STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G158	A. BUILDING _____ B. WING _____	R 05/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMNESS SQUARE	**340 HERITAGE DRIVE BOURBONNAIS, IL 60914**

(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
{W 000}	INITIAL COMMENTS M/PV FOLLOW UP TO 2/5/15 ANNUAL SURVEY	{W 000}		
{W 369}	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure that medications were given in accordance with physician's orders for 1 of 6 clients observed (R1). Findings include: R1 was observed receiving Toviaz 8mg and Norvasc 2.5mg from E2(Direct Support Personnel) on 5/1/15 at 7:07am. Surveyor observed an empty bubble pack for Glyburide. E2 was also observed to be looking for another medication for R1 prior to giving R1 her medications. E2 at 7:06am informed surveyor that R1's Glyburide is not in. R1's record was reviewed. R1's current Physician's Orders sheet showed that R1 is also currently on Omeprazole 20mg with orders to take 2 capsules (40mg) by mouth every 6am and Glyburide 2.5mg every morning. Surveyor interviewed E2 at around 7:10am. E2 stated, "R1 has Omeprazole but since she just got here, it is too late to give her the medication at this time." E2 also verified that R1 did not	{W 369}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/01/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMNESS SQUARE	**340 HERITAGE DRIVE BOURBONNAIS, IL 60914**

(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
{W 369}	Continued From page 1 receive her Glyburide for the day since it is not in. R1's accucheck reading for today 5/1/15 was 130.	{W 369}		