PRINTED: 01/26/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145294	B. WING _	B. WING		01/26/2016	
	ROVIDER OR SUPPLIER	CTR		10	REET ADDRESS, CITY, STATE, ZIP CODE 24 WEST WALNUT ACKSONVILLE, IL 62650		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	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			
F 281 SS=D	PROFESSIONAL ST. The services provide	ICES PROVIDED MEET	F:	281			
	by: Based on observation review the facility fails own medication and	is not met as evidenced in, interview and record ed to administer a residents failed to observe a resident of 22 residents (R10, R16)					
	1. On 1/19/16 at 11:1 Nurse (LPN) could no milligrams (mg) in the "I don't know where t ordered." E3 looked i and could not find R1 cart. E3 then said "I k will borrow one from	5 AM, E3 Licensed Practical of find R10's Seroquel 25 e medication cart. E3 stated he medicine is, I know it was in the other medication cart 0's medicine in the other know who else takes that, I that resident." E3 took 25 is medication and gave it					
	(DON), stated R3 sho medication from one she should have gott and notified the phan R10's Seroquel later R13's medication to I	PM, E2 Director of Nurses build not have borrowed a resident to give to another, en one from the locked box, macy. E2 stated she found after E3 had already given R10. E2 stated she found he medicine cart where it					

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: IL6006027

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	PLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED	
		145294	B. WING _			C 01/26/2016
	ROVIDER OR SUPPLIER	CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 WEST WALNUT JACKSONVILLE, IL 62650	<u> </u>	01720/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 281	The facility's Policy a Administration, dated Procedures, 11) If a active order cannot be cart/drawer, other armedication room and searched, if possible located after further is contacted or medications supplied administered to anot 2. On 1/19/16 at 11:2 in a medication cup a and placed it on the E3 then turned arour	but E3 just didn't see it. Ind Procedure for Medication of 11/3/14 documented, medication with a current, be located in the medication cart, of facility (e.g., other units) are of the medication cannot be envestigation, the pharmacy cation is removed from the or kit. Administration, 15)	F 2	81		
F 323 SS=E	Administration dated Administration, 18) Tobserved after admindose was completely dose was ingested, the medication administraction is taken as ap 483.25(h) FREE OF HAZARDS/SUPERV The facility must ensenvironment remains as is possible; and e	ation record (MAR), and propriate. ACCIDENT ISION/DEVICES	F3	23		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145294	B. WING	B. WING		C 01/26/2016	
	ROVIDER OR SUPPLIER	CTR		1	TREET ADDRESS, CITY, STATE, ZIP CODE 024 WEST WALNUT ACKSONVILLE, IL 62650		20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	Continued From page	e 2	F	323			
	by: Based on observation facility failed to provide leaving an unlocked of This has the potential R10, R11, R17, R18, are mobile and cognithave had access to the cart. Findings include: 1. On 1/19/16 at 11:1 cart at the nurses stawent to look for a meanother medication of was left unattended hentacapone 200 mg, medication cart. Therebubble pack. 2. On 1/19/16 at 11:4 cart unlocked at the rethe dining room to give unlocked medication had a bottle of liquid on top of the cart. On 1/20/16, E1 provided to the complete of the cart. On 1/20/16, E1 provided and 200 hallways cognitively impaired. R10, R11, R17, R18,	laying on top of the e were 60 tablets in the 7 AM, E3 left the medication burses station and went into					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 323	3 Continued From page 3		F	323			
F 332 SS=D	The facility's Policy and Procedures for Medication Administration dated 11/3/14 documented, B. Administration, 16) During Administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by. In addition, privacy is maintained at all times for all resident information (e.g., MAR) [by closing the MAR book/covering the MAR sheet or computer screen] when not in use. F 332 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.		F	332			
