

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

PRINTED: 08/11/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145473</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRYSIDE CARE CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2330 WEST GALENA BOULEVARD</b> <b>AURORA, IL 60506</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 154 SS=D	<p>Complaint Investigation:</p> <p>1473347/IL71162- F154</p> <p>483.10(b)(3), 483.10(d)(2) INFORMED OF HEALTH STATUS, CARE, &amp; TREATMENTS</p> <p>The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that informed consent for psychoactive medication be obtained prior to administration and after obtaining verbal consents that the consent forms were signed in a timely manner by responsible parties. This affects 3 (R1-R3) of 3 residents reviewed for psychoactive medication in a sample of 3.</p> <p>According to R1's order review record (8/6/14) provided by the facility R1 was originally prescribed paroxetine 10 milligrams (mg) daily on 8/31/13. A review of R1's electronic medical record did not showed that a consent was ever obtained for this psychoactive medication. Consent wasn't obtained by the facility from R1's Power of Attorney for healthcare (POA) for this drug until 8/5/14.</p>	F 154			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145473</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRYSIDE CARE CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2330 WEST GALENA BOULEVARD</b> <b>AURORA, IL 60506</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 154	<p>Continued From page 1</p> <p>On 8/6/14 at 9:50 AM, R1's POA (Z1) stated that she knew that R1 was taking paroxetine, but she was never asked to give consent for this medication until 8/5/14 when she was contacted by the facility.</p> <p>According to R2's physician order sheet (POS) for August 2014, R2 is currently prescribed two psychoactive medications which include Quetiapine 50 mg daily before bed and Lorazepam 0.25 mg every six hours as needed. Verbal consent was obtained for these medication on 2/5/14. Review of these consent forms showed that they were never signed by R2's POA.</p> <p>According to R3's POS for August 2014, R3 is currently prescribed three psychoactive medications which include Mirtazepine 15 mg daily, Sertraline 100 mg daily, and Trazodone 75 mg daily at bedtime. Review of consent forms found in R3 electronic medical record show that verbal consent was obtained for all three medications; Mirtazepine on 11/1/12; Sertraline on 9/16/10; Trazodone on 5/31/13. These consent forms were never signed by R3's POA.</p> <p>According to the facility's Psychotropic Medication Program policy, if an order is obtained for a psychotropic medication, the resident, family or POA must be informed of the risks and benefits of the medication. The facility must obtain an informed consent. If the family or significant other is not able to sign the consent, phone consent will be taken with two nurses verifying the consent.</p>	F 154			