

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

PRINTED: 08/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E845	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/24/2015
NAME OF PROVIDER OR SUPPLIER WILSON CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 4544 NORTH HAZEL STREET CHICAGO, IL 60640		
(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 Investigations -1580952/IL75199 -1580987/IL75236 -1581507/IL75857-F514 cited. -1581789/IL76233 -1581927/IL76392-300.4090 6) cited. -1582717/IL77383 -1582863/IL77559 -1583571/IL78397	F 000			
F 514 SS=D	483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to accurately document the administration of Clonazepam in the medication administration record (MAR) for one of three residents resident (R5) reviewed for medications. The findings include:	F 514			

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 514	<p>Continued From page 1</p> <p>On 7/22/15 at 10:30 am, R5 stated " I have been out of Klonopin for almost 24 hours. The last dose I had was on 7/21/15 at noon and staff knows that I am out. I am taking it for an anxiety and panic disorder. "</p> <p>Review of R5's Medication Administration Record (MAR) for period from 7-10-15 to 08-09-15 denotes Clonazepam 2 mg tablet by mouth three times a day at 9 am, 1 pm and 5 pm.</p> <p>On 7/22/15 at 1:05 pm, observed fifth floor medication cart, no Clonazepam for R5 available.</p> <p>On 7/22/15 at 1:05 pm, interview with E7 (Licensed Practical Nurse) stated, "The Clonazepam is not here and it was not here when I got here this morning at 7 am. I called the pharmacy to follow up and the pharmacy said the doctor needs to fill out a new prescription since the resident ran out. The night shift nurse gives R5 the 9 am and 1pm Klonopin on the days when R5 goes out on pass and signs initials. E7(LPN) confirmed that R5 did not go out on pass and is still in facility and the Klonopin is not available to give but is signed out as given by night shift nurse. E7 stated, "There is no other location the Clonazepam can be and I have to wait for pharmacy to deliver the medication this evening."</p> <p>On 7/22/15 at 1:31 pm, interviewed Z1 (Pharmacist) stated, " The request to refill Clonazepam was received 7/21/15 at 7 am by E9. Since the medication had run out, we needed a new prescription from the doctor. If we do not hear back from the doctor in 24 hours we follow up with a phone call, which I did, and spoke to E2 DON (Director of Nursing) on 7/22/15 am who authorized the refill as an agent for the Psychiatrist. The medication will be sent to facility today. "</p> <p>On 7/22/15 at 1:45 pm, E2 stated, " Clonazepam is in the computerized convenience machine</p>	F 514			

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F 514	<p>Continued From page 2</p> <p>which I just accessed to obtain the Clonazepam. I was the first person to open the Clonazepam box and gave E7 (LPN) the medication so that R5 will get the 1pm dose. Surveyor stated that E7 (LPN) was interviewed if there was another location for Clonazepam such as an emergency box and E7 (LPN) told surveyor no. E2 stated, " this is a newer system to him and he might not have known at the time that he could have accessed the medication in the convenience machine. Review of R5's MAR denotes Clonazepam was signed as administered on the following dates, when the medication was not available to give: 7/21/15 at 5 pm by E10 (LPN) and 7/22/15 at 9 am and 1 pm by E9 (LPN). Signatures on MAR verified by E7 and E2. Reviewed staffing for 7/21/15 and 7/22/15 and verified E9 and E10 were working on those dates.</p> <p>On 7/23/15 at 2:45 pm, E10 stated, " R5 was out of Clonazepam for the evening dose on 7/21/15. E7 (LPN) used his password to get the medication out from the computerized convenience box. I didn't get a password yet so E7 (LPN) took it out and gave the medication to R5. E10 verified her initials on the MAR as signing she administered the medication.</p> <p>On 7/23/15 at 3:10 pm, interviewed Z4 (Pharmacist) who stated, " the computerized convenience box had not been accessed on 7/21/15. "</p> <p>On 7/24/15 at 12:10 pm, Z5 (Pharmacy representative) stated, " There is no record that E7(LPN) logged into the convenience box on 7/21/15.</p> <p>On 7/24/15 at 12:40 pm, E9 (LPN) stated, " I was working 7/21/15 and 7/22/15 on night shift and took care of R5. I do not recall if I used the last Clonazepam from the medication cart but had to reorder it from pharmacy 2 days in a row."</p>	F 514			

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F 514	Continued From page 3 Surveyor asked to explain his initials indicating medication was given on 7/22/15 at 9 am and 1 pm when the medication was not available. E9 (LPN) stated, " I don' t remember, maybe it came in and I gave it." Facility policy dated 12/2013 and labeled: Medication Administration denotes in part: 7. In the event that a medication cannot be given, the reason must be documented in the MAR, and the time frame circled on the MAR. 11. Documentation of meds given will be done in a consistent manner by nurse placing her initials in the appropriate space on the MAR. Documentation on the MAR will be done at the time of administration of the medication.	F 514			