

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

PRINTED: 05/19/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145494</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/13/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MCLEAN COUNTY NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 NORTH MAIN NORMAL, IL 61761</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 157 SS=D	<p>Complaint #1662482 / IL85347</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 157			

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 157	<p>Continued From page 1</p> <p>by: Based on interview and record review, the facility failed to promptly notify the physician of a resident's condition change for one of five residents (R1) reviewed for notification of condition change in the sample of 11.</p> <p>Findings include:</p> <p>The facility's Policy for Change in a Resident's Condition or Status (reviewed 7/22/15) documents "Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition."</p> <p>R1's Physician Order Sheet (POS) documents the following medication changes: 3/28/16 Lasix increased from 20 milligrams (mg) daily to 40 mg daily, if R1's blood pressure was greater than 100/60((mmHg (millimeters of mercury))), or 20mg of Lasix if R1's blood pressure was less than 100/60mmHg; and 4/11/16 Tramadol 50mg four times a day as needed was increased to four times daily.</p> <p>R1's Medication Administration Record (MAR) documents R1 received Lasix 40 mg daily from 4/1/16-4/18/16. R1's MAR and Controlled Substances Proof of Use Sheet documents R1 received the following doses of Tramadol 50mg: 4/11/16 one dose (9:00am), 4/12/16 two doses (6:00am, 12:00pm), 4/13/16 three doses (6:00am, 12:00pm, 6:00pm), 4/14/16 two doses (6:00am, 12:00pm), 4/15/16 two doses (12:00pm, 12:00am), 4/16/16 three doses (8:00am, 12:00pm, 8:00pm). R1 received no Tramadol on 4/17/16 and 4/18/16.</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>R1's Nurse's Notes document the following:</p> <p>4/10/16 No complaints of pain. Medicated with prn (as needed) pain med prior to treatment for wound.</p> <p>4/12/16 Participated in therapy. Walked a short distance this am (morning) with walker with assistance. Tolerating new pain meds (medications).</p> <p>4/13/16 Participated in therapy today.</p> <p>4/14/16 12:45pm Drowsy this shift. Needs assist to eat/drink.</p> <p>4/15/16 6:00am Tramadol 50mg held this am (morning) d/t (due to) increased confusion.</p> <p>4/15/16 2:15pm Resident continues to be tired. Takes Tramadol qid (four times a day) as ordered.</p> <p>4/16/16 12:00pm Resident lethargic and unable to eat supper. POA (Power of Attorney) was in and wants to talk to doctor about lowering dose of Tramadol.</p> <p>4/17/16 1400 (2:00pm) Resident sleepy most of the shift... Son was here this am and told this nurse to hold Tramadol until he talks to MD (physician). Per son, "I noticed my mom being sleepy since she started (with) this med (medication). I think 4X (four times) a day is too much for her."</p> <p>4/17/16 8:00pm Resident very lethargic and hard to arouse. Unable to stay awake for supper. Tramadol was held. POA was in and tried to offer fluids.</p> <p>4/18/16 1300 (1:00pm) Eyes closed most of the time.</p> <p>4/18/16 1900 (7:00pm) Reported to POA resident condition, no food intake, no fluid intake, difficult to arouse, flaccid BUE (bilateral upper extremities). Son gave instructions to send resident to ER (Emergency Room).</p>	F 157			

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F 157	<p>Continued From page 3 4/18/16 1915 (7:15pm) Placed a call to MD on call. Awaiting call back. 4/18/16 1920 (7:20pm) 911 called.</p> <p>R1's Hospital Admission History and Physical, dated 4/18/16, documents "Over the past two weeks patient was noted to be increasingly somnolent and not eating or drinking well, as well as increased confusion above baseline with staring spells and not swallowing medication...Lab work up was remarkable for severe hyponatremia, (and)...acute kidney injury," and, "Given the increasing AMS (altered mental status) coinciding with Tramadol use and increased Lasix use, likely the Tramadol caused somnolence leading to decreased oral intake and the increased Lasix continued diuresis leading to severe hyponatremia and dehydration causing (R1's) metabolic encephalopathy."</p> <p>R1's laboratory report, dated 4/18/16, documents Sodium 161mmol/L (millimoles per liter), with the reference value being 136-145mmol/L; blood urea nitrogen 90mg/dL (milligrams per deciliter), reference value 7-17mg/dL; Chloride 116mmol/L, reference value 98-107mmol/L.</p> <p>R1's Discharge Summary, dated 4/21/16, documents the following diagnoses: 1. Deceased, 2. Metabolic encephalopathy, 3. Severe hyponatremia, 4. Acute kidney injury on chronic kidney disease, 5. Dehydration.</p> <p>On 5/13/16 at 9:27am, Z1, Primary Care Physician, stated, "(I) never did get a phone call from the nursing home notifying me of R1's change of condition before 4/18/16. There are four physicians at the clinic, someone is always on call, someone (from the nursing home) could</p>	F 157			

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F 157	<p>Continued From page 4</p> <p>have notified them. I expect to be notified when a resident's condition changes."</p> <p>On 5/12/16 at 3:45pm, E1, Director of Nursing, stated E3, Licensed Practical Nurse (LPN), (nurse who cared for R1 4/16/16 and 4/17/16), was disciplined for not reporting R1's change of condition to Z1. E1 provided the written warning dated 4/22/16 given to E3 which documents "(E3) did not notify the physician immediately regarding resident change in condition." E1 stated E4, LPN, (nurse who cared for R1 4/17/16 and 4/18/16) was also disciplined for not reporting R1's change of condition with a verbal warning.</p> <p>On 5/13/16 at 9:55am, E4 stated (E4) did not report R1's change of condition to Z1 because (E4) thought R1 was "only sleepy."</p> <p>On 5/13/16 at 11:15am, E3 stated (E3) did not report R1's change in condition because (E3) thought this was "typical behavior" for R1, but "looking back, I should have called the physician."</p>	F 157			