STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 425	Continued From page 21 7/16/07 - Medication reconciliation audit by Z11 (Pharmacy Nurse Consultant). Review of all admission orders in last 30 days for discrepancies. All of the above were completed by E2 except for the 7/9/07 inservice which was done by Z10 and the 7/16/07 medication reconciliation which was done by Z11.	F 425		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATION 300.1210a) 300.1210b)1)2) 300.1620c) 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. b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 1) Medications including oral, rectal, hypodermic, intravenous and intramuscular shall be properly administered.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 22 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.1620 Compliance with Licensed Prescriber's Orders c) Review of medication orders: The staff pharmacist or consultant pharmacist shall review the medical record, including licensed prescribers' orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 300.Appendix F, determine if there are irregularities that may cause potential adverse reactions, allergies, contraindications, medication errors, or ineffectiveness. This review shall be done at the facility and shall be documented in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, the director of nursing and the administrator, and shall be acted upon. These REGULATIONS are not met as evidenced by: Based on record review and interview, the facility failed to administer Methotrexate (chemo-therapeutic agent) according to the intended physician's order and according to accepted professional standards for 1 of 10 sampled residents (R3) by failing to clarify a discrepancy on the transfer orders and other information from the hospital. R3 received Methotrexate 2.5mg (milligrams) three times a day for approximately 18 days rather than the intended 2.5mg three times on one day per week. R3 was hospitalized and expired three days later. Findings are as follows:	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 23	F9999		

According to admission records and the 6/07 Physician's Order Sheet (POS), R3, 86 years old, was admitted to the facility on 6/6/07 with multiple diagnoses including Alzheimer's, Urinary Tract Infection, Rheumatoid Arthritis (RA), Dehydration, history of Heart Valve Replacement, Anxiety, Anemia, and Muscle Weakness.

The first page of the Transfer Form from the hospital under "Medication/Orders" states "See medication reconciliation sheet." The top of the attached sheet was titled "Patient Home Medications" and listed R3's medications, including "Methotrexate 2.5 mg (milligrams) by mouth 3 times daily." The box for "continue" was checked. The lower portion of the page was titled "Current Active Medications" and listed the medications as they were given in the hospital, continuing to the second and third pages.

On the second page of this list was "Methotrexate 2.5 mg tab PO (by mouth) Fr@09 Comments: **May be given on a weekly basis at higher doses - verify dosing frequency**." This was also marked as "continue."

At the bottom of each page was an enclosed box titled "TO ORDER MEDICATIONS FOR DISCHARGE
1. Review and evaluate Patient Home Medications and Current Active Medications.
2. Indicate medications to continue, discontinue or change by placing a check mark in the appropriate column and documenting medication changes.
3. Sign and Date on the signature line on the bottom of each page of medications.
4. Additional medications must by written on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 24	F9999		

Physician's Order Sheet."

Each page of the medications was signed and dated by Z2 (hospital physician) at the designated line.

Review of the Medication Administration Records (MARs) indicated that the Methotrexate was given 2.5 mg three times a day for the duration of R3's 18-day stay at the facility from 6/6/07 to 6/23/07.

The Geriatric Dosage Handbook 12th Edition (Lexi-Comp, 2007) page 990 states that for Methotrexate, initial oral dose for treatment of RA is "5 - 7.5 mg/week, not to exceed 20 mg/week. . . Special Geriatric Considerations: Toxicity to Methotrexate. . . is increased in older adults. Must monitor carefully. . . .Recommended dose should be reduced when initiated therapy in older adults due to possible decreased metabolism, reduced renal function, and presence of interacting diseases and drugs. . . "

The Drug Information Handbook for Nurses 8th Edition (Lexi-Comp, 2007) page 799 also states the oral dose as "7.5 mg once weekly or 2.5 mg every 12 hours for 3 doses/week, not to exceed 20 mg/week." While at the facility, R3 received 7.5 mg per day for a total of 52.5 mg per week.

