

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

PRINTED: 10/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/08/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRYN MAWR CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5547 NORTH KENMORE CHICAGO, IL 60640</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 000	INITIAL COMMENTS	F 000			
F 333 SS=D	<p>Annual Certification Complaints Investigation</p> <p>1481212 / IL 68825 No Deficiencies 1481430 / IL 69071 No Deficiencies 1483104 / IL 70911 No Deficiencies</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 observation, interview and record review, the facility failed to follow the facility medication administration policy to ensure that one resident (R29) would be free of a significant error. This failure resulted in R29 receiving medication Metoprolol 25 mg 1/2 tab twice a day for 12 days which was not ordered on R29's POS (Physician Order Sheet).</p> <p>Findings include:</p> <p>On 8/6/14 at 8:30am, E4 (Nurse) administered Metoprolol 25 mg. 1/2 tab po (per mouth) to R29. R29's POS (Physician Order Sheet) dated 7/27/14 through 8/25/14 does not have Metoprolol 25 mg 1/2 tab twice a day listed on the order sheet. R29's POS dated 6/24/14 through 7/26/14 does not have Metoprolol 25 mg 1/2 tab twice a day listed on the order sheet.</p> <p>On 8/7/14 at 11am, E2 (DON) stated that she did not see an order for Metoprolol 25 mg 1/2 tab BID</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	<p>Continued From page 1 in R29's POS (Physician Order Sheet).</p> <p>R29's MAR (Medication Administration Record) dated 7/27/14 through 8/25/14 reads Metoprolol tab 25 mg give 1/2 tab po BID (twice a day). Metoprolol 25 mg 1/2 tab was signed as given from 7/27/14 through 8/7/14.</p> <p>The facility's Medication Administration policy dated 12/2013 reads "No medication will be given to any resident without an order from the resident's physician." The facility failed to follow this policy.</p>			F 333			