STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145726	A. BUILDING _____ B. WING _____	C 06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER POINT HEALTHCARE CENTER	**205 EAST SPRING STREET CAMP POINT, IL 62320**

(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 431 SS=D	Incident report investigation of 5/28/16/IL86068 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 431		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145726	A. BUILDING _____ B. WING _____	C 06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER POINT HEALTHCARE CENTER	**205 EAST SPRING STREET CAMP POINT, IL 62320**

(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 431	Continued From page 1	F 431		

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to ensure prepared medications, which included controlled drugs, were kept secured and administered by a licensed nurse for one of eight residents (R1) reviewed for medication administration.

Findings include:

A fax transmitted to the (State Agency), dated 5/29/16, states "CNA (Certified Nursing Assistant) alleged to have administered medications to a resident. Investigation has begun." On 6/09/16 at 8:50 a.m., E1 (Administrator) stated E6 (RN - Registered Nurse) was in an emergency situation (on 5/28/16) and placed R1's medication down in (R1's) room. E1 reported E4 (CNA) entered R1's room and R1 asked if R1 should take his/her medications. E1(Administrator) stated R1 asked E4 (CNA) to hand them (the medications) to him/her and E4 did. E1 stated, "This happened on 5/28/16 in the evening."

In a handwritten statement dated 6/02/16, E4 (CNA) writes, "(R1's) meds and nose spray was on his/her table. (R1) said, 'I better take them before I leave. Can you [E4] hand them to me?' So I did. I took the nose spray (Flonase) to (E6 RN)." On 6/09/16 at 2:50 p.m., E4 (CNA) verified that E4 handed R1's medications to R1.

E5's (CNA) undated handwritten statement indicates E5 witnessed R1 ask E4 (CNA) for medications sitting on R1's over the bed table and E4 give R1 the (oral) medications as well as a "nose spray". On 6/09/16 at 2:35 p.m., E5 (CNA)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145726	A. BUILDING _____ B. WING _____	C 06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER POINT HEALTHCARE CENTER	205 EAST SPRING STREET CAMP POINT, IL 62320

(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 431	Continued From page 2	F 431		

verified that E5 witnessed E4 (CNA) give R1's medications to R1.

R1's MAR (Medication Administration Record) dated May 2016 documents R1's scheduled 8:00 p.m. medications on 05/28/16 include:
1) Albuterol 0.083 percent solution per nebulizer (breathing treatment - to prevent or treat bronchospasm);
2) Symbicort (hand held Steroid respiratory inhaler) 160-4.5 mcg (microgram) inhaler two puffs;
3) Vimpat (Lacosamide -a controlled substance for treatment of Seizures) 100 mg ;
4) Lorazepam (Ativan - Sedative a controlled substance) 1 mg;
5) Levetiracetam (Keppra - for seizures) 1500 mg (milligram);
6) Metoprolol Tartrate (Lopressor - Blood pressure medication) 12.5 mg;
7) Vitamin C 500 mg; Zinc Sulfate 220 mg;
8) Mirtazapine (Remeron - Antidepressant) 7.5 mg;
9) Ranitidine (Zantac - stomach medications) 300 mg; and
10) Tamsulosin (Flomax - for urinary retention) 0.4 mg.

On 6/10/16 at 9:20 a.m., E6 (RN) reported, on the evening of 5/28/16, E6 prepared R1 ' s 8:00 p.m. medications but only administered R1 ' s Symbicort inhaler and Albuterol nebulizer. E6 stated E6 had placed R1 ' s other 8:00 p.m. medications on R1 ' s over the bed table and left the medications there when leaving the room.

