STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z 000	COMMENTS COMPLIANT INVESTIGATION 1183421 / IL# 55136	Z 000		
Z9999	FINDINGS LICENSURE VIOLATIONS 300.610a) 300.686a)1)2)3)5) 300.1210b) 300.1210d)3) 300.1220b)2) 300.1620c) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies 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. Section 300.686 Unnecessary, Psychotropic and Antipsychotic Drugs a) A resident shall not be given unnecessary drugs in accordance with section 300.Appendix F.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 1 In addition , an unnecessary drug is any drug used: 1) In an excessive dose, including in duplicative therapy. 2). for excessive duration; 3). without adequate monitoring, 5). In the presence of adverse consequences that indicate the drugs should be reduced or discontinued.(Section 2-106.1(a) of the act) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall 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 resident care plan. 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. d) Pursuant to subsection (a), 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.	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 2 Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 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. Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 3 physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on interview and record review the facility failed to communicate hospital discharge instructions from the medical doctor (at the hospital) to the nursing home's attending physician. The instructions were do not give narcotics to (R3) upon return to the nursing home. The Nursing Home received a copy of the hospital discharge records upon discharge of the resident on 6-19-2010, which included this order. This failure affected (R3) reviewed for pain/discomfort. After 3 weeks of receiving narcotics at the nursing home, R3 died at the nursing home. Certificate Of Death Record certified on 7-10-2010 states, "cause of death: Fentanyl (narcotic) Intoxication, place of injury; Nursing Home, date of injury; July 7, 2010." The facility also failed at to provide a comprehensive pain assesment for increasing R 3's Pain Medication. Findings Include: According to the Admission -Discharge Form, R3's original admission date was 12-16-2009. R3	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 4	Z9999		

was transferred out of and back into the facility multiple times. This document lists the last time that R3 was transferred out was on 6-15-2010 and back in on 6-19-2010. It also documents that R3 expired on 7-7-2010 in the facility.

The Accumulative Diagnosis Record lists the following diagnoses and dates:
Date of 12-20-09: Status Post Mitral Valve Replacement on 11-27-09,
Bacterial Endocarditis, Methicillin-Sensitive Staphylococcus Aureus, Bacteriemia of Port -a-cath, End Stage Renal Disease on Hemodialysis,
Diabetes Mellitus Type 11, Anemia, Congestive Heart Failure,
Dyslipidemia, Gastroesophageal Reflux Disease, Seizure Disorder,
Secondary Hyperparathyroidism, Deep Vein Thrombosis, Asthma
History of Substance Abuse, Deconditioning, Schizophrenia, History of Intravenous Drug Abuse, Left Knee Septic Arthritis, Status Post Left Knee Arthroscopy, Hypertension, Right Chest Wall Permacath, Nicotine Addiction, Date of 12-30-2009 Severe Anemia and Date of 3-15-2010 Anemia, End Stage Renal disease, on hemodialysis.

Nurses Progress Notes dated 6-1-2010 document at 5:00PM: "R3 noted with signs and symptoms of drug usage, appeared slightly lethargic denies using any drugs. Vital signs were taken at 10:00PM (stable) and the doctor was notified. Drug screening test ordered for resident tomorrow." Laboratory Report dated 6-2-2010 documents that R3 was negative for drugs.

On 12-22-2011 at 12:30PM, E5 (Psychiatric

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 5	Z9999		

Rehabilitative Services Coordinator, PRSC) stated, "I have been here for 5 years. R3 was here 2 years ago, R3 was on dialysis and had a drug history of relapse. We sent the resident to the hospital for drug screen. We counseled the resident on drug use. We counseled the resident on dangers of using illicit drugs with psychotropic medications. I was here when the resident returned from the hospital on 6-20-2010 and because of the resident's diagnosis of drug overdose, I educated the resident on dangers of illicit drugs and its effects. If the resident was intoxicated, the facility's policy states to notify nursing staff and they would notify the doctor. If the resident was a threat to others or self the resident would be taken away to my office. Me, personally, I have never had the experience with R3 being intoxicated." Social Service Progress Note dated 6-20-2010 documents E5(PRSC) counseling of R3. Patient Information and Transfer Form from the hospital (In R3's clinical record) dated 6-19-2010 documents diagnosis of "Altered Mental Status due to Narcotic Overdose, End Stage Renal Disease and Hyperkalemia."

