

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2013
NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430		
(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 4 to the hospital on 11/10/2013 because she had a seizure and there was no available medication." New Orders for Schedule III-V Controlled substances Policy revised on 01/01/2013 states, "For all Schedule III-V controlled substances medications orders, the facility must provide to the pharmacy.... An oral prescription communicated by the practitioner or the practitioner's agent to the pharmacy. If the medication is needed before the next schedule delivery, facility staff should indicate the exact time by which the medication is needed. If the Controlled substance is needed before the pharmacy can make arrangements for a timely delivery, facility must fax a request to remove a controlled substance from the Facility's Emergency Medication Supplies." Hospital Record dated 11/10/2013 through 11/15/2013 states, R1 42 year old with diagnosis of cerebral palsy, ventricular shunt, recurrent seizures who was recently discharged from the hospital returns with complaints of seizure and fever. R1 was sent to the nursing home and was unable to get her medication at the nursing home and subsequently had seizures. R1 was stabilized and discharge home with family on 11/15/2013.	F 425			
F9999	FINAL OBSERVATIONS STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1210b) 300.1210d)1)2) 300.3240a)	F9999			

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2013
NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430		
(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 5 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.	F9999			

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2013
NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430		
(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	<p>Continued From page 6</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide anti-seizure medication for 1 of 3 residents (R1), reviewed for pharmacy services. As a result of not receiving anti-seizure medication for two days, R1 had a seizure and was hospitalized.</p> <p>Findings include:</p> <p>According to the Face Sheet R1 was admitted on 11-9-2013 with the following diagnosis; Epilepsy, rehab, cerebral palsy and dysphasia. According to the Hospital Record dated 10/27/2013 through 11/9/2013 R1 was admitted into the hospital for recurrent seizures prior to being admitted to the nursing home; R1 was stabilized on 4 different anti-seizure medications and on 11-9-2013 was discharged to the Nursing Home.</p> <p>Nursing Progress Note dated 11/9/2013 states, " Patient admitted. Transported from hospital via ambulance accompanied by paramedics. Orders verified and carried out. Medical Doctor states he would like to be called in the am and Controlled Substance 2 forms faxed to the doctor in the hospital, so the forms can be signed and faxed</p>	F9999			

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2013
NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430		
(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	<p>Continued From page 7</p> <p>back. Patient has a diagnosis of cerebral palsy and seizure disorder. Oriented family to room and call light system. Requires maximum assistance with activity of daily living. Incontinent with bowel and bladder...."</p> <p>Nursing Progress Notes were reviewed for 11-9-2013 through discharge of 11-10-2013. On 11-10-2013 Nursing Progress Notes document that R1 did not receive seizure medication. Medication Administration Record was reviewed, and R1 did not receive, Keppra, Phenobarbital, Klonopin and Lacosamide, all anti-seizure medications, for two days 11/9/2013 and 11/10/2013. Nursing Progress Note dated 11-10-2013 at 1:33 PM states, "Family stated, R1 had a seizure for 60 seconds, vitals sign were taken, blood pressure was 119/99, pulse was 107, respiration was 16 and temperature was 98.8 oxygen saturation was 98.8% Doctor was notified and R1 was sent to the hospital. Family at bedside. Nursing Progress Note dated 11/10/2013 states, R1 has been admitted to the hospital diagnosis is fever, seizure and abnormal Computed Tomography Scan.</p> <p>Controlled Substance Prescription Request Form dated 11/9/2013 document that Lacosamide, Phenobarbital, Klonopin were faxed to the pharmacy. R1 had Physician Telephone Orders dated 11/9/2013 for Keppra 100 milligrams twice a day, Klonopin .5 milligrams three times a day, Lacosamide 100 milligrams twice a day and Phenobarbital 64.8 milligrams three times a day.</p> <p>On 11/19/2013 at 10:50 AM, E2(Director of Nursing) stated," E4(Nurse) that admitted R1 is no longer employed by the facility."</p>	F9999			

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2013
NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430		
(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	<p>Continued From page 8</p> <p>On 11/19/2013 at 12:21 PM, E6(Nurse) stated, "When residents are admitted and need controlled substance drug, we have to fill up the form and notify the physician to complete and fax it back so we can fax it to the pharmacy and get the medications. That happened to me once on the weekend I needed a controlled drug for a resident and I called the physician and gave him the number to call the pharmacy and I had no problem with getting the medication."</p> <p>On 11-19-2013 at 12:25 PM, E7 and E8 both Nurses stated, " medications can be ordered by 2 PM for 8 PM delivery and by 2 am for 8 am delivery. But if medications are needed they can be ordered stat(right away) and the pharmacy has 2 hours to deliver it."</p> <p>On 11/19/2013 at 1:17 PM, E5(Nurse) stated, " I worked with R1 on 11/10/2013, I remember that R1 had 3-4 medications for seizures that were schedule 3- 4 control substances. I recall in report that the doctor was not near a fax machine and therefore could not fax the control substance form to us. I was not aware that control substances could be faxed stat neither was I aware that there is a number to give the physician to call in the orders."</p> <p>On 11/19/2013 at 2:00 PM, Z2(Pharmacist) stated, " The DEA requires signed authorization for schedule 2 drugs. Schedule 3-5 drugs can be telephone ordered in by the physician. It is an 800 number that is given to the physician by the nurses and if the nurses are not aware, the Director of Nursing is aware. Seizure medications are schedule 3-5."</p> <p>According to the Pharmacy List kept on the</p>	F9999			

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2013
NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430		
(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	<p>Continued From page 9</p> <p>convenience and controlled substance box, Klonopin and Phenobarbital are class 4 controlled substances, which are kept in the controlled box. Keppra is not a controlled substance and is not stored in the convenience box. Lacosomide is a class 5 drug which is not stored in the convenience box.</p> <p>On 11-19-2013 at 3:30 PM, E2(DON) stated, "The nurses could have had the physician to telephone the medications in to the pharmacy and if they did not know the number they should have contacted the supervisory staff. R1 should have received the seizure medication while in the facility. R1 needed the seizure medications."</p> <p>On 11-19-2013 at 4:23 PM, E9(Physician) stated, "When the nurse read me the orders, I said to continue it. I never got a call from pharmacy about a problem with the medications. I sent R1 to the hospital on 11/10/2013 because she had a seizure and there was no available medication."</p> <p>New Orders for Schedule III-V Controlled substances Policy revised on 01/01/2013 states, "For all Schedule III-V controlled substances medications orders, the facility must provide to the pharmacy.... An oral prescription communicated by the practitioner or the practitioner's agent to the pharmacy. If the medication is needed before the next schedule delivery, facility staff should indicate the exact time by which the medication is needed. If the Controlled substance is needed before the pharmacy can make arrangements for a timely delivery, facility must fax a request to remove a controlled substance from the Facility's Emergency Medication Supplies."</p>	F9999			

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

PRINTED: 03/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/22/2013
NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430		
(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 10 Hospital Record dated 11/10/2013 through 11/15/2013 states, R1 42 year old with diagnosis of cerebral palsy, ventricular shunt, recurrent seizures who was recently dishcarged from the hospital returns with complaints of seizure and fever. R1 was sent to the nursing home and was unable to get her medication at the nursing home and subsequently had seizures. R1 was stabilized and discharge home with family on 11/15/2013. (B)	F9999			