

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

PRINTED: 04/06/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145967	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/31/2016
NAME OF PROVIDER OR SUPPLIER WINDSOR ESTATES NSG & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 18300 S. LAVERGNE AVE TINLEY PARK, IL 60477		
(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	F 000			
F 309 SS=D	<p>Complaint Investigation</p> <p>1691477/IL84138</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to administer ordered medication within a twenty-four (24) hour period after resident's admission and failed to follow their medication administration policy for reconciliation of a resident's medication upon admission. This applies to one of three residents (R1) reviewed for medication reconciliation and administration. As a result there was two day delay in R1 receiving ordered medication for treating gout (Allupurinol) and omission of medication for cardiac function maintenance (Spiracolone and Metoprolol) putting R1 at potential risk for cardiac dysfunction. Findings include: R1's medical record face sheet indicated that R1 was admitted to the facility on 3/2/16 with diagnoses that include, but not limited to, Atherosclerotic heart disease, Coronary Artery without Angina pectoris, Gout, Malignant</p>	F 309			

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 309	<p>Continued From page 1</p> <p>Neoplasm of bladder, Chronic obstructive pulmonary disease and Chronic Kidney disease dependence on renal dialysis. R1 was transferred to a local hospital on 3/10/16 per family request, R1 was diagnosed with Sepsis.</p> <p>R1's hospital discharge record indicated that R1's discharge medications include, but not limited to, Allupurinol, Spiracolone, Metoprolol, Fluconazole, Amiodarone and Acetaminophen.</p> <p>R1's POS (Physician Order Sheet) did not contain documentation that Spiracolone and Metoprolol were ordered at the facility and MAR(Medication Administration Record) indicated that Allupurinol, Amiodarone and Fluconazole were ordered and not administered to R1 until 3/5/16, two days after the medication was delivered to the facility.</p> <p>On 3/31/16 at 12:11pm, Z2 (Physician) stated R1 was a very sick man and it is the responsibility of the licensed nurses to call (Z2) for medication reconciliation. Z2 explained Spiracolone and Metoprolol are cardiac function maintenance medications. If R1 was on these medications when discharged from the local hospital, and these medications were on the discharge medication, the facility should have called the list to Z2; Z2 would not have discontinued these medications.</p> <p>On 3/31/16 at 3:06pm, Z3 (Pharmacist) stated that the Allupurinol was delivered on 3/3/16 for a six day supply, along with Amiodorone 200mg, Tamezepam and Fluconazole 200mg.</p> <p>On 3/31/16 at 3:10pm, E3, DON (Director of Nurses) acknowledged that the facility expects the licensed staff to a reconcile medications accurately, to document any discontinued medication in the POS and to make sure medications administered using the five rights of medication administration.</p> <p>On 3/31/16, E4, ADON (Assistant Director of</p>	F 309			

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F 309	<p>Continued From page 2</p> <p>Nurses) stated when the family member complained about R1's medication (E4) called (Z2) to make sure the medications were written correctly in the facility POS by reading back the medication list to (Z2). E4 stated she did not read from the hospital discharge list thinking that E16 LPN (Licensed Practical Nurse), who was the admitting nurse on 3/2/16, used the discharge medication list and reconciled these medications accurately from the discharge order from the hospital.</p> <p>On 3/31/16, both E3 and E4 stated (E16) should have documented the omitted medications in R1's POS if they were discontinued during reconciliation.</p> <p>E7 and E8 LPN stated in part that during any admission, medication not reordered during admission should be documented in the POS as discontinued.</p> <p>The facility could not provide any documentation that this was done.</p> <p>The facility Medication policy (with no revised date) indicated: If a new resident is admitted all orders must be verified with the primary MD (medical doctor) and to document verification in nurses note and if the transfer sheet or order does not have a original MD signature a telephone order must be completed for all medications and treatment. Any order that needs clarification a complete telephone order should be made. This policy was not followed.</p> <p>The facility medication policy presented with no date indicated to "notify MD if med (Medication) cannot be given in the time frame ordered and document MD response." This policy was not followed.</p>	F 309			