Nurses Notes dated 6-15-2010 timed at 6:00 PM document, "Resident was observed in bed snoring very loudly with thick large amount of sputum coming out of the oral cavity. Resident not responding to name being called, very lethargic, sputum blood tinged vital signs pulse is 60, respiration is 15, blood pressure is 129/79, accucheck is 89 and Pulse oxygen is 71%. on 5 liters of oxygen per nasal cannula, attempt to arouse resident with verbal and tactile stimuli, resident continue to snore, medical doctor notified with order to send resident out via 911, awaiting arrival of ambulance. Resident suctioned, monitor closely." Nurses Notes, dated 6-15-2010 at 6:10PM document, "Ambulance arrived (911 fire

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 6	Z9999		

department) and escort resident out on stretcher will follow up with disposition, all departments and director of nursing made aware of transfer." Nurses Notes dated 6-15-2010 at 10:00 PM state, "Call placed to hospital, resident being admitted with diagnosis of hyperkalemia, altered mental status, all departments made aware, medication sheet filed, medication put into storage. All belongings packed and sent to storage."

Review of Hospital Discharge Records dated 6-19-2010, which was in R3's clinical record at the nursing home, document that R3 was admitted to the hospital on 6-16-2010 and discharged on 6-19-2010. Hospital Patient Information and Transfer Form from the discharge record (Also in R3's clinical record at the nursing home) dated 6-19-2010 documents major diagnosis' are: Altered Mental Status due to narcotic overdose, End Stage Renal Disease and Hyperkalemia. This same transfer document lists "Important Medical Information: on hemodialysis, diabetes mellitus, coronary artery bypass graft, gastroesophageal reflux disease, bipolar, Schizophrenia, and high cholesterol." The same discharge record documents an order from the physician at the hospital, the order is dated 6-19-2010 and states, "Patient is medically stable May discharge patient back to nursing home do not give any narcotics."

The Hospital Reconciliation Report dated 6-19-2010 documents all the medications that R3 received while in the hospital. The following are a list of medication that R3 had an order for while in the hospital: Divalproex Sodium 1250 Milligrams (MG), Divalproex Sodium ER Tab 1000MG, Divalproex Sodium 250 MG all by mouth daily, Vitamin B Complex/Folic Acid daily by mouth, Hydralazine HCL 10 MG by mouth every 12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 7	Z9999		

hours, Isosorbide Dinitrate 10MG by mouth twice a day, Nifedipine 60 MG by mouth daily, Lisinopril 5 MG by mouth daily, Docusate Sodium 100MG by mouth daily, Famotidine 20 MG by mouth at bedtime, Furosemide 40 MG by mouth daily, Sevelamer HCL 800MG by mouth three times a day, Risperidone 1 MG by mouth twice a day, Enoxaparin Sodium 40 MG subcutaneous injection daily, Tramadol HCL (Nonnarcotic pain medicine) 50 MG by mouth every 8 hours as needed, Acetaminophen (Nonnarcotic pain medicine) 650MG every 6 hours as needed by mouth and Heparin Sodium 10000 units as needed. None of the medications were narcotics.

