STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145417	A. BUILDING _____ B. WING _____	C 09/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED METHODIST VILLAGE, THE	**1616 CEDAR LAWRENCEVILLE, IL 62439**

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F 425	Continued From page 5 nausea. R1's Morphine did arrive on 08-15-2013 and she did receive her 7 PM dose.	F 425		
F9999	FINAL OBSERVATIONS Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)1) 300.1220b)2) 300.1630d) 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 300.1010 Medical Care Policies	F9999		

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F9999	Continued From page 6 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 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. Restorative measures shall include, at a minimum, the following procedures: 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.	F9999		

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F9999	Continued From page 7 Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. Section 300.1630 Administration of Medication d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation and a notation made in the resident's 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. (Section 2-107 of the Act) These Regulations were not met as evidenced by:	F9999		

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F9999	Continued From page 8	F9999		

Based on observation, interview and record review the facility failed to administer a significant pain medication for 1 residents (R1) reviewed for pain. This failure resulted in R1's uncontrolled pain for five days, causing R1 increased pain throughout her body and nausea with dry heaves by the fifth day.

On 09-07-2013 at 10:00 AM, R1 was in her bed with the head of the bed elevated and had oxygen going at 2 liters/minute through a nasal cannula. R1 was sleeping and did not awaken when spoken to, and R1 was slightly moaning. R1 has contractures of the right arm and legs.

The September 2013 Medication Administation Record states that R1 received Morphine 60 milligrams at 7:00 AM. On 09-07-2013 at 10:30 AM, E2 (Director of Nursing) stated that R1 was out of Morphine from 7 PM 08-09-2013 through 7 PM 08-15-2013 because the facility was switching to another pharmacy and Z1 was upset about having to sign several prescriptions. E2 stated the facility was having problems trying to get R1's Morphine prescription signed so the medication order could be filled by the new pharmacy. E2 stated that the nursing staff did notify R1's physician on 08-13-2013 to see if they could get R1's Morphine prescription signed and sent to the new pharmacy so she could receive her Morphine as ordered. The Morphine did not arrive at the facility until 08-15-2013. On 09-07-2013 at 9:45 AM, E3 (Licensed Practical Nurse) stated that R1 didn't request pain medication because of confusion at times and she receives Morphine routinely. E3 also stated that they give R1 pain medication as needed when R1 is restless or groaning and that when an "as needed " medication is given it is documented on the

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F9999	Continued From page 9 Medication Administration record along with the residents response to the medication. R1's Care Plan addressing pain, dated 06-19-2013 states that R1 has an alteration in comfort related to Peripheral Neuropathy, Multiple Sclerosis with generalized paralysis of legs with contracture of right arm and legs. R1's Care Plan goal is that her pain will be controlled. R1's August 2013 Physician's Orders state that she is to receive Morphine 60 milligrams two times each day. R1's August Medication Administration record (MAR)states that R1 did not receive Morphine 60 milligrams the following dates; 7 PM on 08-09-2013, 08-10-2013, 7 AM or 7 PM; 08-11-2013, 7AM or 7 PM; 08-12-2013, 7 AM or 7 PM; 08-13-2013, 7 AM or 7 PM; 08-14-2013, 7 AM or 7 PM, and 08-15-2013 at 7 AM. The August MAR states that on 08-09-2013 at 7 PM, no Morphine was available in the Emergency Kit and none was given. On 08-11-2013 at 7 PM, R1 received Tylenol 325 milligrams (mg), 2 tablets for complaint of "pain all over"; on 08-12-2013 at 7:30 PM, R1 received Tylenol 325 mg, 2 tablets for complaint of "pain all over"; on 08-13-2013 at 8:00 AM, R1 received Tylenol 325 mg, 2 tablets for complaint of "pain all over", and at 10:00 AM, R1 still complains of pain. On 08-15-2013 at 8:20 AM, R1 is nauseated and is having dry heaves and in given medication for nausea. On the Problems List dated 08-13-2013, it states that the pharmacy was called about the Morphine and the pharmacy stated that Z1 needed to fax the prescription for the Morphine to them before they could fill it. On 08-13-2013, no date given, facility staff did talk to a nurse at Z1's office with no return call. On 08-14-2013 the Problem List states that no morphine had been received for R1.	F9999		

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F9999	Continued From page 10 E2 also stated that on 08-13-2013, the nursing staff did notify the new pharmacy about the Morphine order and that R1 was out of the medication. The response from the pharmacy was that Z1' needed to sign the prescription and fax it to them before the medication could be filled.Z1's office was notified about the prescription request from the pharmacy on 08-13-2013, but the facility did not get a response from R1's physician. On 09-10-2013 at 1:45 PM, E6 (Chief Executive Officer) stated that the new pharmacy started their services on 08-01-2013 and that they were very thorough in going through all of the medications and working with the doctors and didn't understand why R1 didn't receive her medications. E6 also stated that the new pharmacy would have had the responsibility in making sure residents didn't run out of their medication during the transition between pharmacies. (B)	F9999		