

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

PRINTED: 11/07/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/20/2008
NAME OF PROVIDER OR SUPPLIER SEMINARY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2345 NORTH SEMINARY STREET GALESBURG, IL 61401		
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F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.610a) 300.610c)2) 300.1210a) 300.1210b)1)2)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>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 services, and diagnostic service (including laboratory and x-ray).</p>	F9999			

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F9999	<p>Continued From page 11</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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. Restorative measures shall include at a minimum the following procedures:</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:</p> <p>1) Medications including oral, rectal, hypodermic, intravenous and intramuscular shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>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.</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on record review, interview, and observation, the facility failed to follow the physician order to do a laboratory test which monitors for the adverse side effect of anticoagulant therapy, and the facility failed to evaluate the possibility of medication interaction which could lead to an adverse drug reaction for</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>1 of 9 residents, R1. These failures placed R1 at risk for a possible hemorrhagic stroke, gastrointestinal bleed, and/or prolonged coagulation (clotting) time.</p> <p>Findings include:</p> <p>The Resident Admission Record states R1 is a 66-year old resident with a history of chronic urinary tract infections, cerebrovascular accident and kidney transplant, among other diagnoses. Latest Minimum Data Set of 5/17/08 shows that R1 is independent with respect to skills for daily decision making, does not walk, needs 2 or more persons physically assisting him for transfers, dressing, toilet use and bathing. Resident has partial loss of range of motion of both sides of his neck, both arms and both feet. E2, Director of Nurses (DON), verified these assessments and added the following information on 8/18/08 at 9:30 a. m.: R1 can move the electric wheelchair with his right hand, is transferred with the sit to stand lift, and has a Texas catheter. August 2008 Physician Order Report indicates that R1 is on Coumadin for the diagnosis of Cerebrovascular Accident.</p> <p>Medication Administration Record for July 2008 shows that R1 was on 5 mg (milligrams) of Coumadin from before July 1 and continuing on that dose until 7/7/08. On 7/7/08, R1 was then switched to alternating doses of 5 mg and 2.5 mg of Coumadin from 7/11/08 to 7/16/08. According to a laboratory report, on 7/17/08 PT (Prothrombin) and INR (International Normalization Ratio) were 35.8 and 4.9, respectively. According to the laboratory report, normal ranges for PT and INR are 10.0 to 12.5 and 2.0 to 3.0, respectively. The INR result was</p>	F9999			

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F9999	<p>Continued From page 13</p> <p>marked CH (critically high). There is a note on the laboratory report "Dr. (doctor) order to hold Coumadin x (for) 2 days + (and) restart at 2.5 mg daily. Recheck INR on Monday (7/21/08)." According to July and August 2008 Medication Administration Records, R1 remained on 2.5 mg of Coumadin from 7/19/08 until 8/9/08. Further review of laboratory reports showed that there was no report for 7/21/08. When asking E2, DON, about this report on 8/14/08 at 11:45 a.m., E2 said "We missed it."</p> <p>E3, Licensed Practical Nurse (LPN), was interviewed on 8/14/08 at 12:10 p.m. E3 stated, "I took (Z1's) order and put it into the computer, but I did not print it out. Thus, the nurse on duty did not have a reminder to draw blood from (R1). Usually we fax orders to an outside laboratory and they take care of it. A technician comes in and draws the blood. However, (R1) has a Mediport and an RN (registered nurse) has to draw the blood. It does not happen very often that an RN has to draw blood for lab work."</p> <p>E4, LPN, was interviewed on 8/14/08 at 12:35 p.m. E4 said, "On 7/21/08, (R1) was my resident. The order was not on the clipboard. Therefore, I did not know that blood needed to be drawn by an RN and I did not remind an RN to do it."</p> <p>E1, Administrator, stated on 8/14/08 at 11:50 a.m. that the facility's procedure at the time of the error was to place orders that need to be done on the clipboard. "Nurse (E3) took the order but did not place it on the clipboard. Thus, Nurse (E4) did not know she was to draw blood from (R1's) Mediport."</p> <p>According to the History and Physical from a</p>	F9999			

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F9999	<p>Continued From page 14</p> <p>local hospital, R1 was admitted to the hospital with "intermittent chest pain" on 8/9/08. The Hospital Laboratory Report of 8/9/08 at 11:34 a.m. shows that R1 had an INR (International Normalization Ratio) of 8.3 and a PT (Prothrombin Time) of 69. The INR is marked CH (critically high). Another test was taken on 8/10/08 at 6:05 a.m. This time the INR was 7.23 and was again marked CH.</p> <p>Z1, R1's physician, was interviewed on 8/14/08 at 2:37 p.m. When questioned whether the INR of 8.3 endangered R1 in some way, Z1 said, "It certainly did. The danger is a GI (gastrointestinal) bleed or hemorrhagic stroke, for example."</p> <p>Nurses Notes dated 8/4/08 in R1's record showed the notation "N.O. (new order) received from Dr. (doctor) res (resident) started on ATB (antibiotic) for UTI (urinary tract infection). A review of R1's past physician orders showed that Cefuroxime Axetil 250 milligrams every 12 hours was ordered on 8/4/08. R1's Medication Administration Record showed that Cefuroxime Axetil was administered to R1 from 8/4/08 p. m. dose until the a. m. dose of 8/9/08. This was verified by E1, Administrator on 08/19/08 at 2:25 p.m.</p> <p>Geriatric Dosage Handbook 12th Edition page 268 outlines that this drug is an antibiotic that carries the following warnings/precautions: "may be associated with increased INR, especially in ... (patients with) renal disease...." This warning is repeated under Adverse Reactions, where "prolonged PT/INR" is documented, among other issues.</p> <p>R1's record contained no evidence to indicate</p>	F9999			

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F9999	Continued From page 15 that the possible medication interaction had been assessed. E1, Administrator, stated on 08/19/08 at 2:25 p.m. that E1 was aware of the antibiotic's possible side effect. R1 was observed 8/14/08, 12:55 p.m., during lunch in his room. At that time, R1 was on isolation for MRSA (methicillin resistant staphylococcus aureus) of his nares. Resident was in his wheelchair and was being fed. When asked how he feels, R1 said, "pretty good." (A)	F9999			