	by: Based on observatio interview the facility farmedication at the time order for a medication observe a resident sw given. There were 29 resulting in a 10.3% r						
	-	5 AM, E3 Licensed Practical					

PRINTED: 01/26/2016 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
		145294	B. WING			C 01/26/2016	
	NAME OF PROVIDER OR SUPPLIER PRAIRIE VILLAGE HEALTHCARE CTR			10	TREET ADDRESS, CITY, STATE, ZIP CODE 024 WEST WALNUT ACKSONVILLE, IL 62650	1 011	20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 332	stated "I am going to because if I don't brin will just have to come and get it and bring it Mapap (Acetaminoph the medication cup al 400mgs, Dicyclomine brought them to the doto R15. The Physicians Order dated 1/1/2016 through orders for R15 to reciplate the medication Address and document ER15's nurses notes dR15 Mapap. The facility's Policy and documented, B. Admare administered in a orders of the prescribusian and placed it on the treatment of the treatment of the process of the prescribusian and placed it on the treatment of the treatment of the prescribusian and placed it on	medication pass for R15, give her some Tylenol too, g it she will ask for it, then I back to the medication cart back to her." E3 put two en) 325 milligrams (mgs) in ong with Gabapentin 20 mg, Albuteral 2 mg, lining room and gave them T Sheet (POS) for R15, gh 1/31/16, documented no eve Mapap. ministration Record (MAR) 3 giving Mapap to R15. oes not document E3 giving and Procedure dated 11/3/14, inistration, 2) Medications occordance with written er. T AM, E3 put Ultram 50 mg and took it to the dining room able where R16 was sitting. d and walked out of the ot watch R16 take the and Procedure for Medication 11/3/14 documented, he resident is always istration to ensure that the ingested. If only a partial	F	332			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
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	ROVIDER OR SUPPLIER	CTR		STREET ADDRESS, CITY, STA 1024 WEST WALNUT JACKSONVILLE, IL 6265	,	01/20/2010	
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F 332	action is taken as app 3. On 1/19/16, at 11: medications administ Practical Nurse, (LPN Potassium Chloride E (milliequivalent)-one f 0.2 mg (milligram)-on R insulin-15 units sub 2.5-0.5mg/3ml (millilit R14's Physician Orde-1/31/16 documents t administered during t "Demadex 20 mg, two twice daily at 6 AM ar Chloride ER 20 meqtimes daily, Clonidine mouth three times da Insulin-inject 15 units daily, and Duoneb 2.5 inhalation per neduliz Review of R14's Med Record (MAR) dated mg, two tablets (40 m administered. R14's chart face sheed dated 8/16/15, Hyper Failure, Pulmonary Fi unspecified part of lin Pulmonary Disease Interview on 1/19/16 anot give (R14) her Dewill call the doctor and	propriate. 40 AM, observed R14's ration by E9, Licensed I). E9 administered, ER 20 meq tablet by mouth, Clonidine the tablet by mouth, Humulin coutaneous, and Duoneb ter)-one vial inhalation. For Sheet (POS) dated, 1/1/16 these medications to be the noon medication pass, to tablets (40 mg) by mouth and NOON, Potassium one tablet by mouth four the HCL 0.2 mg-one tablet by illy, Humulin Regular subcutaneously four times 5-0.5mg/3ml-one vial ter four times a day." Ilication Administration 1/19/16, Noon, Demadex 20 mg), was not documented as tet documents diagnosis tension, Acute Kidney ibrosis, Cellulitis of the Chronic Obstructive tension, Chronic Obstructive tension, I gust missed it. I dill the madex, I just missed it. I dill the missed		332			
F 425 SS=E			F 2	.25			

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F 425	Continued From pag	ne 6	F4	425		
	drugs and biological them under an agree §483.75(h) of this parameters unlicensed personnel law permits, but only supervision of a licel. A facility must provide (including procedure acquiring, receiving, administering of all control the needs of each result of the facility must emalicensed pharmaci	art. The facility may permit bel to administer drugs if State of under the general need nurse. The pharmaceutical services as that assure the accurate dispensing, and drugs and biologicals) to meet resident. The facility may permit place and side of services and nurse.				
