STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000939	A. BUILDING: _____ B. WING _____	C 01/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLANAGAN REHABILITATION & HCC	201 EAST FALCON HIGHWAY FLANAGAN, IL 61740

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S 000	Initial Comments Complaint #2169693/IL141905 - 330.1710a)b)g), and 330.710a)c)2) Complaint # 2260066/IL142034 - no deficiencies	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 330.1710a) 330.1710 b) 330.1710 g) Section 330.1710 Resident Record Requirements a) Each facility shall have a medical record system that retrieves information regarding individual residents. b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. g) A medication administration record shall be maintained which contains the date and time each medication is taken, name of drug, dosage, and by whom administered. A medication administration record is not required for residents who have been approved by their physician to be fully responsible for their own medications under Section 330.1510(d)(2).	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 These requirements are not met as evidenced by: Based on interview and record review, the facility failed to document that medications were given at the time of administration for one of four residents (R3) reviewed for medication administration documentation on the sample list of eight. Findings include: The facility Medication Administration Policy dated 11/18/17 documents "after a drug is given, record the date, time, name of drug, dose and route on the resident's individual MAR." On 1/4/22 at 1:21 pm, V4 LPN (Licensed Practical Nurse) stated on 12/23/21 R3 had a seizure at 10:45 am and that R3 normally takes seizure medications at 5:00 am. V4 looked to see if R3 had been given R3's 5:00 am medications and none of them were signed out. V4 stated V4 showed V1 Administrator that R3's 5:00 am medications on 12/23/21 had not been signed out as being given. When V4 came back in the next day, they were signed out. R3's December 2021 POS (Physician Order Sheets) documents a diagnosis of Epilepsy with orders for Lamotrigine {Anticonvulsant}25 mg (milligrams) - 3 tabs for a total of 75 mg to be given BID (twice a day), at 5:00 am and 4:00 pm. On 1/4/22 at 11:24 am, V1 Administrator stated on 12/23/21 R3 was at the dinning room table and was learning to the side with a rigid arm. V1 explained, R3 also had a dazed look in R3's eyes. V1 stated the leaning, rigid arm and dazed look are typical for R3 during seizures. V1 confirmed that V4 had checked R3's MAR and that R3's	S9999		

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S9999	Continued From page 2 5:00 am medications had not been signed out as being given. V1 stated V1 had V3 AIT (Administrator in Training) check with R3 as well as other resident's whose medications had not been signed out to see if they had received their medications. They stated they had, including R3. V1 explained V1 instructed V6 MDS (Minimum Data Set) Coordinator/RN (Registered Nurse) to go back and sign out the medications if they indeed had been given, so that is what V6 did. On 1/4/22 at 4:30 pm, V6 MDS Coordinator/RN stated V6 normally signs medications out at the time they are administered, "I (V6)don't know what happened and why they weren't signed out at the time on 12/23/21." V6 stated V1 questioned V6 about if the medications were given and they were, so V1 instructed V6 to sign them out. V6 stated on 12/24/21, V6 signed the 12/23/21 medications as being administered. (C) 2 of 2 330.710a) 330.710c)2) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this	S9999		

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S9999	Continued From page 3 Part. c) The written policies shall include, but are not limited to, the following provisions: 2) Resident care services including physician services, emergency services, personal care services, activity services, dietary services and social services. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure a Laboratory test was completed timely for one of three residents (R3) reviewed for laboratory testing on the sample list of eight. Findings Include: The facility Laboratory Tests Policy dated 9/27/17 documents laboratory testing will be completed in collaboration with Medicare guidelines, pharmacy recommendations and physician orders. R3's December 2021 POS (Physician Order Sheet) documents a diagnosis of Epilepsy with orders for Lamotriginen {Anti-Convulsant} 75 mg BID (twice a day) and Dilantin 400 mg daily. On 1/4/22 at 1:21 pm, V4 LPN (Licensed Practical Nurse) stated on 12/23/21 at 10:45 am, R3 had a seizure. V4 stated, V4 notified V17 Physician who ordered a STAT (right now) Dilantin Level to be completed. R3's Dilantin Level Results document the blood specimen was collected at 11:15 am on 12/24/21, more than 24 hours post seizure. On 1/4/22 at 1:35 pm, V2 DON (Director of	S9999		

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S9999	Continued From page 4 Nursing) stated STAT laboratory tests should be completed within eight hours, waiting 24 hours is not acceptable. (B)	S9999		