According to the written and dictated history and physical, Z1 (attending Physician at the facility) examined R3 on 6/8/07 and stated "Patient's medications were reviewed for discharge. Continue current medications." The POS for 6/07 was not signed by the physician. Z1 also saw R3 on 6/14/07 with no new orders given.

On 6/18/07 blood was collected for labs including

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 25	F9999		

a CBC (complete blood count) were drawn. The facility was notified by the lab of a critical value of the RBCs (red blood cells) of 2.97 (normals 4.5-6M/uL). Hemoglobin, hematocrit, and platelet counts were also below the expected ranges. Z1 was notified with no new orders received.

On 6/21/07 Z1 was notified per fax of "numerous small red areas and scabs on L (left) lower leg, but now has one area of large red circle about 7 cm (centimeters) with skin tear in center. . ." Antibiotics and treatment were ordered.

On 6/23/07 at 11:30am (recorded as a late entry on 6/26/07, 10:19am) recorded in progress notes, ". . .family concerned that resident is getting dehydrated. {Z1} called and stated we could start IV (intravenous) fluids. No access site due to severe discoloration BUE (bilateral upper extremities). Son stated they would be out; will discuss with them options re: IV fluids. DON (Director of Nursing) stated could send to ER (emergency room) to have IV started." A progress note and written nurses note for 6/23/07 at 6:06 and 6:00pm respectively state that R3 was refusing to drink after several attempts. The written note states ". . .Unable to start IV due to severe bruising bilateral arms. . ." The family requested that R3 be sent to the hospital. R3 was transferred by ambulance at 6:15pm. At 9:38pm the facility was notified that R3 was admitted to the hospital with diagnoses of Pancytopenia, Neutropenia, and Left Leg Cellulitis.

According to interview with E2 (Director of Nursing) on 7/12/07 approximately 11:00am, later confirmed by E5 (Nurse) on 7/17/07 at 11:30am, E5 entered R3's medication orders into the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 26	F9999		

computer which automatically faxes the orders to the pharmacy to fill. E2 stated that order sheets are manually faxed to the pharmacy only if the "cutoff time" for filling orders is getting close, and the nurse does not have time to enter them into the computer. Both E2 and E3 stated they thought that the Methotrexate order on the second page that said "Fr@09" was an incomplete order and disregarded it since the first page with the TID (three times a day) order was signed by the physician.

E6 (Nurse) stated on 7/12/07 at 12:00pm that she received a phone call from the pharmacy on the day of R3's admission asking her to check the order for the Methotrexate. E6 read the TID order back to him from the Home Medication section and did not look at the Current Medications. E6 stated that the Pharmacist (she did not know the name) said that it (Methotrexate) was "frequently given weekly but can be given daily." The Pharmacist said it was not a problem and would be sent out. The Pharmacist did not have her call the Physician nor give any special precautions.

All nurses stated that they have rarely, if ever, given Methotrexate. E5 stated that she looked up the drug in their reference book and saw that it was for RA, which R3 had. E5 stated she did not look at the dosage because she had a signed order. E2 stated the facility was not aware of the Methotrexate dosing error until after R3 was hospitalized and they were notified by Z9 (Director of Quality). E2 stated they still do not consider it a medication error as they had a signed Physician's order.

Further review of the facility's medical record noted much information from R3's 6/3/07 - 6/6/07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 27	F9999		

hospitalization. The ED (emergency department) Assessment form Home Medication list dated 6/3/07 included "Methotrexate 2.5 mg by mouth 3 times daily," the source listed as "patient." However, also in the hospital records was a sheet headed "Clinical Interventions: . . .Dosing by Pharmacy. . . Complete" that listed all medication orders, including "Methotrexate 2.5 mg Fr@09 PO." This start time on this sheet is 6/3/07, and at the bottom of the sheet, the discontinued meds including the IVs, is noted as 6/6/07, so this is a current medication list at the day of discharge.

