

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/28/2022
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 14588 WEST HIGHWAY 22 LINCOLNSHIRE, IL 60089
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	COMMENTS Complaint Investigation 2210481/IL142598	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.1650 d) Section 350.1650 Retention and Transfer of Resident Records d) When a resident is transferred to another facility, the transferring facility shall send with the resident a reason for transfer, summary of treatment and results, laboratory findings, and orders for the immediate care of the resident. This information may be presented in a transfer form or an abstract of the resident's medical record. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure the safety of R1 (1 of 1 client in the sample) when they failed to: 1) Fax the correct medication list to the hospital for R1 (1 of 1 client in the sample) on 01/11/22. Findings include: Facility Report includes, "On 01/10/22 at 11:00 AM, Nurse (E6) and DON (Director Of Nursing) (E3) assessed (R1) and was noted to have trouble walking, had redness, swelling and warmth to touch to the right foot, swelling to both feet. Physician (E4) was notified. (R1) sent out with Medical Driver (E10) to the immediate care facility for assessment. X-ray of the right foot was	Z9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Z9999	<p>Continued From page 1</p> <p>taken at the immediate care facility, (R1) sent back to facility with note of Referral to Emergency Room (ER) for Further Care of Right Foot Cellulitis. (R1) transported to the ER around 5:00 PM on 01/10/22."</p> <p>Facility progress note on 01/15/22 at 7:20 PM includes, "(R1) readmitted from the hospital. Alert and responsive. Placed in bed." Next entry on 01/15/22 at 9:20 PM includes, "911 called. No private ambulance services available. (R1) transferred back to emergency room, resident appearing weak and lethargic since returned. Upon reviewing discharge orders from hospital it was determined (R1) was receiving another residents (R2) medications per his POS (Physician's Order Sheets) plus his (R1's) own. Confirmed through hospital pharmacy. (E4) (Physician), (E1) (Administrator), (E3) (DON) and (Z1) (Guardian) contacted and alerted to situation."</p> <p>Review of the hospital documents for R1 include "Discharge summary. Admission from 01/15/22 at 9:26 PM with discharge on 01/19/22 at 1:46AM. Hospital course: (R1) initially presented to (hospital emergency room) on 01/10/22 from the immediate care center and his facility for lower extremity cellulitis. (R1) ultimately discharged on 01/15/22. However, later that evening after arriving back to (R1) facility, (R1) found to be lethargic and weak; worse than baseline. It was discovered that the original medication list that was issued to (hospital) upon previous admission was incorrect. These meds were reconciled and he had been receiving. (R1) was sent back here to (hospital) for evaluation and was admitted for generalized weakness. Discharge Diagnosis: Toxic Encephalopathy, secondary to anxiolytic and barbiturate overdose. Plan. Assessment and</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>Plan. Lethargy, Generalized Weakness. Secondary to medication error. Had several doses of Phenobarbital, Depakote and anxiolytic. Effects now weaning off. Phenobarbital has exceptionally long half life. Patient is now significantly improved, condition is resolving. Disposition: (R1) will be transferred to (rehabilitation facility) tomorrow as he continues to improve and is now medically safe."</p> <p>Review of the Fax Cover Sheet sent to the hospital by E9, Nurse on 01/11/21 (01/11/22 is the correct date) at 11:15 AM includes a timestamp of 01/11/22 at 12:34 PM from the facility. The Fax Cover Sheet includes the name and birthdate of R1. Attached to the cover sheet are three pages of the POS (Physician Order Sheet) for R2 from 01/01/22 through 01/31/22. R2's medication orders include Levothyroxine 25 mcg at 6AM, Phenobarbital 32.4 mg at 7AM, Clobazam 10 mg at 7AM and 5PM, Divalproex 125 mg sprinkles three capsules at 7AM and 7PM, Divalproex Sodium ER 500 mg tablet take two tablets with 375 mg at 7AM and 7PM, Atorvastatin 20 mg at HS (hour of sleep), Phenobarbital 64.8 mg at HS, Tamsulosin HCl 0.4 mg at HS, As Needed Medication list for Acetaminophen 325 mg take two tablets max 4 doses/24 hrs, Mi-Acid Liquid 15 mL (max 4 doses/day), Loratadine 10 mg daily, Milk of Magnesia 30 mL once daily and Ibuprofen 400 mg four times daily. R1 and R2 have the same first name.</p> <p>Per the 01/01/22 through 01/31/22 Physician's Order Sheet (POS), R1's medications include only Lisinopril-HCTZ (Hydrochlorothiazide) 20-25mg at 7:00 AM daily.</p> <p>Physician's Order Sheet Form has information printed out in every page including the first and</p>	Z9999		
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Z9999	<p>Continued From page 3</p> <p>last name of the client and the client's birthdate.</p> <p>R1 received R2's medications beginning 01/11/22 until 01/15/22 while at the hospital.</p> <p>Per the 4/13/21 Summary of Client's Annual Review, R1 has been in generally good health this past year, takes blood pressure medication. The nursing recommendations include to maintain weight, mobility and other age related needs. R1 lets staff know of his problem, would report to the staff if he needs anything or if he has lost anything.</p> <p>On 01/27/22 at 12:52 PM, E5, Director of Quality Assurance confirmed E9, Nurse was informed by E5 on 01/18/22 about the need to make sure correct medication list of clients go out with the correct client. E5 added E9 was also informed of the new process of having two people verify correct documents are going out with the clients.</p> <p>On 01/26/22 at 12:00 PM, E3, DON, confirmed the Medical Transfer Checklist form has been used as a guide by nurses during transfer of clients to facilities including hospital and/or immediate care facilities. E3 confirmed this form has been in use since late 2004/early 2005.</p> <p>(A)</p>	Z9999		