmed that she did not write that as an order nor did she document in the nurses notes.</p>	F9999			

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F9999	<p>Continued From page 13</p> <p>According to Z2's Telephone Contact Summary and confirmed by Z1 on 3/8/12 at 1:00pm, the call to the office on 2/9/12 came from Z5 at 5:15pm. Z5 reported that R3 "thinks she's having a seizure, has mouth twitching. . . thinks pt (patient) may be anxious about CAT (Computerized Axial Tomography) scan tomorrow, but pt denies. . . .Last Dilantin level 1/1/12: 5.2; pt has repeat dilantin level ordered. . . ." Z1 called E4 at 5:19pm and at 5:50pm, "Spoke to {E4}. Earlier pt asked nurse to cancel all of her procedures tomorrow, but when the nurse said she could not cancel the procedures the pt started claiming she was going to have a seizure. According to nurse pt has been her normal self, walking around in room. . . saw pt walking to the dining room for dinner. However, the nursing staff is keeping an extra watch on the pt." Z1 stated that she felt in talking to E4 that E4 did not take R3's complaints seriously and that E4 said that R3 "make complains if she didn't want to do something."</p> <p>E5 stated on the Incident Investigation Investigation Form dated 2/16/12 that on 2/13/12 E5 talked to Z5 regarding the possibility of surgery, and thought that by the doctor Z5 "meant the cardiologist." E5 also stated that E5 was not aware of R3's "chin quivering or fingers contracting," and that "when it was reported we were moving labs up it was for surgery." E5 stated in interview on 3/8/12 at 2:00pm that she was told in report that labs were being moved up, but nothing was reported of R3's complaints of twitching or tremors.</p> <p>There is no documentation regarding monitoring R3 for seizure activity, specific complaints or labs</p>	F9999			

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F9999	<p>Continued From page 14</p> <p>until 2/14/12 at 10:45am by E3 (nurse) that states, "Resident left facility {with} family. Per family request, resident's daughter and POA (power-of-attorney) wanted to take resident to the emergency room, regarding the 'twitching' of the resident's mouth. Staff has not witnessed 'twitching' and POA was advised of this." E3's Incident Investigation form dated 2/16/12 stated that E3 was "made aware of trembling Tuesday (2/14/12) morning - discussed with resident that labs could be moved up so we could get a Dilantin level and that I would need to notify the doctor." E3 then got busy with another resident, and then ". . .the daughter was at the desk saying she was not going to wait for the doctor to be notified, she was just taking her to the ER and so she did." On 3/8/12 at 2:00pm, E3 confirmed that she was not aware of R3's complaints nor of any arrangements to get labs prior to 2/14/12, and that E3 did not call the doctor prior to R3 leaving with the daughter.</p> <p>The hospital History and Physical dated 2/14/12 states the following: ". . . three weeks ago her dose has been increased. She was taking 900 milligrams daily. Her Dilantin level has not been followed up since then. The patient was complaining of tremors in her upper extremities and around her lips and progressive weakness and blurry vision. The daughter noticed that she is getting weaker and is unable to . . .maintain her balance and continued to have intermittent twitching of her lips and fingers. . . Dilantin level was found to be high at 36.1. {Emergency Physician} explained to the patient that the most likely reason for her tremors and ataxia is her Dilantin toxicity. . . ." R3 was treated at the hospital for two days.</p>	F9999			

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F9999	<p>Continued From page 15</p> <p>E8 (CNA) stated on 3/8/12 at 8:15am that R3 complained of shakiness and "having seizures in her mouth" for "many days" prior to going to the hospital. E8 stated she reported these complaints to the nurses, including E6 (Nurse). E9 (CNA) stated on 3/8/12 at 11:00am that he heard that R3 would complain of being shaky and dizzy when they "went to get her up and she didn't want to get up." E3, E4 and E5 all stated that CNAs had not reported these symptoms, and also E6 stated this on 3/8/12 at 12:15pm.</p> <p>On 3/1/12 at 9:30am, Z6 (Pharmacist) stated that routine monitoring of Dilantin levels should be done every three months, and seven days following a dosage increase. On 3/8/12 at 2:45pm, Z2 (per Z1) stated that sign/symptoms of Dilantin toxicity include twitching, ataxia, tremors, seizures, and confusion.</p> <p>The above information was discussed with E1 (Administrator) and E2 on 3/8/12 at 2:30pm. No additional information was provided.</p> <p>2. According to the POS for 3/12, R2 has diagnoses including Head Trauma with Severe Brain Injury, Migraine, and Intracranial Hemorrhage. R2's medications include an order dated 1/17/12 for Dilantin 200mg twice daily. R2's last Dilantin level done on 11/30/11 which was within normal range.</p> <p>On 3/1/12 an order was written by E2 to check the Dilantin level. This order was not signed off</p>	F9999			

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