

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2019
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NAME OF PROVIDER OR SUPPLIER ARISTA HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1136 NORTH MILL STREET NAPERVILLE, IL 60563
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S 000	Initial Comments Complaint# 1977537/IL116576 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.1210d1) 300.1620a) 300.3220f) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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. Section 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new 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	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/29/19
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S9999	<p>Continued From page 1</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that a resident's medication was administered as ordered by the Physician for a resident with Rheumatoid Arthritis.</p> <p>This failure resulted in a severe flare up of pain, swelling, and immobility with admission to the Emergency Room.</p> <p>This applies to 1 of 3 residents (R1) reviewed for medication administration in the sample of 8.</p> <p>The findings include:</p> <p>On 10/10/19 at 2:56 PM, V4 (Social Service, Hospital) stated that R1 was admitted to the ER (Emergency Room) on 10/08/19 at 5:00 PM. V4 stated that it was noted by V6 (ER Physician) that R1's medications were not given at facility. V4 stated that R1 had gone to see V5 (Rheumatologist) at noon earlier that day and per her notes, R1 had a flare up of his RA (Rheumatoid Arthritis) because of R1's medication mismanagement at the facility. V4 stated that V5 then sent R1 to the ER.</p> <p>V5's progress notes included the following: 10/08/19 Acute Visit: [R1] was discharged from [hospital] 9/25/19 after receiving IV [intravenous] steroids and 1/2 rituxan 1000 mg [milligrams] IV. He was supposed to be on 25 mg weekly methotrexate with 1 mg of folic acid daily, sulfasalazine 1500 mg bid [twice daily],</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>hydroxychloroquine 200 mg bid and prednisone 40 mg daily. He presents a med [medication] list today that does not include any of this medication. I called and spoke with V2 (Director of Nursing) who confirmed that his [R1's] last dose of methotrexate was 10/6/19 and hydroxychloroquine 200 mg this morning. However he is not being given his 40 mg of prednisone daily or his 1500 mg bid of sulfasalazine, he (V2) states this is because his document is only 5 pages long. When I asked him if he meant that he was missing pages 6 and 7, he said no this document says page 5 of 5, indicating that his particular discharge document was only 5 pages long. ...[R1] showed up unexpectedly today and unfortunately has severe swelling of multiple joints with inability to move, or do any ADLs [activities of daily living], including transfer easily from his wheelchair. He is crying out in pain at this time. He is having severe flaring of his rheumatoid arthritis apparently due to some miscommunication about discharge medications. ... I recommend that he go to the [ER] and receive IV Solu-Medrol.</p> <p>V6's ER progress notes included the following: 10/8/19 at 5:39 PM History: 46 -year old male with history of rheumatoid arthritis brought in by [paramedics] from nursing home for acute on chronic pain. Patient apparently was recent hospitalized a few weeks ago. When discharged back ... patient's medications not correctly restarted. ... Patient states the pain is acute on chronic. He complains of diffuse arthralgia pain, his neck, hands, wrists, knees, feet, ankles. He did not know of any fever but did have a fever of 101 [degrees Fahrenheit] here. He states he has been having intermittent left-sided chest pain. Physical Exam: Looks very uncomfortable,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>moaning and wincing in pain. Patient has decreased range of motion of his upper and lower extremities due to his joint pain. Primarily pain to both wrists which look edematous also his hands diffusely. Diffuse hand edema, his knees are tender with some limited range of motion ... Both ankles are swollen, right looks slightly worse, or mild lateral erythema. His feet are having diffuse edema as well.</p> <p>Psychiatric: He has a normal mood and affect. His behavior is normal. Judgement and thought content normal.</p> <p>V7's (Nurse Practitioner) progress notes included the following: 10/14/2019 at 12:18 PM Patient is a 46 year old male who was seen today due to readmission from [hospital] on 10/12/19 after being sent out on 10/8/19 due to increased joint pain and discomfort. Patient was recently re-admitted from the hospital on 9/25/19. He has been stable since [current] admission. He was supposed to be on prednisone 40mg daily and sulfasalazine upon discharge from recent hospitalization but has not been taking these medications resulting in worsening symptoms of his RA</p> <p>On 10/15/19 at 11:35 AM and 12:20 PM, V3 (Assistant Director of Nursing) stated that R1 had a hospital stay from 9/19/19-9/25/19 related to RA flare up and upon readmission to the facility on 9/25/19, the paramedics dropped off the hospital discharge papers to the reception. V3 stated that the receptionist then scanned the discharge papers. V3 stated that since the papers were scanned out of order, page 4 was missed of total 5 pages for the medication list. V3 stated that Sulfasalazine 1500 mg bid and Prednisone 40 mg daily were listed on page 4 and therefore were</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>not entered into the facility electronic medical records listed under the POS (Physician Order Sheet). V3 stated that this error was not noticed by the nurse who admitted R1. V3 stated that usually she (V3) or V2 (Director of Nursing) reconcile the admitting medications but did not do so for R1's readmission on 9/25/19. V3 stated that due to this error, R1 did not receive Sulfasalazine (used to treat rheumatoid arthritis) 1500 mg bid and Prednisone (is a corticosteroid which is used as an anti-inflammatory medication) 40 mg daily for treatment of his RA from 9/25/19-10/08/19 (13 days).</p> <p>On 10/15/19 at 2:55 PM, V2 verified that he failed to check or reconcile the medication list, and stated that there was a mixup of medication discharge paperwork pages from the hospital on re-admission of R1 to the facility (on 9/25/19) and one page was missed.</p> <p>On 10/10/19 at 11:48 AM, V8 (R1's Primary Care Physician) stated that R1 missing medications (Sulfasalazine 1500 mg bid and Prednisone 40 mg daily) was not warranted and can cause a flare up of Rheumatoid Arthritis.</p> <p>R1's discharge medication list from hospital (printed on 9/25/19 4:44 PM) included the following: Sulfasalazine 500 mg tablet, delayed release. Take 3 tablets by mouth 2 (two) times daily. Dose: 1,500 mg. Prednisone Tablet 20 mg tablet. Take 2 tablets by mouth daily. Dose: 40 mg.</p> <p>(B)</p>	S9999		
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