

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Meadowbrook Skld Nsg & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 320 South 2nd Street Grayville, IL 62844	

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)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49714</p> <p>Based on interview and record review, the facility failed to ensure residents were free of significant medication errors for 1 of 5 residents (R1) reviewed for medication administration in the sample of 5.</p> <p>Findings Include:</p> <p>R1's Admission Record documented R1 was [AGE] years old, with an initial admitted to the facility of 11/23/2022. R1's Admission Record documents the following diagnoses: Chronic Obstructive Pulmonary Disease (COPD), type 2 diabetes mellitus, acute and chronic respiratory failure, morbid obesity, hypertensive heart and chronic kidney disease with heart failure, stage 3 chronic kidney disease, chronic diastolic heart failure, benign lipomatous neoplasm of kidney, neuromuscular dysfunction of bladder, gout, and personal history of healed traumatic fracture.</p> <p>R1's Care Plan, with a revision date of 4/10/23, documents under Focus that R1 is on diuretic therapy r/t (related to) edema. Interventions documented included Administer diuretic medications as ordered by the physician with an initiation date of 4/10/23.</p> <p>R1's current Order Summary for July 2024 documented an order for Furosemide (Lasix) inject 20 mg intramuscularly one time a day on Thursdays and Sundays with an initial order date of 05/03/2023. R1's June 2024 Medication Administration Record (MAR) documented on 06/09/2024 MN in the box for that day. On the last page of the MAR under the Chart Codes it documents that MN indicates medication not available.</p> <p>An Orders -Administration Note, dated 06/09/2024 with a time of 4:25 A.M, documented furosemide inject 20 mg intramuscularly one time a day every Thursday and Sunday related to chronic diastolic congestive heart failure medication unavailable.</p> <p>On 7/5/24 at 10:48 A.M., R1 stated the facility nurses occasionally have trouble locating her Lasix injection.</p> <p>On 07/05/2024 at 9:31 A.M., V2 (Director of Nursing / Registered Nurse) stated the facility has an emergency medication kit and if a nurse does not have a medication on her med cart, they can go to the emergency kit and pull it out. V2 stated there should be no time the resident does not get the medications that are ordered. V2 stated it is her expectation the nurses utilize the emergency kit when needed. V2 was not made aware R1 did not receive her Lasix on 06/09/2024.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/05/2024 at 11:23 A.M., V6 (Registered Nurse) stated the pharmacy usually has no issue getting medications to the facility. V6 said there has been times when the pharmacy would be waiting on insurance approval before they would deliver. V6 stated in those cases, he would utilize the back-up emergency kit that the facility has. V6 stated he has all the medications for R1. V6 located the IM (intramuscular) Lasix in the medication cart for R1. V6 stated Lasix is in the emergency kit, so there is no reason for R1 to ever go without it.</p> <p>On 07/09/2024 at 8:45 A.M., V2 stated she spoke with V12 (Licensed Practical Nurse) regarding not giving R1's Lasix on 06/09/2024. V2 stated V12 explained to her the medication was not in the cart. V12 attempted to locate it in the back up box, and the medication was not in the Emergency Kit. V12 stated to V2 she did not contact the physician nor did she pass it on to day shift. V2 stated she has moved the medication to day shift so she can ensure that it is being given.</p> <p>On 7/09/2024 at 9:45 A.M., V12 (Licensed Practical Nurse) stated she did not give the Lasix to R1 because she could not locate it in the medication cart. V12 stated she looked in the emergency kit that night, and Lasix IM was not available. V12 stated she did try to call the pharmacy to see when it was going to be delivered, but was unsuccessful. V12 stated she thought she wrote it on the report sheet that she did not give it and why. V12 further stated that night in question was very hectic and she must have forgotten to write a note about attempting to contact the pharmacy and the physician.</p> <p>A document labeled Inventory on Hand, with a printed date of 07/09/2024 and a time of 12:38 P.M., for the Emergency Kit documented Furosemide 10mg/ml vial has a max count of two. The inventory lists there is one vial on hand with a maximal level of 2 vials, and minimal level of 1 vial.</p> <p>On 07/09/2024 at 2:50 P.M., V13 (Nurse Practitioner) stated she was not notified on 06/09/2024 that R1 did not receive her IM Lasix. V13 stated when the facility has a resident without a medication available, it is her expectation to be notified.</p> <p>The facility policy titled Medication Administration Policy/Procedure, with a revised date of 09/27/2022, documented, Medications will be administered safely to residents within the facility by licensed nurses at the specified time/timeframe, following the recommended administration method and will be documented as required.</p> <p>The facility policy titled Unavailable Medication, with a revision date of 08/2020, documented under the section titled Policy, The facility must make every effort to ensure that medications are available to meet the needs of each resident. The section of the same policy titled Procedure documents The nursing staff shall: 1. Notify the attending physician (or on - call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy(ies) available. If the facility nurse is unable to obtain a response from the attending physician or on call physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or direction. 2. Obtain a new order and cancel/discontinue the order for the non-available medication. 3. Notify the pharmacy of the replacement order.</p>		