STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI				3) DATE SURVEY COMPLETED	
		145891	B. WIN			C 06/16/2006		
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD				10	EEET ADDRESS, CITY, STATE, ZIP CODE 660 SOUTH MULFORD COCKFORD, IL 61108	00/10	3/2000	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DI	BE CROSS-	(X5) COMPLETION DATE	
F 333	Continued From page 8 prior to providing patient care. 7. Pharmacy nurse consultants began periodically monitoring facility medication passes on 4/10/06. Corporate Nurse Consultants began periodically monitoring facility medication passes on 4/6/06. The medication pass audits are ongoing. 8. The Pharmacy Consultant stated the she "would not recommend doing anything differently." 9. An in depth analysis relate to all policies and procedures, in-service education, and employee orientation concerning medication administration was conducted to determine the risk areas that may be present for the guests. As a result of the analysis, in conjunction with the facility's Medical Director and the Consultant Nurses, it was determined that there were no changes or revisions necessary to our policies and procedures. 10. The root causes of the 5/2/06 and 5/15/06 medication errors were determined to be solely		F3	333				
F9999	OF 04/11/2006 COMPLAINT # 300.1210 b) General nursing ca	N RELATED TO: NNUAL SURVEY 0611866 re shall include at a minimum hall be practiced on a 24-hour,	F99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TE SURVEY MPLETED	
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F9999	oral, rectal, hypand imtramusc administered. 300.1220 b) The DON shall supnursing services of 300.1220b)6) Inursing service of nursing pracprocedures, and for each level of 300.1220b)8) in-service educational procedures and president care a educational proceduce in restorative/rehathrough out-of-This person mapersonally or soft These regulations winterview and recorensure that resident medication errors. 13 residents in the These failures results blood glucose testif 6 hours and 55 min	Medications including odermic, intravenous, ular shall be properly ervise and oversee the the facility, including: Developing and maintaining objectives, standards tice, written policies and d written job descriptions f nursing personnel. Supervising and overseeing ation, embracing orientation, and on-going education for all covering all aspects of and programming. The agram shall include training activities and abilitative nursing techniques facility training programs. By conduct these programs ee that they are carried out. Were not met based on do review the facility failed to the sare free of significant are free of significant. This is for 2 (R4 and R13) of sample. Itted in R4 having to have any every 30 minutes for utes (14 needle sticks), akiness and having to drink "	F99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	2) MULTIPLE CONSTRUCTION (X BUILDING			X3) DATE SURVEY COMPLETED	
		145891	B. WIN	1G _			C 6 /2006	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD				10	REET ADDRESS, CITY, STATE, ZIP CODE 660 SOUTH MULFORD ROCKFORD, IL 61108	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE	
F9999	blood glucose testi every 2 hours for 1 needle sticks. The fluids (IV) for 12 ho	age 10 Ilted in R 13 having to have ng hourly for 12 hours and 2 hours, this was a total of 18 resident also had Intravenous ours. This resulted in 4 ticks before achieving a patent	F99	999				
	of Diabetes Mellitus Order Sheet (POS) 2.5 mg every 24 hd at 7:30 AM R4 rece 70/30 insulin. This administered to R' RN). The nurse's r 7:30 AM "adminis guest. While signir	old male who has a diagnosis sper his May 2006 Physician and R4 receives oral Glyburide ours per the POS. On 5/2/06 eived an injection of 35 units of medication was to be 12 by E3 (Registered Nursenotes for R4 dated 5/2/06 at ster insulin 70/30, 35 units to medication Administration or period of the sterior of the steri						
	stated "check Blood to midnight. Use H Doctor in the more advice." On 5/3/06 Order states to "he on 5/04/06. Resundered twice daily The facility's Stand Hypoglycemia definiblood glucose between the midnight of the midnigh	er dated 5/2/06 at 5:05 PM d Sugars every 30 minutes up lypoglycemic protocol. Call ning with a follow-up for further at 7:30 AM the Physician old Glyburide today. Resume ne blood sugar testing as ". ard Treatment Protocol for nes mild Hypoglycemia as a yeen 50-70 mg/dl. Per facility lucose of 50-70 mg/dl						

