STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145142	A. BUILDING ______ B. WING ______	C 04/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ALMA NELSON MANOR	**550 SOUTH MULFORD AVENUE** **ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	FINAL OBSERVATIONS State Licensure Violations for this Survey 300.610 a) 300.1210 a) 300.1210b)1) 300.1220b)1) 300.1220b)6) 300.1220b)8) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician, or	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145142	A. BUILDING ______ B. WING ______	C 04/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ALMA NELSON MANOR	550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	Continued From page 11	F9999		

Continued From page 11

the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated there under. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.

The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.
Personal Care, as defined in section 300.330, is assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual (Section 1-120 of the Act)

General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:
· Medications including oral, rectal, hypodermic, intravenous, and imtramuscular shall be properly administered.

The DON shall supervise and oversee the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145142	A. BUILDING ______ B. WING ______	C 04/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ALMA NELSON MANOR	**550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	Continued From page 12	F9999		

nursing services of the facility, including:

- Assigning and directing the activities of nursing service personnel.
- Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing personnel.
- Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility training programs. This person may conduct these programs personally or see that they are carried out.

These regulations were not met based on interview and record review the facility failed to ensure that services provided by the facility meet professional standards by:

- Not educating and training the Registered Nurse (RN) staff on correct administration of intravenous fluids and medications;
- Failing to ensure that RNs verify physicians' orders prior to administration of intravenous (IV) fluids/and or medications;
- Failing to ensure that a RN administered IV medications according to the physicians' orders;
- Failing to ensure that a RN correctly prepare and/or dilute and administer IV medications correctly;
- Failing to ensure that the facility staff cares for and changes IV devices according to facility policy.

These failures resulted in R1 receiving 10mEq of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145142	A. BUILDING ______ B. WING ______	C 04/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ALMA NELSON MANOR	**550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	Continued From page 13	F9999		

potassium chloride (KCl) by IV push instead of by IV infusion on 3/22/05 at 5:30PM. The administration of this medication, by IV push, contributed to R1 experiencing respiratory distress approximately 10 to 15 minutes later and R1 was found expired approximately 40 minutes later at approximately 6:10PM. This applies to 1 of 5 residents in the sample.

The findings include:

Facility policy and procedure for IV therapy were reviewed. The 'Policy and Procedure for Intravenous Fluids: Additive Medications', dated June 1995, states, "All intravenous fluids that require additive medications are to be performed by a Registered Nurse trained in the procedure." The 'Policy and Procedure for Peripheral Intravenous Catheter: Infusion of Intravenous Fluids' states, "Intravenous fluids and/or medications will be administered, per physician's order, by a Registered Nurse who has been trained in the procedure." The 'Policy and Procedure for IV Push (Direct Intravenous) Medication' states, "Check dosages, dilutions, time over which medication should be pushed. Medications should be given as directed by the manufacturer." The 'Policy and Procedure for Peripheral Intravenous Catheter: Insertion' states, "Site should be changed every 72 hours or PRN (as needed) to prevent infection. If the site is to be maintained longer than 72 hours; obtain a specific physician's order allowing it to maintain at that site."

R1 has diagnoses of Dementia, Anemia, and Osteoporosis per physician's orders for the month of March 2005. A physician's order dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145142	A. BUILDING ______ B. WING ______	C 04/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ALMA NELSON MANOR	**550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	Continued From page 14	F9999		

3/21/05 states, "KCl 10mEq PO (by mouth) or IV QD (every day) while IV fluids going."

An interview was conducted on 4/5/05 at approximately 11:15AM with E3 (RN). E3 verified that on 3/22/05 she gave R1 10mEq of KCl IV push at 5:30PM. E3 said that she drew up 5cc of KCl from a multi-use vial obtained from the emergency box and diluted it with approximately 7cc of saline. E3 then inserted the needle of the syringe containing the diluted KCl into R1's IV line. After stopping the infusing IV connected to R1's right hand, E3 then pushed the medication into the IV line over 3-5 minutes. E3 reported to the surveyor that she remained in the room because the infusing IV was positional (not dripping/flowing properly). E3 verified that within 10-15 minutes after this medication was administered R1 started to have Cheyne-Stokes respirations (an abnormal pattern of respirations, characterized by alternating periods of apnea and deep rapid breathing).

