DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145689	B. WIN	IG _		C 10/13/2006		
NAME OF PROVIDER OR SUPPLIER MANORCARE AT ELK GROVE VILLAGE			1	1	REET ADDRESS, CITY, STATE, ZIP CODE 920 NERGE ROAD ELK GROVE VILLAGE, IL 60007	10/10	5/2000	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPRINCE O	ULD BE	(X5) COMPLETION DATE	
F 309	were noted on resid Record. 2. In services were nursing staff on imposheets as a commudue dates and obtated MDs and receiving based on lab result and services and commutated and commuta	eing used and lab draw dates dent Medication Administration conducted with licensed portance of use of PT/INR flow unication tool for monitoring ining results, notification of and executing new orders s. ges were implemented on end order changeover. of telephone orders for PT/INR he lab is drawn, results nunicated to MD and followed. Results are to be committee for on going he. ADON (Acting Director of IONS ATIONS General Requirements for all Care provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and	F3	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145689		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145689	B. WIN	1G _		C 10/13/2006		
NAME OF PROVIDER OR SUPPLIER MANORCARE AT ELK GROVE VILLAGE				1	REET ADDRESS, CITY, STATE, ZIP CODE 1920 NERGE ROAD ELK GROVE VILLAGE, IL 60007			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	(X5) COMPLETION DATE		
F9999	minimum the follow a 24-hour, seven di 2) All treatments ar administered as ord 3) Objective observresident's condition emotional changes and determining cafurther medical evamade by nursing stresident's medical resident's medical resident's medical resident's medical resident's medical resident's medical resident's program for the facility's Director of designee within 24 been issued to assist such orders. (Section These requirements by the following: Based on record refacility failed to provise to one resident medication for antito a history of deep the facility (1) failed specimen that was obtained, (2) failed they did not have the ask R3's physician Coumadin to be he continued after the	care shall include at a ing and shall be practiced on ay a week basis: ad procedures shall be dered by the physician. Fations of changes in a , including mental and , as a means for analyzing re required and the need for luation and treatment shall be aff and recorded in the	F99	799				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
	145689		B. WI	NG _		C 10/13/2006		
NAME OF PROVIDER OR SUPPLIER MANORCARE AT ELK GROVE VILLAGE			•	1	REET ADDRESS, CITY, STATE, ZIP CODE 920 NERGE ROAD ELK GROVE VILLAGE, IL 60007			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	(X5) COMPLETION DATE		
F9999	Counadin to be hel R3 not receving an anti-coagualtion be was hospitalized 9/Pulmonary Embolis indicate resulted from Coumadin. This fail up as to whether a anticoagulation should be an anticoagulation should be a store of the course of the	d on 8/31/06. This resulted in y medication for tween 8/31 and 9/16/06. R3 17/06 with a diagnosis of a sm which hospital records om the failure to adminstor ture to ensure adequate follow significant medication for ould be given resulted in an ly. The facility Administrator 13/06. male originally admitted to the 1006 for specialized les S/P(Status Post) Open Fixation of Calcaneal looked on May 16, 2006. R3 also redical diagnosis: Embolism TN(Hypertension), Chronic lage III, Diabetes Mellitus Type Detached Retina. family member) on 10/10/06 of July and September 2006 of the hospital with diagnosis of the significant medical metals and to reto have a "Filter" put into 19, 2006 due to "life look, this time R3 had bolood clot in his lungs from not	F9:	999				

AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145689	B. WIN	NG _		C 10/13/2006		
NAME OF PROVIDER OR SUPPLIER MANORCARE AT ELK GROVE VILLAGE			•	1	REET ADDRESS, CITY, STATE, ZIP CODE 920 NERGE ROAD ELK GROVE VILLAGE, IL 60007			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F9999	stated that he can recommedially six and state of the physical patients and state of the patients and state of the patient is a 48 year medical problems were telling me that abdominal pain, not breath. In the emer desaturating, CAT of the patient was for embolism. He was admitted. This start for a day or two. It in cast now. Upon hospital, the patient although he was distributed in the patient although the was distributed in the patient although the was distributed in the patient although the start of the patient of the patient of the patient of the patient heparin, will start his working good.	m both times. Z4 further not take the risk of the nessed up" for the third time, ist the patient his life. That avae) Filter was put in during dent in the month of July 2006, sician's notes state: "The old male with multiple who was sent to the after I received a call from the at he has been having some usea, mild shortness of gency room the patient was scan of the chest was done. and to have a pulmonary started on Heparin and ed pretty recently, just lasting appears that the right ankle is the admission this time to the t was not on any Coumadin, scharged on Coumadin with 16/06 his INR was 2.84. He and deep venous thrombosis. The right geries. Assessment: 1. The scholar of right leg vein bosis. 