	by: Based on observation review, the facility far medications as order for 5 of 9 residents, reviewed for medical for facility far medical for medical	red and follow facility policy (R4, R7, R9-14, R16)				

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F 425	borrow one from that Seroguel from R13 at On 1/21/15 at 12:00 (DON), stated R3 sh medication from one she should have gottand notified the phar R10's Seroquel later R13's medication to medication was in th supposed to be but E 2. On 1/19/16, at 11 medications adminis Practical Nurse, (LPI Potassium Chloride (milliequivalent)one 0.2 mg-one tablet by units subcutaneous, (milligram)/3ml (millill R14's Physician Ord-1/31/16 documents administered during Demadex 20 mg, two twice daily at 6 AM a Chloride ER 20 mequimes daily, Cloniding mouth three times da Insulin-inject 15 units daily, and Duoneb 2 inhalation per nedulic Review of R14's Med Record (MAR) dated	know who takes that, I will a resident." E3 took 25 mg and gave it to R10. PM, E2 Director of Nurses ould not have borrowed a resident to give to another, ten one from the locked box, macy. E2 stated she found after E3 had already given R10. E2 stated R10's a medicine cart where it was E3 just didn't see it. E40 AM, observed R14's tration by E9, Licensed N). E9 administered, ER 20 meq at tablet by mouth, Clonidine mouth, Humulin R insulin-15 and Duoneb 2.5-0.5mg iter)-one vial inhalation. Ear Sheet (POS) dated, 1/1/16 these medications to be the noon medication pass, or tablets (40 mg) by mouth and NOON, Potassium one tablet by mouth four a HCL 0.2 mg-one tablet by aily, Humulin Regular as subcutaneously four times 5-0.5mg/3ml-one vial	F 4:	25		

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F 425	Continued From pa	ge 8	F 425	5		
	dated 8/16/15, Hyp Failure, Pulmonary unspecified part of Pulmonary Disease 3. R9's Physician C 1/1/16 -1/31/16 doc be administered du pass, Amlodipine 5 Probiotic-one tablet Metformin 500 mg-daily, Aspirin 81 mg Iron 325 mg-one tal Gabapentin 300 mg times daily, Omepramouth daily, Zantac twice daily, Vitamin	Order Sheet (POS) dated, uments these medications to ring the 9:00 AM medication is mg-1 by mouth daily, by mouth twice daily, one tablet by mouth twice l-chew one by mouth daily,				
	9:00 AM medication documentation med Interview on 1/20/1 finished my medica 1/20/16 at 1:30 PM MAR for (E9's) med her medications." E5 stated on 1/21/1 administer (R9's) 8:	R, on 1/20/16 at 9:30 AM, all as on the MAR did not contain dications were administered. 6 at 8:45 AM, E4 stated, "I tion pass at 8:42 AM." On E4 stated, I did not check the dications. I did not give (R9) 6 at 7:56 AM, "I did not 00 AM or 9:00 AM diay. I only gave R9 her 6:00				
	AM insulin." 4. R4's Physician 0 1/1/16 -1/31/16 doc	Order Sheet (POS) dated, uments, Dexamethasone 4 vice on the day before, day of,				

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NAME OF PROVIDER OR SUPPLIER PRAIRIE VILLAGE HEALTHCARE CTR			1024 WEST WALNUT	1 01120.2010	