E3 was asked by the surveyor if the physician's order dated 3/21/05 instructed the nurse to give KCl10mEq IV push and E3 responded "No". The surveyor asked E3 if she had ever received any training by the facility on the correct way to administer IV push medications and fluids and E3 said "No". The surveyor asked E3 if she checked the Nursing Drug Reference Book located at each nurse's station prior to giving the KCl IV push. E3 said that she had not checked with any reference book prior to administering the KCl IV push to R1.

Administration procedures, according to the Nursing 2005 Drug Handbook (p.876) are to give

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145142	A. BUILDING ______ B. WING ______	C 04/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ALMA NELSON MANOR	**550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	Continued From page 15	F9999		

potassium chloride by IV infusion only, never IV push or IM. Give slowly as dilute solution; potentially fatal hyperkalemia may result from to rapid infusion. Decrease IV rate if burning occurs during infusion.

An interview was conducted on 4/14/05 at approximately 2:45PM with Z3 (a Pharmacist). Z 3 stated that 10mEq of KCl should be diluted in at least 500 cc of IV fluid before administration. It should never be given IV push. The surveyor asked Z3 if 7cc of normal saline would be enough to dilute the KCl for IV administration and he said "No".

Facility RNs were interviewed concerning their training of IV therapy infusion and IV medication administration. E5 was interviewed on 4/1/05 at approximately 4:15PM; E5 said that she has not received any training by the facility concerning IV therapy and medication administration. E5 said that she usually writes care plans and rarely gives IV medications. During interviews conducted on 4/5/05 between 12:30PM and 1:30 PM, E4 and E6 both stated that they had never received any training from the facility on the correct way to administer IV fluids and IV push medications.

The facility's Incident Investigation Summary of 3/22/05 states, "E3 (RN) was told an IV push medication needed to be given. She checked the order and went into the Emergency box for the medication. The 10cc vial contained 20mEq of KCl. E3 gave 5cc for the correct dosage of 10 mEq. E3 took the word of E7 (LPN) that it was a push. E3 did not check the drug book. E3 gave the medication and the flush and was going to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145142	A. BUILDING ______ B. WING ______	C 04/15/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ALMA NELSON MANOR	**550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F9999	Continued From page 16	F9999		

hang the next antibiotic. E3 was checking the line trying to reposition it and noticed the patient had Cheyne-Stokes respirations. E3 checked R1 's pulse and she had one. E3 asked E7 if R1 was comfort care and E7 said yes. E3 then told E7 to check on the patient. When E7 walked into R1's room the patient had expired."

An interview was conducted on 4/1/05 at approximately 2:10PM with Z2 (Nurse Practitioner). Z2 stated, "R1 was on continuous IV therapy because she was not eating or drinking anything. I started her on potassium because she needed a supplement. I was told by nursing staff that R1 was not taking her oral medications on 3/21/05. When I ordered the potassium chloride IV, I thought it would be mixed by the pharmacy and then sent to the facility. It was not an emergency. R1's last potassium level was 3.7 which is the low end of normal. I was never called to clarify the KCl order on 3/21/05 or 3/22/05. The potassium chloride should have never been administered IV push. I did not order the potassium chloride to be given IV push. I have never ordered an IV push medication at a long term care facility. It is too dangerous."

An interview was conducted with Z1 (Physician) on 4/8/05 at approximately 2:20PM; Z1 stated, "I believe that the potassium chloride given IV push was a contributory cause of R1's death. Giving the KCl in this way would have caused a significant amount of venous burning during administration."

The vial containing potassium that was used on 3 /22/05 at 5:30PM was observed on 4/5/05. The