STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING _____ B. WING _____	C 08/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	**432 POPLAR DRIVE WILMETTE, IL 60091**

(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 Complaint investigation 1694486/IL87598	F 000		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to obtain and administer medication for a resident for the treatment of thrombocytosis according to the physician's orders. This failure affects one of three residents (R1) reviewed for medication administration in a sample of 3. Findings Include: R1 was admitted to the facility on 8/5/16 at 7:41PM from a local hospital. R1 has diagnoses of hemorrhagic thrombocythemia, syncope, hypertension, disorder of kidney and ureters, and cerebral infarction. R1 was discharged to the hospital on 8/8/16 The POS (Physicians Order Sheet) documents R1 was prescribed Anagrelide HCl 0.5 mg (milligrams) one capsule by mouth in the evening every Mon, Tues, and Wed for thrombocytosis by	F 309		

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
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F 309	Continued From page 1 Z1 (Primary Care Physician) The POS has a second order for R1 Anagrelide HCl 0.5 mg one capsule by mouth one time a day for thrombocytosis by Z1. The MAR (Medication Administration Sheet) documents R1 did not receive Anagrelide 0.5 mg from 8/5/16 through 8/8/16. On 8/17/16 at 10:30AM E3 RN (Registered Nurse) stated " R1 came in Friday (8/5/16) evening at shift change. I entered the orders for Anagrelide exactly the same as the hospital orders, two separate orders. The daily order for Anagrelide did not show on the screen to administer on Saturday or Sunday. We think it ' s because the Mon, Tues, Wed order over rode the daily order in the computer. I did not give R1 Anagrelide Saturday or Sunday. R1 would have received Anagrelide Friday at the hospital. On 8/16/17 at 2:45 PM E2 DON (Director of Nursing) stated that both orders for Anagrelide o.5 came from the hospital. The first order was for Monday, Tuesday and Wednesday. The second order was for one daily. R1 should have been given Anagrelide every day and an extra dose Monday, Tuesday and Wednesday. Telephone interview on 8/17/16 Z1 (Primary Care Physician) stated the nurse called on Friday, 8/5/16 to verify all the medication orders from the hospital.	F 309		