According to the Physician Order Sheet dated 6-19-2010, R3 was readmitted with the following medications; Novolog Insulin injection per sliding scale, Lisinopril 5MG daily by mouth, Multivitamin 1 tab daily by mouth, Aranesp .5MG Subcutaneous weekly on Wednesdays, Fentanyl (Narcotic) 100MCG 1 patch to dry skin every 72 hours, Procardia 60 MG ER daily by mouth, Depakote 1000MG daily by mouth, Depakote 250MG daily by mouth, Lexapro 10 MG daily by mouth, Seroquel 100MG daily by mouth, Coumadin 2 MG daily by mouth, Hydralazine 10 MG every 12 hours by mouth, Isosorbide 10MG twice a day by mouth, Ferrous Sulfate twice a day by mouth, Clonidine .2MG every 12 hours by mouth, Lasix 40MG twice a day by mouth, Renagel 800MG, 3 tabs by mouth three times a day, Benadryl 25MG by mouth four times a day, Restoril 30 MG by mouth at bedtime, Colace 100MG by mouth at bedtime, Pepcid 20 MG by mouth at bedtime, Neurontin 300MG by mouth at bedtime, Seroquel 100MG by mouth at bedtime, Xopenex .63 per Nebulizer every 6 hours as needed, Tylenol 325 MG 1-2 tabs by mouth every 6 hours as needed, Vicodin (Narcotic) 5.325 by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 8 mouth every 6 hours as needed, Bactroban 2% to each nostril twice a day time 10 days, Oxygen 2-3 Liter per minute per Nasal cannula, Pulse Oxygen every shift." The Physician Order Sheet was not signed by a Physician. On this same Physician Order Sheet dated 6-19-2010 diagnosis states "See ADR" Accumulative Diagnosis Record which was quoted previously and not updated. The Physician Order Sheet dated 6-19-2010 (Readmission) documents that R3 had an order for Fentanyl 100 Micrograms 1 patch to dry skin every 72 hours and Vicodin 5-325 Milligrams two tabs by mouth every 4 hours as needed. Both of the above mentioned drugs are narcotics. The Medication Administration Record dated 6-19-2010 through 7-7-2010 documents that R3 received Fentanyl patch every 3 days. Nurses Notes dated 6-19-2010 at 9:00PM documents that "R3 Complained of pain gave Vicodin as ordered with relief." The Medication Administration Record documents that R3 received a fentanyl patch on 6-25-2010, 6-26-2010 7-2-2010 and 7-5-2010. The same Medication Administration Record documents that R3 received Vicodin 5-325MG on 6-25-2010 at 6:00PM, 6-25-2010 at 11:00PM and 6-26-2010 at 9:00PM, all for generalized pain. Nurses Notes again document that R3 was given Vicodin on 6-29-2010 at 9:00PM for generalize pain. On 12-22-2011 at 1:35PM E2 (Director of Nursing, DON) stated, "The floor nurse reviews hospital discharge documentation for discrepancies and then it is reviewed by an assigned Assistant Director of Nursing. R3 died in the facility on 7-7-2010. We do not have a copy of the death certificate." E2 (DON) was informed of R3's cause of death from the death certificate. E3(DON) stated, "the nurse should	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 9	Z9999		

have called the doctor/hospital to question the order not to give narcotics to R3."

On 12-23-2011 at 8:35AM, E4 (Assistant Director of Nursing) stated that she was the Assistant Director of Nursing assigned to review R3's hospital discharge record dated 6-19-2010 after the floor nurse reviewed it. "Yes I saw the order dated 6-19-2010 that states patient is medically stable may discharge patient back to nursing home do not give any narcotics. I thought the order was for the hospital to not give narcotics. We did not notify the doctor about it because we thought it was for the hospital. No I did not call the hospital to investigate it." E4 (Assistant Director of Nursing) was made aware of R3's cause of death Fentanyl Intoxication from the death certificate. E4 (Assistant Director of Nursing) began to sob.

On 12-23-2011 at 8:50AM, E7 (Nurse) stated, "I readmitted R3 on 6-19-2010 and reviewed all of the discharge documentation." E7 (Nurse) verified that she received the discharge packet which was included in R3's clinical record. E7 (Nurse) was shown the order to not give any narcotic which was in the discharge packet. E7(Nurse) then stated, "If I saw this order, I would have called the doctor, the doctor at the hospital and the resident's doctor here. I would have called the doctor and questioned the order. R3 was readmitted with all of the same medication and diagnosis (except the Bactroban for Methicillin Resistant Staphylococcus Aureus of nares), that he had before he went out to the hospital. No I did not tell the doctor about the order to not give narcotics."