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and day after chemo R4's chart face shee 12/17/16, Secondar unspecified site, Ab Pneumonia, Hyperte Hyperlipidemia Review of R9's MAF Dexamethasone 4 r not contain docume administered. Review of the MAR 4 mg- 2 tablets was AM and 5 PM on 1/2 There was no docur administered on 1/1 Interview on 1/20/16 did not administer the On 1/21/16 at 9:45 // not administer the 9 1/18/16. Interview on 1/20/16 stated, "It is not a si (R4) not getting his prescribed for those 5. R12's POS dated medications to be a Lasix 20 mg-one ta Docusate Sodium 1 twice daily, Erythror	et documents diagnosis dated y malignant neoplasm of normal findings of lung field, ension, Hypokalemia, R, on 1/20/16 at 10:30 AM, mg-2 tablets at 9:00 AM did entation medication was documents Dexamethasone to be administered at 9:00 18/16, 1/19/16 and 1/20/16. mentation medication was 8/16 or 1/20/16 at 9:00 AM. 6 at 1:30 PM, E4 stated she he 9:00 AM dose on 1/20/16. AM, E8, LPN, stated she did 1:00 AM dose of medication on So at 1:00 AM, Z1, Physician, gnificant medication error with Dexamethasone as 2 doses." d 1/1/16 -1/31/16, documents dministered at 8:00 AM, blet by mouth once daily, 00 mg-one capsule by mouth mycin Eye Ointment	F 425	,		
	CORRECTION COVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From pag and day after chemic R4's chart face sheet 12/17/16, Secondar unspecified site, Ab Pneumonia, Hypertit Hyperlipidemia Review of R9's MAF Dexamethasone 4 r not contain docume administered. Review of the MAR 4 mg- 2 tablets was AM and 5 PM on 1/ There was no docur administered on 1/1 Interview on 1/20/16 did not administer the On 1/21/16 at 9:45 a not administer the 9 1/18/16. Interview on 1/20/16 stated, "It is not a si (R4) not getting his prescribed for those 5. R12's POS dated medications to be a Lasix 20 mg-one ta Docusate Sodium 1 twice daily, Erythror	OVIDER OR SUPPLIER ILLAGE HEALTHCARE CTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 and day after chemo at 9:00 AM and 5:00 PM R4's chart face sheet documents diagnosis dated 12/17/16, Secondary malignant neoplasm of unspecified site, Abnormal findings of lung field, Pneumonia, Hypertension, Hypokalemia, Hyperlipidemia Review of R9's MAR, on 1/20/16 at 10:30 AM, Dexamethasone 4 mg-2 tablets at 9:00 AM did not contain documentation medication was administered. Review of the MAR documents Dexamethasone 4 mg-2 tablets was to be administered at 9:00 AM and 5 PM on 1/18/16, 1/19/16 and 1/20/16. There was no documentation medication was administered on 1/18/16 or 1/20/16 at 9:00 AM. Interview on 1/20/16 at 1:30 PM, E4 stated she did not administer the 9:00 AM dose on 1/20/16. On 1/21/16 at 9:45 AM, E8, LPN, stated she did not administer the 9:00 AM dose of medication on 1/18/16. Interview on 1/20/16 at 11:00 AM, Z1, Physician, stated, "It is not a significant medication error with (R4) not getting his Dexamethasone as prescribed for those 2 doses." 5. R12's POS dated 1/1/16 -1/31/16, documents medications to be administered at 8:00 AM, Lasix 20 mg-one tablet by mouth once daily, Docusate Sodium 100 mg-one capsule by mouth twice daily, Erythromycin Eye Ointment	OVIDER OR SUPPLIER ILLAGE HEALTHCARE CTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 and day after chemo at 9:00 AM and 5:00 PM R4's chart face sheet documents diagnosis dated 12/17/16, Secondary malignant neoplasm of unspecified site, Abnormal findings of lung field, Pneumonia, Hypertension, Hypokalemia, Hyperlipidemia Review of R9's MAR, on 1/20/16 at 10:30 AM, Dexamethasone 4 mg-2 tablets at 9:00 AM did not contain documentation medication was administered. Review of the MAR documents Dexamethasone 4 mg-2 tablets was to be administered at 9:00 AM and 5 PM on 1/18/16, 1/19/16 and 1/20/16. There was no documentation medication was administered on 1/18/16 or 1/20/16 at 9:00 AM. Interview on 1/20/16 at 1:30 PM, E4 stated she did not administer the 9:00 AM dose on 1/20/16. On 1/21/16 at 9:45 AM, E8, LPN, stated she did not administer the 9:00 AM dose of medication on 1/18/16. Interview on 1/20/16 at 11:00 AM, Z1, Physician, stated, "It is not a significant medication error with (R4) not getting his Dexamethasone as prescribed for those 2 doses." 