STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	C 04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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
S 000	Initial Comments Facility Report Incident Investigation to Incident of 03/21/23 and 03/23/23/IL158475 -	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)1) Section 300.610 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 by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	C 04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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
S9999	Continued From page 1 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. These regulations were not met as evidenced by: Based on interview and record review the facility failed to ensure that residents are free from significant medication errors for 1 of 3 residents (R3) reviewed for significant medication errors in the sample of 8. This failure resulted in R3 not receiving seizure medications, having seizures, and being admitted to the hospital. Finding includes: 1.R3's Physician's Order (PO) dated 01/05/23 documents "Epilepsy, unspecified, not intractable, without status epilepticus." R3's PO dated 03/23/23 documents "Unspecified convulsions." R3's February 2023 Medication Administration Record (MAR) documents that R3 is to receive Levetiracetam (Keppra) Oral Tablet, 750 milligrams (Mg) 1 tablet by mouth every morning and at bedtime for seizures for 30 days. The MAR documents R3 should receive Phenytoin Sodium Extended Oral Capsule, give 200 mg by mouth every morning and at bedtime for seizures for 30 days. The MAR does not document R3 was given Phenytoin for the 8:00 PM dose on 02/27/23 and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	C 04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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
S9999	Continued From page 2	S9999		

not document that Phenytoin was given the 8:00 AM or the 8:00 PM dose on 02/28/23. The MAR does not document that Keppra was given the 8:00 PM dose on 02/27/23. Does not document that Keppra was given the 8:00 AM or the 8:00 PM dose on 02/28/23.

R3's March 2023 MAR does not document that Phenytoin was given the 8:00 AM or the 12:00 PM or the 4:00 PM doses on 03/01/23, 03/02/23, 03/03/23, 03/04/23, 03/05/23, 03/06/23, 03/07/23, 03/08/23, 03/09/23, 03/10/23, 03/11/23, 03/12/23, 03/13/23, 03/14/23, 03/15/23, 03/16/23, 03/17/23, 03/18/23, 03/19/23, 03/20/23, 03/21/23, 03/22/23, 03/23/23, 03/24/23, 03/25/23, 04 03/26/23.

R3's MAR dated March 2023 does not document that Levetiracetam was given the 8:00 AM or the 4:00 PM dose on 03/01/23, 03/02/23, 03/03/23, 03/04/23, 03/05/23, 03/06/23, 03/07/23, 03/08/23, 03/09/23, 03/10/23, 03/11/23. 03/12/23, 03/13/23, 03/14/23, 03/15/23, 03/16/23, 03/17/23, 03/18/23, 03/19/23, 03/20/23, 03/21/23, 03//22/23, 03/23/23, 03/24/23, 03/25/23, or 03/26/23.

R3's PO, dated 3/24/23 documents "Phenytoin Sodium Extended Capsule 100 MG (milligrams); Give 2 capsule by mouth three times a day related to epilepsy, unspecified, not intractable, without status epilepticus."

R3's PO dated 03/24/23 documents "levetiracetam Oral Tablet 750 MG (Levetiracetam); Give 1 tablet by mouth two times a day related to epilepsy, unspecified, not intractable, without status epilepticus."

R3's Health Status Note dated 03/21/23 at 6:44 PM documents "Resident sitting in dining room around 1800 when she got stiff and rigid. She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	C 04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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
S9999	Continued From page 3	S9999		

began to twitch and began to seize. Resident continued to seize for the length of one full minute. She then began heavy breathing coming out of seizing for roughly 4-5 seconds then began to twitch and seize again This time she seized for 2 minutes and 38 seconds. With only a few seconds between resident began to seize again. EMS (Emergency Medical System) arrived. EMS administered medication to attempt to stop seizure. Resident continued to seize as EMS transfer out of building. Sent to (local hospital) hospital (local city) per POA (Power of Attorney,V18)."

R3's Health Status Note dated 03/21/23 at 10:30 PM documents "Spoke with (Nurse) at (local hospital) resident admitted with the DX (diagnosis) of seizures. Meds secured in lock box and items secured in room."

R3's Care Plan dated 01/10/23 documents "The resident has Seizure Disorder. Intervention dated 01/05/23 - Give medications as ordered. Monitor/Document for effectiveness and side effects."