A policy title Medication Administration dated March 2014 states, "To authorize licensed nursing personnel (RN, LPN) to prepare and administer

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145726	A. BUILDING _____ B. WING _____	C 06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER POINT HEALTHCARE CENTER	205 EAST SPRING STREET CAMP POINT, IL 62320

(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 431	Continued From page 3	F 431		

drugs and biologicals. 6. The same licensed nurse who prepares the medications shall also administer those medication to residents for whom they were ordered. 17. Residents will be positively identified prior to medication administration and shall not be left alone until the medication is consumed or refused." A policy titled Preparation and General Guidelines: Controlled Substances dated August 2014 states, "Only authorized licensed nursing and pharmacy personnel have access to controlled medications.

E6 (RN's) handwritten statement dated 5/28/16 states, "While preparing (R1's) medications, (R1) placed his/her (call) light on. I entered his/her room to administer (R1's) meds and found (R1) in the tripod position (leaning forward resting on both elbows/forearms trying to breath better). I placed (R1's) pills on his/her bedside table and administered (R1's) inhaler and breathing treatment. (R1) had been short of breath and the priority was his/her airway. (E7 RN) gave me a hand. Through this event with (R1), (E4 CNA) came back (in R1's room). (E4 CNA) placed the breathing treatment back on (R1) claiming there was still some (medication) left in it and turned it on while (E7 RN) was listening to (R1's) lung sounds. (E7 RN) asked (E4 CNA) to stop and turned it (R1's breathing treatment) off so (E7) could listen (to R1's lungs). After (E7's) second opinion and (R1's) proclamation that (R1) would like to be seen in (the local Emergency Room) (a) phone call was made to (the) doctor for orders. It was then that (E4 CNA) came out of (R1's) room and exclaimed , 'I saw the pills next to (R1) and had (R1) take them.' Having (R1) take the pills was not my priority, his compromised airway was. My intent was for (R1) not to take them during his/her acute crisis." On 6/10/16 at 9:20 a.m., E6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145726	A. BUILDING _____ B. WING _____	C 06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER POINT HEALTHCARE CENTER	205 EAST SPRING STREET CAMP POINT, IL 62320

(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 431	Continued From page 4	F 431		

(RN) stated, "(R1) put the light on and I went in to give meds. (R1) was having trouble breathing and in tripod position trying to get more air in his/her lungs. (R1) said he/she was having a hard time. I sat the meds down and gave (R1) his/her inhalers and a breathing treatment and reassessed (R1)." E6 (RN) reported E6 then had E7 (RN) assess R1. E6 (RN) stated, "(E4 CNA) had come into the room and took the breathing treatment mask and put it back on (R1). (E7 RN) took the mask off and turned it off. (E7 RN) and I left to call the doctor. (E4 CNA) came out and said, 'I gave (R1) his/her pills and handed me (R1's) Flonase (nose spray). It wasn't my priority. (R1's) airway was."

E7 (RN's) handwritten statement dated 5/29/16 documents, on 5/28/16, (E7 RN) was called to the south hall to assist with assessing (R1). E7 (RN) wrote, "(R1) was very short of breath and in tripod position. (E4 CNA) kept coming in the room asking (E7 RN) what she/he was doing and telling (E7 RN) what needed to be done. (E4 CNA) told (E7) to turn the breathing treatment machine back on. (E7 RN) informed (E4 CNA) to go back to the north hall. (R1) was stable. Had (E6 RN) call update to the doctor while I left to check on another resident (R3) that was upset. Upon coming back to the room, (E5 CNA) stated to me the (E4 CNA) had just given (R1) his/her medication that was sitting at the bedside." On 6/09/16 at 1:05 p.m., E7 (RN) stated, "I was helping (E6 RN) send (R1) out to the hospital and (E4 CNA) attempted to get involved. (E4 CNA) said (R1) hadn't finished his/her nebulizer treatment but (E4) didn't turn it on or off. When I was done assessing (R1) I put it back on. It was reported by (E5 CNA) that (E4 CNA) had given medication but I wasn't there."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145726	A. BUILDING _____ B. WING _____	C 06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER POINT HEALTHCARE CENTER	**205 EAST SPRING STREET CAMP POINT, IL 62320**

(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