Also in the records is a computer screen print-out titled "Medications" with "Active" highlighted that lists Methotrexate at 2.5 mg Fr@09 PO with a start date of 6/4/07 at 08:30. A Clinical Consultation dated 6/3/07 listed all of R3's medication, including Methotrexate 2.5 mg three times a week. Also the last Physician's Orders/Progress Notes from the hospital dated 6/6/07 included "see med reconciliation sheets" and "To SNF (skilled nursing facility) today. See Summary." There was no Discharge Summary in the record.

All of this information was reviewed with E2 at the 7/12/07 interview. E2 stated that E4 (Marketing) collects information when she goes to the hospital to screen, then E2 reviews the information. E2 stated that she did see the "Fr@09," but did not know what that was and assumed it was an incomplete order, not a discrepancy that should be clarified with the physician, as they had a signed medication order sheet. E2 also stated that she had not seen the Clinical Consultation with the medication list. E2 also stated that they do not automatically receive the Discharge Summary--that they have to call and get it. E2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 28	F9999		

also stated that all the hospital information was faxed ahead of time to Z1 along with a request to take R3 on as a patient at the facility, since Z2 does not come to that facility.

Z1 stated on interview on 7/11/07 approximately 2:15pm that the order regarding the Methotrexate was "confusing." Apparently the order was transcribed incorrectly at the hospital and it was supposed to have been corrected in the computer, but did not get corrected on the discharge orders. Z1 confirmed that he did review the orders, and that "usually we just continue the orders that come from the hospital." Z1 did not care for R3 in the hospital, Z2 did. Z1 stated that R3 did expire related to the Methotrexate due to leukopenia, making him at high risk for infection. Z1 stated that most patients get 20 - 30 mg a week and he got 1 1/2 times that. Z1 said sometimes patients may start taking it every day, then go to 1 - 3 times a week.

Z2 stated on interview on 7/11/07 approximately 3:00pm that there was a "glitch in the (computer) system." Z2 stated that he found the error in the ED medication report and corrected it, and it showed correctly on the hospital orders. However, it did not show the correct order on the home medication list on the transfer orders. Z2 stated that the medications and Methotrexate dosing were clearly listed on the dictated Discharge Summary. Z2 stated, "the Pharmacist or Nurse should have caught this as an error. It is never given on a daily basis." Z2 was not sure of the exact cause of death - whether an infection or a bleed - but it was "definitely related to the Methotrexate. He (R3) had profound leukopenia, low platelets, thrombocytopenia."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 29	F9999		

Z3 (Pharmacy Supervisor) stated on 7/12/07 approximately 11:00am that they received no orders or pages with conflicting orders or possible discrepancy. Someone from the pharmacy did call the facility and asked E6 to verify the order. E6 verified the order and stated that was what he was on at home. When asked if he would have a concern regarding that order, Z3 stated that often an order comes in that we question, but then find out the the resident had been taking the medication that way for some time. Z3 stated that since R3 was being admitted on the day of the Consulting Pharmacist's on-site visit, an on-site review was probably not done. E2 later produced a Roster Report by Z4 (Consulting Pharmacist) dated 6/6/07 indicating that R3's medication regime was reviewed with no irregularities found.

Records were reviewed at the hospital for the 6/3 - 6/6/07 and the 6/23 - 6/26/07 hospitalizations. A Discharge Summary dictated, typed, and printed on 6/6, 6/7, and 6/8/07 respectively listed Discharge Medications including "Methotrexate 2.5 mg q (every) 12 hours x (times) three doses, all done on Fridays. In other words, he takes 3 doses per week, a total of 7.5 mg/week taken on Friday in 3 divided doses. . ." The Patient Home Medication List, signed by Z2 on 6/4/07, had, on the Methotrexate order, the "daily" crossed out and "weekly" was handwritten. The "Change" box was marked, and written in was "this dose is incorrect! Should be q week, not q day." All other MARs and medication lists were correct, except for the transfer orders.