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NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD			•	1	REET ADDRESS, CITY, STATE, ZIP CODE 660 SOUTH MULFORD ROCKFORD, IL 61108		
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F9999	the blood glucose to Con 5/2/06 at 11:50 63 mg/dl. R4 was grackets of sugar (phaccording to nursing R4's blood glucose later. Nursing Documenta 4:20 R4 was "feeling shortness of breath During an interview AM he stated that the (May 2, 2006) he was mauseated". On 6/14/06 at 12:49 stated "I was contained are garding R4 who was the course of the diglasses of orange join the facts I was goon sumed many singly hypoglycemia, I felt response to the care advised the Director monitor as Z2 (Phyinsulins peak between lasting up to 24 hours of CRN) thought she was actually the course of the was supposed to the care advised the Director monitor as Z2 (Phyinsulins peak between lasting up to 24 hours of CRN) thought she was actually the course of the care advised the Director monitor as Z2 (Phyinsulins peak between lasting up to 24 hours of CRN) thought she was actually the course of the care advised the Director monitor as Z2 (Phyinsulins peak between lasting up to 24 hours of CRN) thought she was actually the course of the care advised the Director monitor as Z2 (Phyinsulins Subcutaneous (RN) thought she was actually the course of the care advised the Director monitor as Z2 (Phyinsulins Subcutaneous (RN) thought she was actually the course of the care advised the Director monitor as Z2 (Phyinsulins Subcutaneous (RN) thought she was actually the course of the care advised the Director monitor as Z2 (Phyinsulins Subcutaneous (RN) thought she was actually the course of the care advised the Director monitor as Z2 (Phyinsulins Subcutaneous (RN) thought she was actually the course of the care advised the Director monitor as Z2 (Phyinsulins Subcutaneous (RN) thought she was actually the course of the care advised the Director monitor as Z2 (Phyinsulins Subcutaneous (RN) thought she was actually the care advised the Director monitor as Z2 (Phyinsulins Subcutaneous (RN) thought she was actually the care advised the Director monitor as Z2 (Phyinsulins Subcutaneous (RN) thought she was actually the care advised the Care advised the	ce is to be given, and repeat est in 10-15 minutes. AM R4's blood glucose was given orange juice with 2 er nursing documentation). In a documentation on 5/2/06 was rechecked 30 minutes eation shows that on 5/2/06 at a shaky with complaints of aoxygen saturation 88%". If with R4 on 6/14/06 at 11:30 the day he received the Insulingual received insulingual in error as also informed that through and received insulingual in error as also informed that through and received insulingual in error as also informed that through and received insulingual in error as also informed that through and had been given several unice with sugar added. Based given, and knowing hemple carbohydrates to prevent a his symptoms were in the bohydrates he consumed. If or of Nursing to continue to visician) ordered." 70/30 een 2-12 hours with a duration	F99	999			

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	145891		B. WIN			C 06/16/2006		
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD			•	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH MULFORD ROCKFORD, IL 61108				
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F9999	to give him his ins said okay. E3 we she had given the	old the resident she was going ulin. E3 stated the resident ht back to the MAR to sign that medication. It was at that time the had given R4 the Insulin	F99	999				
	according to the M	ar old female resident who, lay 2006 Medication ord, has a diagnosis of						
	15 units of Lantus 8:05AM E4 (Licen gave R13 an inject 70/30 Insulin. The at 8:00AM docum Novolin 70/30 35 name band. This out Insulin given.	treated with a daily injection of Insulin. On May 15, 2006 at sed Practical Nurse - LPN) ction of 35 units of Novolin e Nurse's Notes dated 5/15/06 ent, "administered insulinunits to guest after checking writer went to the MAR to sign When signing out writer noted riguests MAR that the order						
	resident is to have every hour for 12 for 12 hours. Her every 2 hours for 2 5% Dextrose and	cian Order Sheet states the her blood glucose checked hours and then every 2 hours vital signs are to be checked 24 hours. Intravenous fluids of 45% Normal Saline is to be run at 40 Cubic Centimeters an						
		documentation for 5/15/06 at plained of left lower abdominal						

Event ID: BPRL11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPL				
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NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ROCKFORD				16	EET ADDRESS, CITY, STATE, ZIP CODE 660 SOUTH MULFORD COCKFORD, IL 61108	3371	3.200	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	During an interview 10:10 AM she state hall she was assign drew up the insulin the Medication Adn the residents arm to state her name. she was going to g giving the insulin, E Medication Adminis initials signifying the realized that she gas On 6/14/06 at 12:50 Intravenous fluids at R13 was supposed Insulin but received insulin. Lantus Instinsulin is delivered	with E4 (LPN) on 6/14/06 at ed she was unfamiliar with the ned to. E4 (LPN) said she for R13, checked the order on ninistration Record, checked and, and asked the resident E4 said she told the resident ive her insulin to her. After E4 said she went back to the stration Record to sign her eat she gave the insulin and ave the wrong insulin to R13. O PM Z3 said she ordered the as precautionary treatment. It to receive 15 units of Lantus E35 units of Novolin 70/30 ulin has no peak time, the at a steady level. Novolin peak time of 2-12 hours.	F99	999				