3. History of multiple E(lower extremities). Present the Renal Disease on the tarm arteriovenous fistulance, still has not been used. 6. The process of the council of the	F99	999				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		IPLE CONSTRUCTION IG	COMPLETED	
		145689	B. WIN	1G _			C 3/2006
NAME OF PROVIDER OR SUPPLIER MANORCARE AT ELK GROVE VILLAGE			<u> </u>	1	REET ADDRESS, CITY, STATE, ZIP CODE 1920 NERGE ROAD ELK GROVE VILLAGE, IL 60007	10/10	3/2000
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	dated 9/18/06, state threatening PE after relatively short peri is the second time PE-S/P TPA(Tissue on Heparin, this was bleeding, but this awork-up. IVC Filter, EKG (Electrocardic PE-Troponin, Echo Nurses Progress Nof 8/31/06 to 9/16/6 9/14/06 8:00 AM "Fheaves, cold sweat stomach-SOB(shor after Cipro." 8:00 PM "Resident sites and surgical where the same stomach some same pain." 11:00 Pl and upset stomach 9/16/06 7:00 AM "Finausea-Compazine AM "Pt. had a hard discomfort per night stated he feels the clot. Coumadin on N.O.(Nursing Orde pt's chart. MD notifinospital emergency obtained from lab as second state of the clot. The same state of the clot. Coumadin on N.O.(Nursing Orde pt's chart. MD notifinospital emergency obtained from lab as second state of the clot. The same state of the clot. The same state of the clot. Coumadin on N.O.(Nursing Orde pt's chart. MD notifinospital emergency obtained from lab as second state of the clot. The same state of the clot. The sa	incident, a Pulmonary Consult, es: "Patient had massive life or being off coumadin a od of time. INR unknown. This this has occurred. Massive et Plasmonogen Activator) Now as stopped due to external ppeared small. Thrombophilic. Renal Failure-Hemodialysis ogram) changes-? Follow up EKG. otes as dated, from the period of include: Pt.(Patient) stated he had dry it, upset thess of breath) last night refused Tx(Treatment) for pin younds. Resident agitated tomach, cold sweats, nausea of "C/O(complain of) nausea."	F99	999			

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		145689	B. WIN	IG _		C 10/13/2006		
NAME OF PROVIDER OR SUPPLIER MANORCARE AT ELK GROVE VILLAGE			•	19	REET ADDRESS, CITY, STATE, ZIP CODE 920 NERGE ROAD ELK GROVE VILLAGE, IL 60007			
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F9999	to the facility from t 9/16/06 with continuation pain inspite of pain 9/17/06 1:00 PM "S room." 2.15 PM "Picked up 9/18/06 1:00 AM "Hadmitted to CCU(C The failure of the faanticoagulation me follow up for the lab physician's orders, re-admissions to the diagnosis of Pulmo undergo invasive per measures to save herecommended IVC because he can not time that his coumand Staff interviews and revealed that the faand followed up lab physician's orders. Interview of E1 (Ad Director of Nursing was not given Cours 8/31/06 due to labor was not on the chaphysician order for to the September Notes 1.00 pain in the september 1.00 pain in the september 1.00 pain i	ording to nurses Il shifts patient returned back the emergency room on ued complaint of abdominal medications. Send to hospital emergency to by ambulance." Hospital called: Pt. was ardiac Care Unit) Dx: P.E." acility to administer significant dication (Coumadin), and no coratory result according to resulted in the residents to hospital with life threatening nary Embolism; and has to rocedure, as a preventive	F99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPI LDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145689	B. WIN	iG			3 /2006
NAME OF PROVIDER OR SUPPLIER MANORCARE AT ELK GROVE VILLAGE				192	EET ADDRESS, CITY, STATE, ZIP CODE 20 NERGE ROAD LK GROVE VILLAGE, IL 60007		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		DED BY FULL PREFIX (EACH CORRECTIVE ACTION				(X5) COMPLETION DATE
F9999	Last PT/INR drawn found in pt's chart. follow up was made 8/30. Pt. c/o abdom Ordered to send to	port: Description of Incident: on 9/2/06. No results were It was not marked in MAR. No e. No Coumadin given since ninal pain. MD notified. ER(Emergency Room). Date 6/06. Time of Notification: 9:30 (A)	F99	199			