STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145406	A. BUILDING _____ B. WING _____	05/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RANDOLPH COUNTY CARE CENTER	312 WEST BELMONT SPARTA, IL 62286

(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.	F 000		
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to perform quality control testing for two of two glucometers reviewed for quality control for 7 residents (R16, R18 through R23) in the supplemental sample. Findings include: On 05/07/15, a blood glucometer was on the	F 425		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 425	Continued From page 1 Second Floor Medication Cart. At this time, E3, Licensed Practical Nurse (LPN) stated the night nurses do the glucometer calibrations, and presented the Blood Glucose Monitoring System: Daily Quality Control Record logs. The last completed log was December, 2014. 05/07/15 at 11:45 AM, E2, Director of Nurses (DON) stated the night nurse does the calibrations. On 5/08/2015 at 1:15 PM, E2 stated, "The night nurse (E7, LPN) said she's checking them. We got new glucometers in January 2015. She checks them weekly and documents on the calendar. She's here every Thursday and does it then. She's been here for years and has been doing it." When asked where the quality control testing is documented, E2 gave no reply. E2 provided a list of residents, R16, R18- R23, that have glucometer readings done. The glucometer manufacturer's guidelines for quality control testing document, in part, "To ensure proper monitoring function, it is necessary to perform a quality control test. When should a Quality Control Test be performed? Before executing a blood glucose test with the meter for the first time, when opening and using a new vial of test strips, when the meter is dropped or splashed with liquids, whenever the test results are not consistent with symptoms, whenever checking if the system is working properly, and whenever practicing testing and checking correct procedure."	F 425		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431		

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F 431	Continued From page 2 The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to label a narcotic medication for one resident (R16) in the	F 431		

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F 431	Continued From page 3 supplemental sample. Findings include: On 05/07/15 at 10:00 AM, the second floor medication cart had one bottle of Morphine Sulfate (MS) Oral Solution, 30 milliliters (ml) in a plastic bag inside the locked narcotic drawer. On the outside of the bag, was a hand written first initial and last name (R16). The MS bottle itself did not have a label documenting who it belongs to, or how much to administer. On 5/07/15 at 3:00 PM, E2, Director of Nursing (DON) stated the MS belongs to R16 and came from the emergency stock supply. E2 stated the MS bottle should be labeled with the resident's name, dose to be given and date of birth. The facility's policy and procedure, entitled, "Labeling of Medication" documents, in part, "The labeling of all medications will meet the requirements of the State Board of Pharmacy. The definition of labeling in Illinois includes the affixing of the appropriate label to the appropriate container of medication. Labeling for non-unit dose medication must be typed or printed and clearly indicate resident's full name, prescription number, name and strength of the drug, route, quantity of drug, date dispensed, expiration date of all time dated drugs, physician's name, address and telephone number of the pharmacy supplying the medication, and any other pertinent information as may be needed or required."	F 431		