

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER BROOKDALE PLAZA LISLE SNF		STREET ADDRESS, CITY, STATE, ZIP 1800 ROBIN LANE LISLE, IL 60532	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the physician of unavailable medication. This applies to 1 of 3 residents (R1) reviewed for wound treatments in a sample of 4. Findings include: 1. R1's Admission Record, dated 3/11/20, documents R1 admitted to the facility on [DATE] and discharged on [DATE]. This Admission Record documents R1 with [DIAGNOSES REDACTED]. This order shows the medication delivery status as on order, and the date dispensed and received is blank. The order Alert Description for [MEDICATION NAME] Propionate Ointment, dated 5/22/19, documents the pharmacy has indicated that the order will not be filled because it has been rejected. On 3/12/20 at 12:48 PM, V10 (Pharmacist) stated the pharmacy received the order for R1's [MEDICATION NAME] Propionate Ointment but never dispensed this medication to the facility to administer to R1. V10 stated the facility was notified the order was not filled. On 3/12/20 at 10:39 AM, V7 (Nurse Practitioner) stated she was not made aware the facility was unable to obtain R1's ordered [MEDICATION NAME] Propionate Ointment, and if she had orders would have been revised.		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide a physician ordered medications as ordered. This applies to 1 of 3 residents (R1) reviewed for wound treatments in a sample of 4. Findings include: 1. R1's Admission Record, dated 3/11/20, documents R1 admitted to the facility on [DATE] and discharged on [DATE]. This Admission Record documents R1 with [DIAGNOSES REDACTED]. This order shows the medication delivery status as on order, and the date dispensed and received is blank. The order Alert Description for [MEDICATION NAME] Propionate Ointment dated 5/22/19 documents the pharmacy has indicated that the order will not be filled because it has been rejected. R1's May 2019 Treatment Administration Record (TAR) documents [MEDICATION NAME] Propionate Ointment 0.05% documents the code 09 at 9 PM on 5/26/19 and at 9 AM on 5/22/19 and 5/25/19. The TAR documents the code 09 as other/see nurses notes. The nurse eMAR (electronic medication record) General Note documents the reason for using the 09 code for [MEDICATION NAME] Propionate Ointment was the medication was not available/on order. On 3/12/20 at 12:48 PM, V10 (Pharmacist) stated the pharmacy received the order for R1's [MEDICATION NAME] Propionate Ointment but never dispensed this medication to the facility to administer to R1. On 3/11/20 at 2:25 PM, V2 (Director of Nursing) confirmed medications are to be administered as ordered.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.