STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING _____ B. WING _____	03/06/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AVANTARA EVERGREEN PARK	10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805

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 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 observations, interviews and record reviews, this facility failed to monitor and ensure routine medications were administered according to physician orders [REDACTED]. Findings include: Review of the medical record notes R2 was admitted to this facility on 01/27/2020 with [DIAGNOSES REDACTED]. On 3/5/20 at 9:15am, V7 RN (registered nurse) stated that medications not administered to the resident should be documented in nurses' notes reason why medications not given. V7 stated that if the medication is not in the facility, then the outside pharmacy should be contacted to ensure medication is delivered that same day. V7 stated that all resident medications are to be stored in locked medication cart. On 3/6/20 at 10:00am, V2 DON (director of nursing) stated that the outside pharmacy delivers medications twice daily, once in the morning and once in the afternoon, and then as needed for medications needed urgently. V2 stated that the nurse is responsible for signing for the medications when delivered and ensuring all medications have been delivered. V2 stated that the nurse is expected to follow up with the outside pharmacy for medications not received and find out what time they will be delivered. The nurse is also responsible for notifying the physician of all medications not delivered, when medications will be delivered, and if the physician wants to prescribe alternative medication. V2 stated that the nurse is expected to document reason why medication is not administered in the resident's MAR (medication administration record). V2 stated that if the nurse clicks on the wrong tab in the electronic medical record, the nurse is not able to go back and document reason medication not administered. V2 acknowledged that the nurse should document in the nurses' notes if unable to document reason medication not given in the MAR. Review of R2's POS (physician order [REDACTED]. Start 1/27 at 9:00pm. SHORTNESS OF BREATH / [MEDICAL CONDITIONS]: 1/27, [MEDICATION NAME] 160-4.5mcg (micrograms)/actuation, 2 puffs inhale orally every 12 hours. [MEDICAL CONDITION]: 2/4, [MEDICATION NAME] 50mg by mouth one time a day at 8:00am for [MEDICAL CONDITION]. Hold dose from 2/10 4:41pm to 2/11 4:40pm. 2/9, [MEDICATION NAME] 1mg, give 3 tablets by mouth one time a day for [MEDICAL CONDITION]. 2/4, ace wraps to both legs related to [MEDICAL CONDITION] (swelling) and remove per schedule. Apply at 9:00am and remove at 9:00pm. DIABETES: 1/28, insulin [MEDICATION NAME] (long acting insulin) inject 40 units subcutaneously on time a day at 9:00am for diabetes. Hold dose from 2/7 4:20pm to 2/8 4:19pm. Review of R2's MAR (medication administration record), dated January and February 2020, notes the following: [MEDICATION NAME] sulfate was administered on 1/28, 1/29, and 1/30. This medication was documented as unavailable on 2/2 at 9:00am and 9:00pm, and on 2/18 at 9:00pm. There is no documentation noted if this medication was given on 1/27 at 9:00pm as ordered. [MEDICATION NAME] inhaler was administered 1/28 through 2/19 at 9:00am. This medication was documented as unavailable on 2/19 at 9:00pm, 2/20 at 9:00am and 9:00pm, or 2/21 at 9:00am and 9:00pm. There is no documentation if this medication was given on 1/27 at 9:00pm as ordered. [MEDICATION NAME] was administered 2/4 through 2/9. This medication was documented as unavailable on 2/10 at 9:00am [MEDICATION NAME] was administered on 2/9. This medication was documented as unavailable on 2/10 at 9:00am Insulin [MEDICATION NAME] was not administered on 2/8 per physician order. On 2/9 this medication was held without order or reason documented. This medication was documented as unavailable on 2/10, and 2/15. Ace wraps were documented as unavailable to be applied/removed on 2/10. There is no documentation found noting the physician or the outside pharmacy were notified that R2's medications were unavailable. There is no documentation noting why these medications were unavailable to be administered.