5. R12's POS dated 1/1/16 -1/31/16, documents medications to be administered at 8:00 AM, Lasix 20 mg-one tablet by mouth once daily, Docusate Sodium 100 mg-one capsule by mouth twice daily, Erythromycin Eye Ointment	OVIDER OR SUPPLIER 145294 ILLAGE HEALTHCARE CTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 9 and day after chemo at 9:00 AM and 5:00 PM R4's chart face sheet documents diagnosis dated 12/17/16, Secondary malignant neoplasm of unspecified site, Abnormal findings of lung field, Pneumonia, Hyperflension, Hypokalemia, Hyperflipidemia Review of R9's MAR, on 1/20/16 at 10:30 AM, Dexamethasone 4 mg-2 tablets at 9:00 AM did not contain documentation medication was administered. Review of the MAR documents Dexamethasone 4 mg-2 tablets was to be administered at 9:00 AM. Interview on 1/18/16, 1/19/16 and 1/20/16, There was no documentation medication was administered on 1/18/16 or 1/20/16 at 9:00 AM. Interview on 1/20/16 at 1:30 PM, E4 stated she did not administer the 9:00 AM dose on 1/20/16. On 1/21/16 at 9:45 AM, E6, LPN, stated she did not administer the 9:00 AM dose of medication on 1/18/16. Interview on 1/20/16 at 1:100 AM, Z1, Physician, stated, "It is not a significant medication error with (R4) not getting his Dexamethasone as prescribed for those 2 doses." 5. R12's POS dated 1/1/16 -1/31/16, documents medications to be administered at 8:00 AM, Lasix 20 mg-one tablet by mouth once daily, Docusate Sodium 100 mg-one capsule by mouth	

AND DI AN OF CORRECTION IN IMPER		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 425	Lorazepam 0.5 mg-odaily, Levaquin 500 of Tobramycin eye dropfour times a day. Review of R12's MA 8:00 AM medications documentation medications dated 1/11/16, Pneur Infection Interview on 1/20/16 "I did not give (R12) is she did." On 1/21/16 at 8:00 AM her medication, I just off on the MAR." On 1/20/16 at AM, R	e 10 e contents of 1 capsule, ne tablet by mouth twice mg one by mouth daily, and s-two drops ou (both eyes) R, on 1/20/16 at 9:30 AM, all on the MAR did not contain cations were administered. et documents diagnosis monia, Sepsis, Urinary Tract at 1:30 PM, E4, LPN, stated, ner medication, E5 told me M, E5 stated, "I gave (R12) didn't sign the medications 1:2 stated, "The nurse with we me my medicine this	F	425			
	medications to be ad Norvasc 10 mg-one to 325 mg-one tablet by mg-one tablet by mou mg-one tablet by mou 100 mg-one capsule Lexapro 20 mg-one to Lasix 40 mg one table Hydralazine 10 mg on times daily, Glucopha mouth twice daily, Dir by mouth twice daily,	/1/16 -1/31/16, documents ministered at 9:00 AM, ablet by mouth daily, Aspirin mouth daily, Tenormin 100 ath daily, Cardizem CD 120 ath daily, Docusate Sodium by mouth twice daily, ablet by mouth once daily, et by mouth twice daily, ne tablet by mouth three age 500 mg-one tablet by tropan XL 10 mg one tablet Topamax 100 mg one tablet and Topamax 50 mg one					

