

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

PRINTED: 12/16/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2005
NAME OF PROVIDER OR SUPPLIER ROSE GARDEN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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 309	Continued From page 10 chart audits and monitoring the coumadin tracking sheets. Noted problems will be immediately addressed as warranted. The Director of Nurses, Assistant Director of Nurses, and their designees will further monitor that these actions are effective and ongoing by reviewing the clinical records of all resident admissions (regardless if new or readmits). This clinical record review will specifically target physician orders, medication reviews, needed lab orders and follow-up with attending physicians. Noted problems will be immediately addressed.	F 309			
F9999	FINAL OBSERVATIONS Section 300.610 a) 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 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 thereunder . 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. c) These written policies shall include, at a minimum the following provisions: 2) Resident care services including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental	F9999			

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

PRINTED: 12/16/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2005
NAME OF PROVIDER OR SUPPLIER ROSE GARDEN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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	
F9999	<p>Continued From page 11</p> <p>services, and diagnostic service (including laboratory and x-ray). Section 300.1210</p> <p>a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological 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.</p> <p>Section 300.1620</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>b) Telephone orders may be taken by a registered nurse, licensed practical nurse or licensed pharmacist. All such orders shall be immediately written on the resident's clinical record or a telephone order form and signed by the nurse or pharmacist taking the order. These orders shall be countersigned by the licensed prescriber within 10 calendar days.</p> <p>Section 300.3240</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a</p>	F9999			

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

PRINTED: 12/16/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2005
NAME OF PROVIDER OR SUPPLIER ROSE GARDEN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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	
F9999	<p>Continued From page 12 resident.</p> <p>Based on interview, record review, and observation, the facility failed to have a system in place to monitor the effects of a blood thinning medication administered to 1 of 7 sampled residents (R1). R1 was admitted to the hospital bleeding from the Arteriovenous (AV) fistula secondary to an elevated protime.</p> <p>Findings include:</p> <p>R1's admission face sheet states R1 is a 36-year-old-female with diagnoses of Spinal Bifida, Bipolar Disorder, Cellulitis, Diabetes, Kidney Transplant (failed) with Hemodialysis. On 7/15/05, R2 was admitted to this facility from the hospital after a kidney transplant failure. Physicians orders, Medication Administration Record, and the transferring physician orders from the hospital dated 7/15/05 indicate that R1 was to receive Coumadin 10 milligrams (mg) on 7/15/05 and 7/16/05 then to start 7.5 mg daily. This same transfer physicians order states: "Stat : Prothrombin/International Normalized Ratio (PT/INR) next OP HD (Out Patient Hemodialysis) and notify her nephrologist of results." The medication orders at the facility were written on 7/15/05 for Coumadin 7.5 mg daily and signed by Z 1 (attending physician), but no order was written to do the stat PT/INR lab at the next outpatient hemodialysis appointment. On 9/26/05 E1 (Administrator) and E2 (Director of Nurses) verified that no order was written to do PT/INR at the next outpatient hemodialysis appointment.</p> <p>Nurses notes dated 7/22/05 and 7/23/05 state R1 went back to the hospital on 7/22/05 with a</p>	F9999			

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

PRINTED: 12/16/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2005
NAME OF PROVIDER OR SUPPLIER ROSE GARDEN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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	
F9999	<p>Continued From page 13</p> <p>fracture of the leg and returned to the facility on 7/23/05. Coumadin 7.5 mg daily was continued. Hospital transfer record reporting period dated 8/18/05 thru 9/17/05 indicates R1 went back to the hospital on 8/17/05 for a below knee amputation and returned to the facility on 8/25/05. The same transfer record shows PT/INR was being monitored daily while in the hospital. On 8/19/05, the PT was 13.0(normal range: Protime 11.1-13.4), the INR was 1.1 INR (normal range: 0.9 - 1.1). Critical value for INR is greater than 4.5. The PT/INR increased daily. On 8/23/05, the PT was 29.5 and the INR was 2.7.</p> <p>R1 returned to the facility on 8/25/05 with orders to continue Coumadin 7.5 daily. There were no orders on R1's record to do PT/INR monitoring. There were no lab report results seen in the chart from 7/15/05 thru 9/15/05 for PT/INR done at this facility. When E1 (Administrator) was asked on 10/03/05 at 10:00 AM for any PT/INR lab reports for this period, E1 stated there were none.</p> <p>Hospital History and Physical (H&P) of 9/17/05 states R1 was hospitalized again on 9/16/05 for an "upper arm (AV) fistula bleed secondary to elevated protime after bleeding at Dialysis where they had significant difficulty stopping the bleed. Then, during the night (09/15/05) at the nursing home, (R1) had again bleeding from the upper arm fistula." This same H&P states R1 also reported that she had hematuria prior to this admission. The History and physical also indicates that the lab results from 9/15/05 emergency room were; PT of 76(normal range: 11.1 - 13.4), INR of 10.1(normal range: 0.9 - 1.1, Critical Value for INR is greater than 4.5) and a Partial Thromboplastin Time (PTT) of 66 (normal</p>	F9999			

