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

PRINTED: 09/22/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
146010		146010	B. WING			C 08/11/2016	
NAME OF PROVIDER OR SUPPLIER PONTIAC HEALTHCARE AND REHAB				30	TREET ADDRESS, CITY, STATE, ZIP CODE 00 WEST LOWELL ONTIAC, IL 61764	, , , ,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	Annual Licensure an	d Certification Survey					
F 333 SS=D	Complaint #1664383/ 483.25(m)(2) RESIDE SIGNIFICANT MED E	ENTS FREE OF	F	333			
	The facility must ensu any significant medic	ure that residents are free of ation errors.					
	by: Based on interview a failed to obtain a Phy anticoagulant medica laboratory results in c anticoagulant for one	is not met as evidenced and record review the facility sician's order for tion (Coumadin) based on order to administer the of three residents (R16) ulant therapy, on the sample					
	Findings include:						
	documents R16 has of Thrombosis, Cardiova	ess Note dated 7/20/16 diagnoses of Arterial ascular Accident due to artery and Atrial Flutter.					
		er dated 8/1-8/7/16 n 3 mg (milligrams) one Wednesday (8/3/16) give					
	(MAR) dated 8/1-8/31 3mg being given on 8 with Coumadin 2mg b	ation Administration Record 1/16 documents Coumadin 8/1, 8/2, 8/4,8/5, 8/6 and 8/7, being given on 8/3/16 for entry also documents to					

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.

Facility ID: IL6004642

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NAME OF PROVIDER OR SUPPLIER PONTIAC HEALTHCARE AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764		00/11/2010	
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F 333	recheck PT/INR (Prot time/Internationalized Monday 8/8/16. The Laboratory Reportation Reportation Reports Prothrombin Time therapeutic range being documents the INR at range as 2.0-3.0. The electronic MAR of document Coumadin On 8/9/16 at 12:05pm stated that R16 does Coumadin because the discontinued on 8/7/1 was discontinued due PT/INR on Monday (8) the PT/INR laboratory the Coumadin Clinic the dose of Coumaconfirmed no Coumaconfirmed no Coumaconfirmed no Coumaconfirmed that the MAR document Coumadin On 8/9/16 at 1:35pm Clinic stated R16's Pocalled to the clinic yes they called the facility results of the PT/INR (Licensed Practical N PT/INR results were 18/9/16. Z7 stated they between 2.0-3.0. Z7 stated INR had been reports the INR had been reports and the state of the INR had been reports at the state of the INR had been reports and the state of the INR had been reports at the IN	hrombin Normalized Ratio) on Int dated 8/8/16 documents me was 35.1, with mg 20.2-30.8. The report is 3.36 with the therapeutic lated 8/1-8/31/16 does not being given on 8/8/16. In E5, RN (Registered Nurse) mot have a current order for me Coumadin was 6. E5 stated the Coumadin is to a laboratory redraw for a 8/8/16) for R16. E5 stated or results were not called to o get the Physician's order addin to be given. E5 din was given on 8/8/16. In E5, RN (Registered Nurse) mot have a current order for me Coumadin was 6. E5 stated the Coumadin or given 8/8/16. E5 din was given on 8/8/16. E5 din was given on 8/8/16. In E5, RN (Registered Nurse) mot contain the coumadin of the physician's order addin to be given. E5 din was given on 8/8/16. E5 din was given on 8/8/16. In E5, RN (Registered Nurse) mot contain to be given was 6. E5 stated to be given. E5 din was given not called to be given. E5 din was given on 8/8/16. E5 din was given on 8/8/16. E5 din was given on 8/8/16. E7, RN at the Coumadin for the and talked to E6, LPN urse). In E7 stated to 8/8/16 looking for the and talked to E6, LPN urse). In E7 stated that if the results of orted to the clinic on 8/8/16, et dose of Coumadin would	F3	33			

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F 333	On 8/9/16 at 1:55pm from the Coumadin C front office looking for report, but didn't see call the laboratory to 9 On 8/11/16 at 3:25pm stated her expectation	E6, LPN stated he got a call linic nurse and went to the R16's PT/INR laboratory it. E6 stated that he didn't get the PT/INR results. E2, Director of Nursing h was that if E6 couldn't find front office, then E6 should	F 3	33			