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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 425	Continued From pag		F	425		
	9:00 AM medications documentation medicocumentation medicocumentat	R, on 1/20/16 at 9:30 AM, all son the MAR did not contain cations were administered. at 11:00 AM, R7 stated, edication in the dining this ating and I don't take my ne eating so she left them on e later when I'm done eating. like to take medication until en I was done eating, I took st leaves the medicine and r people their medicine." M, E4 stated, "I gave (R7) e dining room. I did not leave tray, I watched her take it. I the MAR that I gave her				
	medications to be ac Prozac 40 mg-one ca Lasix 20 mg-one tab mg-One tablet by mo mg-one tablet by mo Sodium 100 mg-one daily, Lisinopril 2.5 m Glucophage 1000 m daily, Prilosec 20 mg Seroquel 25 mg-one and Vitamin B-12-on Review of R13's MA 9:00 AM medications	1/1/16 -1/31/16, documents iministered at 9:00 AM, apsule by mouth once daily, let by mouth daily, Aspirin 81 buth daily, Cetirizine HCL 10 uth twice daily, Docusate capsule by mouth twice g-one tablet by mouth daily, g-one tablet by mouth daily, tablet by mouth twice daily, tablet by mouth daily, et ablet by mouth daily. R, on 1/20/16 at 9:30 AM, all so on the MAR did not contain cations were administered.				

I '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		145294	B. WING		C 01/26/2016
NAME OF PROVIDER OR SUPPLIER PRAIRIE VILLAGE HEALTHCARE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 1024 WEST WALNUT JACKSONVILLE, IL 62650	1 0.120.20.10
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 425	her medication, I just R13 is not interview	PM, E4 stated, "I gave R13 st didn't sign off on the MAR" rable.	F 42	5	
	medications to be a Norco 5-325-one ta daily and medication AM., Aspirin EC 81 morning, Lexapro 2 every morning, Kep mouth twice daily, M mouth twice daily, M	d 1/1/16 -1/31/16, documents dministered at 8:00 AM, blet by mouth three times ns to be administered at 9:00 mg-one tablet by mouth every 0 mg-one tablet by mouth pra 1000 mg-one tablet by Metoprolol 25 mg-one tablet by C-Dur 20 Meq-one tablet by ng, and Zantac 150 mg-one tablet by de daily.			
	8:00 AM and 9:00 A	AR, on 1/20/16 at 9:30 AM, all M medications on the MAR umentation medications were			
	his medications, I ju off."	PM, E4 stated, "I gave R11 list didn't sign off on the MAR DAM, R11 stated, "I got my brning."			
	"If the night nurse a medications doesn' does the day nurse medications were a very good possibility the medications, no medications.	PM, E1, Administrator stated, nd who's passing the morning t sign off on the MAR, how coming on shift know if the dministered or not. There is a y the resident could get double medications, or the right			
	On 1/20/16 at 1:15	PM, E2, stated, "The nurses			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	IPLE CONSTRUCTION IG	_	(X3) DATE SURVEY COMPLETED
		145294	B. WING _			C 01/26/2016
NAME OF PROVIDER OR SUPPLIER PRAIRIE VILLAGE HEALTHCARE CTR				STREET ADDRESS, CITY, S 1024 WEST WALNUT JACKSONVILLE, IL 62		01/20/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	(EACH CORRE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 425			F 4	25		
	prescribed and sign of	sed to pass medications as off on the MAR's after they s. These are seasoned tter.				