The initial differential diagnoses in the ED for 6/23/07 were "R/O (rule out) Pneumonia, R/O COPD (Chronic Obstructive Pulmonary

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 30	F9999		

Disease/Asthma." The admitting diagnoses were Pancytopenia, Neutropenia, and Left Leg Cellulitis.

The ED assessment form states "Pt neutropenic probable {secondary to} Methotrexate." The History and Physical by Z2 dated 6/23/07 stated the following: ". . he was transferred to the nursing home for intensive rehabilitation. Medications at the time of discharge are explicitly listed in the discharge summary as well. Unfortunately, review of the medication list from a nursing home indicate that he has been taking methotrexate 3 times per day instead of 3 times per week. No doubt that has resulted in his significant pancytopenia. . . .The primary problem here is apparent methotrexate induced pancytopenia with a significant overdose given at the nursing home with his administration being TID instead of 3 times a week, dating back to June 6th of this year. . ."

The Clinical Consultation dated 6/26/07 describes "soreness and erythema along the oral buccal mucosa. . . black and dried oral mucosa with significant erythema . . .Tongue is midline with black non-bleeding mucosa. . ."

Lab results include a critical value of WBCs (white blood cells) at 0.9 (normals 5.0 - 10.5 10^3/uL) and platelets at 26,000 (normals 150 - 500 10^3/uL). R3 was treated with blood transfusions, platelets, methotrexate rescue medications, supportive and symptomatic care.

Methotrexate levels done on 6/24/07 were below reference ranges for 24 hours. On 6/25/07, Z2 noted in the Progress Notes "MTX (methotrexate) level is quite low - somewhat of a surprise. . ."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 31	F9999		

According to nurse notes, R3's blood pressure dropped to 81/67 on 6/25/07. R3 required suctioning at 1 - 2 hour intervals with thick blood tinged sputum obtained.

On 6/26/07 at 6:05am R3 had an elevated temperature of 101.1 degrees Farenheit. At 10:10am R3 was noted to be without blood pressure, pulse or respirations. The Medical Certificate of Death signed by Z2 lists cause of death as "a) Pancytopenia due to or as consequence of b) Methotrexate toxicity c) Valvular heart disease."

Z9 (Director of Quality), interviewed on 7/12/07 at 1:00pm, confirmed that the "F@09" stood for "Friday at 9:00am." Z9 stated that the original incorrect transcription of the Methotrexate in the ED list of home medications was identified by Z2 and corrected. However, due to computer program in use at the time, there was no ability to delete or edit the home medications as were the current in-house medications, and they printed out as TID.

Z9 stated, "Unfortunately, {Z2} checked both boxes." Z9 also stated that they offered the facility to participate in their "Root Cause" analysis of the error, and the facility declined. Z9 also stated that there is no system in place at this time to send the Discharge Summaries to the facilities. Sometimes facilities will request them but usually not.

The facility Job Description for the staff nurse includes in the responsibilities and duties: "Prepares and documents medications and treatments which are prescribed by the resident's physician. . . .Work using the guidelines

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146090	A. BUILDING _____ B. WING _____	C 07/19/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF DANVILLE	3222 INDEPENDENCE DRIVE DANVILLE, IL 61832

(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 32	F9999		

established from the Nurse Practice Act, company standards, policies and procedures, and nursing judgement. . . .Administer medications as ordered by physician and document. . .Transcribe all physician's orders and follow-up as indicated by order. . ."

The policy regarding Medication Administration includes the following: ". . .2. The physician's order must include: Name of medication, dosage, frequency, and route of administration. . . 3. The physician must provide a diagnosis for each medication. . . 4. All physician's orders must be given to the pharmacy, exactly as stated by the physician. 5. All physician's orders must be accurately transcribed to the MAR. 6. All medications must be administered to the resident in the manner and method prescribed by the physician. . . 12. The physician will review all orders on a monthly basis and sign the order sheet, indicating renewal of the orders."

The policy regarding Medication Errors and Drug Reactions states that "the nurse administering the medications should be familiar with drug reaction, reaction, effects, and contraindications."

(A)