Nurses Progress Notes dated 6-22-2010 document, "Verbally responsive with several

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 10	Z9999		

prompts, appeared very lethargic, vital signs stable at 98 temperature, 93 pulse and 20 respiration blood pressure was 116/61 accucheck was 99 resident was safely put on a chair and social service made aware denied any use of illegal drugs will monitor resident throughout shift." There was no documentation of R3's Physician being notified about being lethargic on 6-22-2010. As previously stated, Social Service Progress Sheet dated 6-20-2010 documents, "Resident is drowsy, met with resident for individual counseling session. Resident recently returned from the hospital with an admitting diagnosis of Drug/Alcohol intoxication." As previously stated, the Hospital Discharge Documents dated 6-19-2010 document a diagnosis of Altered Mental Status due to Narcotic Overdose. It also documents do not give any narcotics. As stated previously, R3 received narcotics according to the Medication Administration Record . Individual 1:1 Progress Note dated 6-26-2010 document, "Met with resident to discuss developing a relapse prevention plan for potential substance abuse."

Nursing Progress Notes dated 7-7-2010 at 9:00AM, document, "R3 sitting slumped over on the side of the bed. Skin cool clammy to touch, snoring like sounds noted." The Nurses Notes on this date continue to document skin cool and clammy and snoring like sounds , emergency procedures rendered and resident died in the facility. Certificate of Death Record certified on 7-8-2010 documents that R3 was 41 years old at the time of death and the cause of death Fentanyl Intoxication at the nursing home.

On 12-23-2011 at 9:20AM, Z1 (Pharmacist) stated via telephone that Fentanyl patch is a strong narcotic used for chronic pain that comes

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 11	Z9999		

in different dosages, 12MCG, 25 Milligrams(MG), 50 MG, 75Mg and 100MG, toxicity depends on patient's pressure, weight and any other medications like additional narcotics. Definitely taking other narcotics with Fentanyl could cause death. As previously mentioned R3 received Fentanyl and Vicodin after return to the nursing home, according to the Medication Administration Record previously quoted.

According to the Physician 's Desk Reference dated 2011, "The most serious significant effect of overdose is hypoventilation. Fentanyl is a very strong opioid narcotic pain medicine that can cause serious and life threatening breathing problems. Serious and life threatening breathing problems can happen because of an overdose or if the dose you are using is too high for you. Call your doctor right away or get emergency medical help if you: Have trouble breathing or have slow shallow breathing, cold clammy skin,severe sleepiness, feel faint dizzy confused or cannot think walk or talk normally."

On 12-23-2011 after E4 (Assistant Director of Nursing) exited the conference room(8:42AM) in tears, E2 (Director of Nursing) then entered and stated, "all this time we thought R3 was abusing illegal drugs and being drowsy and lethargic, breathing problems, it was probably the fentanyl overdose."

On 12-23-2011 at 10:27AM E8 (Medical Director) stated via telephone, "If I were aware of hospital documentation not to give narcotic to R3, I would have followed it. It is up to the facility to review and communicate that information to me."

On 2-8-2012 at 3:45PM via telephone, Z3 (Medical Doctor) stated, "Yes I recall the order

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009856	A. BUILDING _____ B. WING _____	C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN WENTWORTH REHAB & HCC	201 WEST 69TH STREET CHICAGO, IL 60621

(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) COMPLETE DATE
Z9999	Continued From page 12 that I wrote to not give R3 Narcotics upon return to the nursing home. This resident was brought into the hospital in June of 2010 with confusion and diagnosis of Schizophrenia and Chronic Obstructive Pulmonary disease. R3 could receive pain medicine just not narcotics, not fentanyl or Vicodin, I wrote the order." Physician Order dated 5-27-2010 documents, "Discontinue Fentanyl Patch 50 Micrograms and start Fentanyl Patch 100 Micrograms. On 12-22-2011 at 1:35PM, E2 (Director of Nursing, DON) stated, "Comprehensive pain assessments are done every three months. Residents are assessed every shift for pain. If new pain occurs we will do a new comprehensive assessment, there should be a note on R3's increase of Fentanyl patch from 50 mcg to 100 mcg." On 12-23-2011 at 8:27AM, E6 (Nurse) stated, "I was the nurse who called the doctor to get the order to increase the Fentanyl Patch from 50 mcg to 100 mcg's on 5-27-2010. It was a long time ago. I usually chart assessments for pain, I must have had a bad day that day. When I obtained the increase in pain medication/ dosage, I should have been documented why." (A)	Z9999		