	On 1/20/16, E1 and E interview with E4.	2 were present during				
	dated 11/03/14, Proc A. Preparation, 11) If active order cannot be cart/drawer, other are medication room, and are searched, if possi cannot be located after	a medication with a current, e located in the medication eas of the medication cart, I facility (e.g., other units) ble. If the medication er further investigation, the d or medication removed				
	in accordance with wi prescriber.	lied for one resident are				
F 431	administration on the the medication is give medication pass, the medications reviews in necessary doses wer documented. In no carrier who administered the without first recording medications. 483.60(b), (d), (e) DR	cation dose records the resident's MAR directly after en. At the end of each person administering the the MAR to ensure e administered and ase should the individual medications report off-duty the administration of any	F	31		
SS=E	i <u> i i i _ i i _ i _ i .</u>					

I' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		COMPLETED	
		145294	B. WING		C 01/26/2016	
NAME OF PROVIDER OR SUPPLIER PRAIRIE VILLAGE HEALTHCARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1024 WEST WALNUT JACKSONVILLE, IL 62650		01/20/2016	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION	
F 431	a licensed pharmac of records of receip controlled drugs in accurate reconciliat records are in order controlled drugs is reconciled. Drugs and biological labeled in accordar professional princip appropriate access instructions, and the applicable. In accordance with facility must store a locked compartmer controls, and permit have access to the The facility must propermanently affixed controlled drugs list Comprehensive Dru Control Act of 1976 abuse, except when	inploy or obtain the services of cist who establishes a system at and disposition of all sufficient detail to enable an action; and determines that drug or and that an account of all maintained and periodically als used in the facility must be not exist the correct of the cor	F 43			
	permanently affixed controlled drugs list Comprehensive Dru Control Act of 1976 abuse, except when package drug distriquantity stored is more be readily detected. This REQUIREMENT by:	d compartments for storage of ted in Schedule II of the ug Abuse Prevention and and other drugs subject to in the facility uses single unit bution systems in which the inimal and a missing dose can				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	(X3) DATE SURVEY COMPLETED C		
		145294	B. WING _		01/26/2016	
NAME OF PROVIDER OR SUPPLIER PRAIRIE VILLAGE HEALTHCARE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 1024 WEST WALNUT JACKSONVILLE, IL 62650	1 01/20/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
F 431	medication during a potential to affect 9 r R18, R19, R20, R21 and cognitively impa who was not observe in the sample of 22. 1. On 1/19/16 at 11:: cart at the nurses stawent to look for a meanother medication of was left unattended Entacapone 200 mg medication cart. The bubble pack. 2. On 1/19/16 at 11:: cart unlocked at the the dining room to gi unlocked medication had a bottle of liquid on top of the cart. On 1/20/16, E1 prov 100 and 200 hallway cognitively impaired. R10, R11, R17, R18 who all could have he medication cart. 3. The facility's Polic Medication Administration of mecart is kept closed at of the medication nu are kept on top of the	medication pass, this has the residents (R2, R10, R11, R17, and R22) who are mobile ired and 1 resident (R16) and swallowing her medication ation unlocked, while she edication down the hall in cart. The medication cart that had a bubble pack of laying on top of the re were 60 tablets in the resident was left unattended Potassium Chloride sitting ided a list of residents on the residents were R2, R19, R20, R21 and R22 and access to the unattended cy and Procedures for	F 4	31		

		IDENTIFICATION NUMBED:		IPLE CONSTRUCTION IG	(X3	(X3) DATE SURVEY COMPLETED	
		145294	B. WING			C 04/26/2046	
NAME OF PROVIDER OR SUPPLIER PRAIRIE VILLAGE HEALTHCARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1024 WEST WALNUT JACKSONVILLE, IL 62650			01/26/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 431	medications, and all of inaccessible to reside addition, privacy is more resident information (MAR book/covering the screen] when not in understanding and placed it on the the E3 then turned around dining room. E3 did romedication. 5. The facility's Polic Medication Administration documented, Administration always observed after that the dose was conpartial dose was ingestigated.	coutward sides must be cents or others passing by. In aintained at all times for all (e.g., MAR) [by closing the he MAR sheet or computer use. 7 AM, E3 put Ultram 50 mg and took it to the dining room able where R16 was sitting. In and walked out of the not watch R16 take the stration, 18) The resident is a radministration to ensure mpletely ingested. If only a ested, this is noted on the ation record (MAR), and	F 4	31			