F 0755 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, this facility failed to ensure new medication orders were monitored for delivery and receipt for 2 (R2 and R11) of 3 residents reviewed for the availability of medications for newly admitted residents. Findings include: On 3/6/20 at 10:00am, V2 DON (director of nursing) stated that the nurse confirms a new resident's medication with the physician and then places the medication orders in the resident's electronic medical record. V2 stated that as soon as the medications are ordered, the outside pharmacy receives the orders. V2 stated that the outside pharmacy delivers medications twice daily, in the morning and afternoon, and then as needed for medications needed urgently. V2 stated that the nurse is responsible for signing for the medications when delivered and ensuring all medications have been delivered. V2 stated that the nurse is expected to follow up with the outside pharmacy for medications not received and find out what time they will be delivered. The nurse is also responsible for notifying the physician of all medications not delivered, when medications will be delivered, and if the physician wants to prescribe alternative medication. Review of the medical record notes R2 was admitted to this facility on 01/27/2020 with [DIAGNOSES REDACTED]. Review of R2's POS (physician order [REDACTED]. Start date 1/28/20 at 9:00am. 1/27, ammonium [MEDICATION NAME] lotion 12%, apply to entire body topically two times a day. Start date 1/28 at 9:00am. 1/27, azelastine solution 137mcg (micrograms)/spray, one spray in both nostrils two times a day for itchy eyes. Start date 1/28 at 9:00am. 1/27, [MEDICATION NAME] cream 0.05%, apply to affected area topically two times a day for rash. Start date 1/28 at 9:00am. 1/27, [MEDICATION NAME] powder 2%, apply to affected area topically every 12 hours for itching. Start date 1/27 at 9:00pm. 1/27, [MEDICATION NAME] 25mg (milligrams) by mouth three times a day for itching. Start date 1/28 at 9:00am. 1/27, [MEDICATION NAME] sulfate extended release 15mg by mouth every 12 hours for pain. Start date 1/27 at 9:00pm. 1/27, [MEDICATION NAME] 160-4.5mcg/actuation 2 puffs inhaled orally every 12 hours for shortness of breath/[MEDICAL CONDITION]. Start date 1/27 at 9:00pm. Review of R2's MAR (medication administration record), dated January 2020, notes the following: 1/29, montelukast sodium not given. 1/29 at 9:00am and 9:00pm, 1/30 at 9:00am and 9:00pm, and 1/31 at 9:00am and 9:00pm, ammonium [MEDICATION NAME] lotion 12% not given. 1/29 at 9:00am and 5:00pm, 1/30 at 9:00am and 5:00pm, azelastine solution not given. 1/29 at 9:00am and 5:00pm, 1/30 at 9:00am and 5:00pm, and 1/31 at 9:00am and 5:00pm, [MEDICATION NAME] cream not given. 1/28 at 9:00am and 9:00pm, 1/29 at 9:00am and 9:00pm, 1/30 at 9:00am and 9:00pm, and 1/31 at 9:00am and 9:00pm, [MEDICATION NAME] powder not given. Review of R2's progress notes note the following: 1/29, montelukast sodium to be delivered. 1/29, 1/30, and 1/31, ammonium [MEDICATION NAME] lotion to be delivered. 1/29 and 1/30, azelastine solution to be delivered. 1/29, 1/30, and 1/31, [MEDICATION NAME] cream to be delivered. 1/29, 1/30,1/31, 2/2, [MEDICATION NAME] powder to be delivered. 1/30, [MEDICATION NAME] to be delivered. 2/2, 2/18, [MEDICATION NAME] sulfate to be delivered. 2/19, 2/20, 2/21, [MEDICATION NAME] to be delivered. There is no documentation found noting the outside pharmacy was notified that these medications were not delivered. There is no documentation noting the physician was notified that these medications were not available or if alternative medications should be ordered. Review of the medical record notes R11 was admitted to this facility on 3/2/2020 with [DIAGNOSES REDACTED]. Review of R11's POS notes an order for [REDACTED]. Review of R11's MAR

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.

