

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

PRINTED: 07/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145770	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2014
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - MOUNT CARROLL			STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053		
(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 000	INITIAL COMMENTS	F 000			
F 333 SS=D	<p>Complaint Investigation #1412838/ IL 70617</p> <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Interview and Record Review the facility failed to administer only prescribed medications to R1 and gave her five doses of Lisinopril after it was discontinued.</p> <p>This applies to 1 of 3 residents (R1) reviewed for significant medication errors in the sample of 5.</p> <p>The findings are:</p> <p>The hospital Medication Discharge Report dated 2/22/14 for R1 showed, "Stop taking the following medications: Lisinopril 10mg by mouth every morning; Lisinopril 20mg by mouth every evening." The hospital Medication Discharge Report dated 2/22/14 for R1 showed E7 (Registered Nurse - RN) saw the change in R1's orders and wrote, "Noted at 7:40pm on 2/22/14."</p> <p>The Medication Record for R1 showed she received Lisinopril 10mg in the morning on 2/23/14, 2/24/14 and 2/25/14; and Lisinopril 20mg by mouth in the evening on 2/13/14 and 2/24/14; on 2/25/14 the medication was highlighted and had "DC (discontinue)" written next to the medication.</p>	F 333			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 333	Continued From page 1 On 7/3/14 at 9:22am, Z1 (Power of Attorney for R1) stated, "When R1 came back from the hospital in February 2014 she had an order to discontinue her Lisinopril due to low blood pressure. E7 (RN) stated one day that she hoped she would not get in trouble because she gave R1 the Lisinopril after it was discontinued." On 7/3/14 at 12:15pm, E2 (DON) stated, "R1's Lisinopril wasn't discontinued and should have been. Normally the nurse will highlight the medication, write discontinued and the date."	F 333		