

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/22/2012
NAME OF PROVIDER OR SUPPLIER REGENCY NURSING CARE RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 WEST WASHINGTON SPRINGFIELD, IL 62702		
(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 5	F 333			
F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS: 300.1210b) 300.1210d)1) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirments were not met as evidenced</p>	F9999			

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

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/22/2012
NAME OF PROVIDER OR SUPPLIER REGENCY NURSING CARE RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 WEST WASHINGTON SPRINGFIELD, IL 62702		
(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 6 by:</p> <p>Based on interview and record review the facility failed to administer medications per physician orders for 1 of 4 residents (R3) reviewed for medication errors in a sample of 4. This failure resulted in R3 being readmitted to the hospital in acute congestive heart failure.</p> <p>Findings include;</p> <p>According to R3's Face Sheet, he was admitted to the facility on 6/14/12 at 3:30PM with diagnoses which include chronic congestive heart failure, shortness of breath, pneumonia, cardiomyopathy and pacemaker.</p> <p>Review of discharge orders from the hospital dated 6/14/12, document that a total of 13 pages of orders were faxed to the facility of 6/14/12 at 10:35 AM. A second set of discharge orders were faxed to the facility on 6/14/12 at 11:19 AM. On page 5 of the discharge instructions faxed at 10:35 AM, Lasix 20 mg, oral BID (twice per day), Advair Discus 250-50 1 inhalation BID, Insulin Levimir prefilled flexpen 10 units subcutaneously at HS (hour of sleep) was ordred. The discharge orders faxed at 11:19 AM did not include page 5.</p> <p>Review of the facility Medication Administration Record (MAR) for 6/14/12, and 6/15/12 documents that no Lasix or Advair Discus inhaler was administered to R3 during his stay at the facility on 6/14/12-6/16/12. Review of the admission nursing notes document that R3 had 3 plus pitting edema (extensive swelling of his lower extremities). Nurses Notes dated 6/16/12 at 0210 document that R3 had rapid shallow</p>	F9999			

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

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/22/2012
NAME OF PROVIDER OR SUPPLIER REGENCY NURSING CARE RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 WEST WASHINGTON SPRINGFIELD, IL 62702		
(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 7</p> <p>breathing with an increased respiratory rate of 38 breaths per minute. The physician was notified and R3 was transferred by ambulance back to the hospital and admitted with an exacerbation of congestive heart failure.</p> <p>Review of the Facility Medication Incident/Error Report dated 6/16/12 documents that E3 did not transcribe the Lasix or Advair Discus to the Physicians Order sheet, and send it to the Pharmacy, which resulted in R3 not receiving the medication while in the facility.</p> <p>Review of the Cardiology Consultation Summary from the Hospital dated 6/19/12 completed by Z1 Medical Doctor (MD) treating R2, documents that (R3) was "readmitted to the hospital within a few days of discharge with an acute exacerbation of diastolic heart failure. This was ultimately attributed to a medication error. The patient had apparently not been receiving Lasix at the nursing home. Once Lasix was resumed the patients heart failure symptoms improved. The patients heart failure symptoms improved with appropriate diuresis, no other medications or treatments were changed."</p> <p>In an interview with E3 LPN, on 6/21/12 at 2:30PM, she stated, "we sometimes get multiple copies of the discharge orders from the hospital. They are usually faxed over before the Resident gets here and the resident also brings a copy of the orders with them when they get here. We review the orders, then transfer the orders over to our admission order sheet and send them to Pharmacy. In this case I did not realize the faxed orders from 6/14, were missing page 5, which included the Lasix, until I got a call from the</p>	F9999			

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

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/22/2012
NAME OF PROVIDER OR SUPPLIER REGENCY NURSING CARE RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 WEST WASHINGTON SPRINGFIELD, IL 62702		
(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 8 emergency room on 6/16/12 asking when his last Lasix dose was given. So he did not get the medication on Friday evening or all day Saturday." I did not look at any other copies of the discharge orders when I transferred the orders for Pharmacy. E3 confirmed that she received copies of the orders faxed at 11:19 AM, and transferred that set of orders to the "Regency Admission Order Sheet." These orders did not include the missing medications from page 5. R3 also brought copies of the discharge orders with him to the facility which were carried by hand and included all 13 pages of the orders. E3 faxed the orders to the pharmacy without noticing that page 5 was missing. The medication administration record received from the pharmacy did not include the order for Lasix 20 mg twice per day, or the Advair Discus inhaler. E4 LPN called the Physician to clarify insulin orders later in the day of 6/14, so the Levimir insulin missing from page 5 was added as part of the clarification of insulin orders and had been administered as ordered. (B)	F9999			