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F 0755 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) indicated [REDACTED]. Review of R11's progress notes note [MEDICATION NAME]-salmeterol to be delivered. There is no documentation found noting the outside pharmacy was notified that this medication was not delivered prior to 3/5. There is no documentation noting the physician was notified that this medication was not available or if alternative medications should be ordered.
F 0842 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, this facility failed to maintain clinical records on each resident in accordance with professional standards of practice that are complete and accurate for one resident (R2) out of three residents reviewed for documentation of reason medications not administered. Findings include: Review of the medical record notes R2 was admitted to this facility on 1/27/20 with [DIAGNOSES REDACTED]. On 3/5/20 at 9:15am, V7 RN (registered nurse) stated that medications not administered to the resident should be documented in nurses' notes reason why medications not given. V7 stated that if the medication is not in the facility, then the outside pharmacy should be contacted to ensure medication is delivered that day. V7 stated that all resident medications are to be stored in locked medication cart. On 3/6/20 at 10:00am, V2 DON (director of nursing) stated that the nurses are expected to document reason medication(s) not administered to the resident in nurses' notes. V2 stated that the nurses are expected to follow up with the outside pharmacy regarding missing medications. Review of R2's POS (physician order [REDACTED]. Start on 1/28. 1/27, azelastine solution 137mcg (micrograms)/spray, one spray in both nostrils two times a day for itchy eyes. Start on 1/28. 1/27, [MEDICATION NAME] cream 0.05% apply to affected area topically two times a day for rash. Start on 1/28. 1/27, [MEDICATION NAME] powder 2% apply to affected area topically every 12 hours for itching. Start on 1/27. 1/27, [MEDICATION NAME] 10mg (milligrams) by mouth in the morning for allergic reactions. Start on 1/28. 1/27, [MEDICATION NAME] 20mg capsule by mouth in the morning for acid reducer. Start on 1/28. 1/27, [MEDICATION NAME] 600mg by mouth every 12 hours for shortness of breath/cough/congestion. Start on 1/28. Review of R2's MAR (medication administration record), dated January and February 2020, notes the following dates and times R2's medications were documented with chart code NN (other/see nurse note): 1/29 at 9:00am, 1/30 at 9:00pm, 1/31 at 9:00am, 2/1 at 9:00am, 2/2 at 9:00am, and 2/3 at 9:00am, ammonium [MEDICATION NAME] 12% lotion. 1/30 at 5:00pm, 2/17 at 9:00am and 2/19 at 9:00am azelastine solution nasal spray. 1/30 at 5:00pm, 2/1 at 9:00am, 2/2 at 9:00am, 2/3 at 9:00am, and 2/7 at 5:00pm, [MEDICATION NAME] cream. 1/28 at 9:00am and 9:00pm, 1/29 at 9:00am, 1/31 at 9:00am, 2/1 at 9:00am, 2/3 at 9:00am and 9:00pm, 2/4 at 9:00am and 9:00pm, 2/8 at 9:00am, 2/9 at 9:00am, 2/11 at 9:00am and 9:00pm, 2/17 at 9:00am and 9:00pm, 2/18 at 9:00am and 9:00pm, 2/19 at 9:00am and 9:00pm, 2/20 at 9:00pm, 2/21 at 9:00pm, 2/24 at 9:00am and 9:00pm, and 2/26 at 9:00am, [MEDICATION NAME] powder. 2/11 at 6:00am, [MEDICATION NAME] 10mg. 2/11 at 6:00am, [MEDICATION NAME] 20mg. 2/21 at 9:00pm, and 2/22 at 9:00pm, [MEDICATION NAME] 600mg. Review of R2's nurses' notes do not note any documentation why these medications were not administered to R2.