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

PRINTED: 12/16/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2005
NAME OF PROVIDER OR SUPPLIER ROSE GARDEN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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	
F9999	<p>Continued From page 14</p> <p>value 30-45 seconds). The medication history on this same H&P indicated that R1 was receiving Coumadin 7.5 mg daily, Aspirin 325 mg daily. R1 received vitamin K in the Emergency Room and was given fresh frozen plasma after admission to the hospital on 9/16/05.</p> <p>Record review on 9/26/05 indicated there were no telephone orders or general orders to do laboratory monitoring of the PT/INR for Coumadin therapy for R1 from 7/15/05 thru 9/15/05 after the AV fistula bleed when it was decided that the PT/INR would be done at dialysis and the Coumadin would be adjusted by Z2 (Nephrologist). This was verified in an interview with E1 on 10/03/05 at 10:00 AM.</p> <p>After returning from the hospital on 9/17/05, a telephone order 9/15/05 was received from Z1(attending physician) that Z2 (nephrologist) would do the PT/INR monitoring at Dialysis and order the Coumadin accordingly. On 9/19/05, Z2 ordered Coumadin 2 mg daily. On 9/20/05 a PT/ INR was done at Dialysis. An order was written to continue the same dose of Coumadin. On 9/27/05, a PT/INR was done at Dialysis with an order from Z2 to increase the Coumadin to 3 mg daily. No telephone orders to do the PT/INR or the results of the PT/INR monitoring were found from Z2 on R1's chart at the facility. There were no records indicating that R1 was to receive Coumadin 2.0 mg or that the Coumadin was increased to 3 mg daily. There was nothing in the chart that indicated that these orders were received or followed. On 10/3/05 at 10:00 AM, E1 stated that Z1 decided to monitor the PT/INR and adjust the coumadin. E1 validated that none of these orders or lab PT/INR results were received</p>	F9999			

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

PRINTED: 12/16/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2005
NAME OF PROVIDER OR SUPPLIER ROSE GARDEN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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	
F9999	<p>Continued From page 15</p> <p>from the Dialysis center therefore there were no orders on the record.</p> <p>There were physicians orders from Z1 (attending physician): "Coumadin 2.5 mg from 9/17 thru 9/27/05." On 9/27/05, Z1 ordered the Coumadin increased to "4 mg today and tomorrow. PT/INR to be done Thursday 9/29/05." On 9/29/05, the Coumadin was ordered, "Give 6 mg tonight-start 5 mg on 9/30/05 and continue. Protime on Monday." These orders were conflicting with those given by Z2 (Nephrologist).</p> <p>R1's record indicated that Z1 ordered Coumadin for R1 on 9/29/05, R1 was to receive Coumadin 6 mg and start Coumadin 5 mg daily on 9/30/05. Review of the current MAR indicated that Coumadin 4 mg was given on 9/27/05 and 9/28/05 as ordered by Z1. On 9/29/05, Coumadin 6 mg was not written as ordered or signed as given on the current MAR. On 10/06/05 at 2:40 PM, E6 (Licensed Nurse) was interviewed regarding the Coumadin 6 mg not being written or signed as given on the MAR. E6 stated that she was busy with admissions and didn't get it written on the MAR but she gave it to R1 as ordered. On 10/6/05 at 3:20 PM, E7 (Licensed Nurse) stated that she was very busy on Saturday 10/1/05 and Sunday 10/2/05. E7 stated that she gave the Coumadin 5 mg as ordered, but did not document them as given on these days.</p> <p>There were no orders seen in the chart from Z2 and an interview with E2 on 10/06/05 at 2:00 PM verified that there were no orders from Z2. E2 stated that Z5 (Nurse Practitioner) was called on 10/04/05 and Z5 was told that R1 was receiving Coumadin 5 mg and that Z5 stated to give the</p>	F9999			

