STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146010	A. BUILDING _____ B. WING _____	C 08/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTIAC HEALTHCARE AND REHAB	**300 WEST LOWELL PONTIAC, IL 61764**

(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 Annual Licensure and Certification Survey Complaint #1664383/IL87483-F333	F 000		
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to obtain a Physician's order for anticoagulant medication (Coumadin) based on laboratory results in order to administer the anticoagulant for one of three residents (R16) reviewed on anticoagulant therapy, on the sample of 15. Findings include: The Physician Progress Note dated 7/20/16 documents R16 has diagnoses of Arterial Thrombosis, Cardiovascular Accident due to embolism of cerebral artery and Atrial Flutter. The Physician's Order dated 8/1-8/7/16 documents Coumadin 3 mg (milligrams) one tablet daily except on Wednesday (8/3/16) give Coumadin 2mg. The electronic Medication Administration Record (MAR) dated 8/1-8/31/16 documents Coumadin 3mg being given on 8/1, 8/2, 8/4,8/5, 8/6 and 8/7, with Coumadin 2mg being given on 8/3/16 for Atrial Fibrillation. The entry also documents to	F 333		

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
	146010	A. BUILDING _____ B. WING _____	C 08/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTIAC HEALTHCARE AND REHAB	300 WEST LOWELL PONTIAC, IL 61764

(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 333	Continued From page 1	F 333		

recheck PT/INR (Prothrombin time/Internationalized Normalized Ratio) on Monday 8/8/16.

The Laboratory Report dated 8/8/16 documents R16's Prothrombin Time was 35.1, with therapeutic range being 20.2-30.8. The report documents the INR as 3.36 with the therapeutic range as 2.0-3.0.

The electronic MAR dated 8/1-8/31/16 does not document Coumadin being given on 8/8/16.

On 8/9/16 at 12:05pm E5, RN (Registered Nurse) stated that R16 does not have a current order for Coumadin because the Coumadin was discontinued on 8/7/16. E5 stated the Coumadin was discontinued due to a laboratory redraw for a PT/INR on Monday (8/8/16) for R16. E5 stated the PT/INR laboratory results were not called to the Coumadin Clinic to get the Physician's order for the dose of Coumadin to be given. E5 confirmed no Coumadin was given on 8/8/16. E5 verified that the MAR (8/1-8/31) does not document Coumadin being given 8/8/16.

On 8/9/16 at 1:35pm Z7, RN at the Coumadin Clinic stated R16's PT/INR results "were not called to the clinic yesterday" (8/8/16). Z7 stated they called the facility on 8/8/16 looking for the results of the PT/INR and talked to E6, LPN (Licensed Practical Nurse). Z7 stated R16's PT/INR results were not received in the clinic until 8/9/16. Z7 stated they try to keep R16's INR's between 2.0-3.0. Z7 stated that if the results of the INR had been reported to the clinic on 8/8/16, a decreased, one time dose of Coumadin would have been ordered to be given.

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F 333	Continued From page 2 On 8/9/16 at 1:55pm E6, LPN stated he got a call from the Coumadin Clinic nurse and went to the front office looking for R16's PT/INR laboratory report, but didn't see it. E6 stated that he didn't call the laboratory to get the PT/INR results. On 8/11/16 at 3:25pm E2, Director of Nursing stated her expectation was that if E6 couldn't find the INR results in the front office, then E6 should call the laboratory for the results.	F 333		