STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146080	A. BUILDING _____ B. WING _____	C 12/07/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYVIEW CC OF MACOMB	**400 WEST GRANT STREET MACOMB, IL 61455**

(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 281	Continued From page 5 will be notified of each change in condition as it occurs to assist and ensure proper follow through of treatment, notification and management per facility policy and procedure. As part of the facility's ongoing quality assurance plan, the following measures will be taken to ensure the practice does not recur: 1. 12/8/06 in-service will be held for all departments to include all information in Attachment C. 2. Quarterly audits will be completed on a monthly basis for the next three months by the Director of Nursing and/or her designee. These audits will be submitted to the Quality Assurance Committee upon completion. 3. Quarterly audits will be completed on a monthly basis for the next three months by the Director of Nursing and/or designee. These audits will be submitted to the Quality Assurance Committee upon completion. 4. The Administrator will randomly check the completion status of this log monthly and date and initial the bottom of the log to show check.	F 281		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest	F9999		

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F9999	Continued From page 6 decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care 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. Restorative measures shall include at a minimum the following procedures: b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These requirements are not met as evidenced by: Based on record review, interviews and observation, the facility failed to notify the physician of a critical potassium level and increased creatinine level of 10.1 for 6 hours for one of three sampled residents (R1) and 2) failed	F9999		

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F9999	Continued From page 7 to provide and or seek immediate attention for one of three sampled residents with a critical potassium level and increased creatinine level (R1). R1 was admitted to the hospital in acute renal failure and emergency dialysis was performed. Findings include: The physicians orders for R1 show admission date of 10/25/05 with diagnoses including: Chronic renal insufficiency, Type II diabetes - insulin dependent, Congestive heart failure, Chronic Anemia and Hypertension. The current assessment dated 10/19/06 show R1 is alert and oriented who and easily understood, and understands others with clear speech. E1 (Administrator) and E2 (Director of Nursing) stated in interview on 12/4/06 at 10:00 am that R1 was not a dialysis patient because "Z1 (nephrologist) told her she was not a good candidate." The nurses notes on 1/27/06 at 11:15 am state "Resident complains of not feeling well and stated 'I feel so weak and tired.'" E3 (Licensed Practical Nurse/LPN) called the physician and was told Z1 had already called and orders were received for laboratory to obtain a Chemistry 12 profile and Complete Blood Count on 11/28/06. The laboratory report dated 11/28/06 shows the blood sample was obtained at 6:23 am. The laboratory results were completed at 7:09 am with a critical level potassium of 7.1 (normal--3.5-5.1) and creatinine level 10.1 (normal--0.6-1.3). These results were also faxed to the facility at 7:09 am. The nurses notes on 11/28/06	F9999		

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F9999	Continued From page 8 at 8:30 am by E3 state, "(Doctor) notified of lab results (82 minutes after the facility was notified of the critical potassium results)." E3 was interviewed on 12/4/06 at 1:25 pm and stated, "I faxed the labs at 8:30 (am). I called the office and a girl answered at that time and she was to let (E4, R1's physician and facility Medical Director) know." E3 stated she did not know the name of the girl she spoke to and stated the office generally does not open until 9:00 am but "sometimes someone will answer." E3 further stated,"No follow up calls were made to (E4). It was a busy day and I was just busy with other duties. I didn't think to call (Z1)." Z1 was interviewed on 12/4/06 at 12:10 pm and stated,"I was notified around 1:30 or so. The facility should have spoken to (E4). If they had not, then 6 hours is way too long to wait to notify a physician for a critical potassium level." Nurses notes at 1:35 pm show an order was received from Z1 to send R1 by local ambulance to a hospital in a nearby town due to the increased potassium and creatinine. It was 2:45 pm before the ambulance arrived at the facility and 3:00 pm when the ambulance left the facility. Local hospital emergency record dated 11/28/06 at 3:22 pm show R1 was taken to the local hospital for emergency stabilization of bradycardia (low heart rate), hyperkalemia (increased potassium) and low blood pressure. The emergency room report shows at 4:00 pm, R1 left the local emergency room and was taken to a hospital in a nearby town for emergency dialysis. E4 was interviewed on 12/4/06 at 12:25 pm and stated, "I wasn't called by the facility (regarding the critical potassium level). I got the information when I was reviewing the labs that had been	F9999		

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F9999	Continued From page 9 faxed to me. After lunch is when I look at them. I tried to call after lunch after going through the labs. I was quite panicky and tried to call them several times from about 1:00 pm to 1:30 pm when I finally got through. The lines were busy until then. I even talked to (Z1) before I could get through. We are lucky (R1) did not die." Old laboratory results were reviewed. On 10/13/06, R1's potassium level was 5.1 (normal) and creatinine was 3.3 (mildly elevated). E1 and E2 were unable to explain why a physician was not notified promptly of the critical lab results. The policy and procedure for physician notification was reviewed and does not give time frames when notifying physicians of critical and/or life-threatening lab results. The physician was not called or faxed until 8:30 am. No follow up attempts to notify the physician by calling or paging were done by the facility after 8:30 am. No attempts were made to notify the nephrologist R1 had been seeing. Z2 (family member) was interviewed on 12/7/06 at 12:30 pm and stated, "When the doctor was finally able to contact the facility (R1) was sent to the hospital and had to have emergency dialysis done." (A)	F9999		