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

PRINTED: 12/16/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2005
NAME OF PROVIDER OR SUPPLIER ROSE GARDEN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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	
F9999	<p>Continued From page 16</p> <p>Coumadin 5 mg until after the PT/INR results on 10/11/05. E2 verified there was no orders written from Z5.</p> <p>On 10/6/05 at 3:00 PM, Z5 was interviewed regarding R1's present medication orders. Z5 stated that on 10/4/05, Z5 gave an order to continue the Coumadin 5 mg until after the next PT/INR results on Tuesday.</p> <p>The Medication Administration Record for 9/12/05 through 10/11/05 indicated that R1 was receiving the Coumadin dosage that was ordered by Z1.</p> <p>On 9/26/05 at 9:00 AM, E1 (Administrator) was asked for the facility policy/procedure/protocol for Coumadin therapy. E1 stated that the facility does not have any policy/procedure/protocol for the monitoring of Prottime/INR for residents on Coumadin. E1 stated that it is up to the physicians as to when they do it. Each resident is different and the physicians order the labs as needed. E1 stated that Z1 has no general or standing orders to do labs for Coumadin. E1 stated that there are 7 residents at this facility receiving Coumadin, Z1 is the attending physician for 4 of these 7. Out of these 4 residents, 2 were new to the facility in July. The other 2 were taken over by Z1 from another physician who no longer practices at this facility.</p> <p>Review of the records indicated that the three residents of Z3 (Physician) had general orders to do monthly PT/INR labs on residents receiving Coumadin and were being done. Two of Z1's residents receiving Coumadin had general orders to do PT/INR labs monthly. The one new</p>	F9999			

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

PRINTED: 12/16/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2005
NAME OF PROVIDER OR SUPPLIER ROSE GARDEN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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	
F9999	<p>Continued From page 17</p> <p>resident admitted in July was started on Coumadin 2 mg daily on 8/3/05. The PT/INR was ordered and done on 8/9/05. R1 did not have any orders to do PT/INR labs to monitor Coumadin and adjust it as needed.</p> <p>On 9/26/05 at 3:00 PM, E2 (Director of Nurses) stated that there is no standing orders/ policy/ procedure for PT/INR labs for residents receiving Coumadin. E2 stated that labs are drawn according to each individual resident as the physician orders. E2 stated that she spoke with Z 1 last week about getting standing orders to monitor Coumadin levels but he declined, but she intended to address this with him again.</p> <p>On 9/29/05 at 3:00 PM, R1 was interviewed regarding the bleed from the fistula in her arm. R 1 stated that she was at Dialysis when she started bleeding. R1 stated that it took a long time to get the bleeding stopped. Then, she started bleeding again that night at the nursing home and had to go to the hospital for treatment. R1 said the hospital gave her vitamin K and blood plasma because her Coumadin labs were really high. R1 stated that the nursing home was not drawing blood to keep track of the Coumadin. R1 stated that she noticed blood in the catheter bag the week before this happened and told the nurse about the blood. R1 said that the nurse told her it was probably another Urinary Tract Infection. R1 stated that she didn't remember which nurse she told, but nothing was done.</p> <p>On 9/29/05 at approximately 11:30 AM, Z4 (Director of Dialysis) was called to find out if the Dialysis center was doing PT/INR's for R1 from 7/ 15/05 thru 9/15/05. Z4 stated that they were not</p>	F9999			

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

PRINTED: 12/16/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2005
NAME OF PROVIDER OR SUPPLIER ROSE GARDEN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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	
F9999	<p>Continued From page 18</p> <p>doing PT/INR at that time. Z4 stated that Z2 asked to take over the Coumadin labs and adjust the Coumadin accordingly on 9/15/05 after the AV fistula bleed, which was agreed upon by Z1. Z4 stated that on 9/19/05, Z2 ordered Coumadin 2 mg daily. Z4 stated that they drew the first PT/INR on 9/20/05 and Z2 continued the Coumadin at 2 mg daily. Z4 stated that on 9/27/05, another PT/INR was done and the Coumadin was increased to 3 mg daily. Z4 stated that this information on the PT/INR's and the Coumadin dosage was called to the nursing home both days. Z4 stated that R1 should be receiving Coumadin 3 mg a day at this time, ordered by Z2 on 9/27/05. Review of the Medication Administration Record at the nursing home regarding the Coumadin dose that R1 is receiving at this time indicates that R1 is receiving Coumadin 6 mg and is to start Coumadin 5 mg on 9/30/05. No telephone orders could be found from Z2. E1 stated on 10/03/05 at 10:00 AM that they have not received any telephone orders.</p> <p>On 9/26/05 at approximately 4:20 PM, Z1 was interviewed per telephone regarding the monitoring of PT/INR labs for residents receiving Coumadin at this facility. Z1 stated that they have no policy/procedure/protocol in place for monitoring the PT/INR. Z1 stated that the Administrator and staff have changed recently; therefore, they have not done that yet. When Z1 was asked why no monitoring of the PT/INR was done on R1 from 8/23/05 thru 9/15/05 when the PT/INRs were increasing daily from 8/19/05 thru 8/23/05 at the hospital, Z1 stated, "I just missed it, the surgeon missed it and dialysis people missed it." Z1 stated that the PT of 29.5, INR of 2.7 on 8/23/05 at the hospital was therapeutic. Z1</p>	F9999			

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

PRINTED: 12/16/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2005
NAME OF PROVIDER OR SUPPLIER ROSE GARDEN CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61614		
(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	
F9999	Continued From page 19 stated that he adjusts the Coumadin dosage by the INR results and likes to keep them between 2 and 3.	F9999			