R3's Minimum Data Set (MDS), dated 03/31/23 documents a BIMS (Brief Interview of Mental Status) score of 11 out of 15. The MDS documents R3 is moderately impaired, requires limited assistance of one-person for bed mobility, requires extensive assistance of one-person for transfer, dressing, toilet use, and personal hygiene, and is independent with setup help only locomotion on unit, locomotion off unit, and eating. The MDS documents R3 is not steady, only able to stabilize with staff assistance.

R3's Initial Investigation undated documents "At approximately 6:30 PM (R3) was noted to have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	C 04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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
S9999	Continued From page 4	S9999		

seizure activity, followed by another seizure. Call placed to 911. EMS arrived and administered medications and seizure activity continued. Resident was transported to (local hospital) for further evaluation and was admitted for seizures. It was noted that residents' seizure medication was only ordered for 30 days when discharged from hospital on 1/5/2023. Investigation initiated to review for medication error. Final summary to follow."

R3's Final Investigation R3's Final Summary undated documents "(R3), 59-year-old female admitted on 1/5/23 with the diagnosis of cerebral palsy, epilepsy, HTN, and cognitive communication deficit with a BIMS score of 12, who is assist of one with a walker had a seizure on 3/21/23 resulting in hospitalization. At approximately 6:30 pm (R3) was noted to have seizure activity, followed by another seizure. Call placed to 911. EMS arrived and administered medications and seizure activity continued. Resident was transported to (local hospital for further evaluation and was admitted for seizures. It was noted that residents' seizure medication was only ordered for 30 days when discharged from hospital on 1/5/2023. Investigation initiated to review for medication error. Upon investigation it was noted that on admission 1/5/23 she was admitted with orders for her Keppra and Dilantin (seizure medications) x 30 days. On 1/10/23 she went to her neurologist who sent orders for her Dilantin and Keppra but had stop date of 2/27/23. On 2/23/23 (V16) LPN (Licensed Practical Nurse) sent a request via fax to continue Keppra to (V15) NP (Nurse Practitioner). (V15's) office stated that responded via fax to continue Keppra orders. That order was not received at the facility and therefore was not processed. A meeting was held on 3/23/23 with (V15) NP to discuss options to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	C 04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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
S9999	Continued From page 5	S9999		

ensure orders are being received. An email was sent to the office manager for (V10), Physician and (V15). It was agreed that the office would also send orders via email to administrator to be able to verify orders have been received and processed. (V3) returned to the facility on 3/23/23. Prior to her return I (V1) spoke with the case manager requesting that they do not send only 30-day order for her seizure medications. Upon arrival orders were confirmed to be correct with no stop date. Follow up labs for Keppra and Dilantin levels schedule. Resident seen by (V10) on 3/29/23. Neuro appointment scheduled for 7/12/23."

On 04/12/23 at 11:03 AM, V10, Physician stated that (R3) missing 2 weeks of seizure medication was significant and probably caused her seizures and hospitalization.

On 04/13/23 at 8:04 AM, V1, Administrator stated that "(R3) first came to the facility with an order from the hospital for her seizure medication for 30 days. She saw her neurologist a short time later and he increased one of medications and put a stop date on them. The order fell off after the stop date. A nurse sent an order to the NP (V15) to continue the medication. (V15's) office sent a fax to continue the medication but we never received it. "We have a backup system in place now. They fax everything and email it to me. I double check all the orders to make sure we got them."

On 04/13/23 at 9:31 AM, V16, Licensed Practical Nurse, LPN, stated that she received a call the pharmacy stating that R3's Dilantin was only for 30 days and that it was expiring. She stated that she contacted V15's office to let them know that R3's Dilantin need to be continued. She said she never received anything back from the doctors

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	C 04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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
S9999	Continued From page 6 during her shift. On 04/13/23 at 11:04 AM, V2, Director of Nursing, DON, stated that she would expect medications to be given as ordered and mark off in the MAR. Facility's policy "Physician's Orders" revised 04/2021 documents "A. All medications, including non-legend medications (cathartics, headache remedies, vitamins, etc.) shall be given only upon the written order of the physician. All such orders shall have handwritten or electronic signature of the physician. These shall be given as prescribed by the physician and at the designated time. B. When necessary, telephone orders may be taken by a Registered Nurse or Licensed Practical Nurse. All such orders shall be immediately written on the Physician Order Sheet or Electronic Medical Record (EMR) and a Telephone Order Form and signed by the physician within 10 working days." Facility's policy "Administration of Medication" revised 04/2021 documents "B. Immediately after a drug is ingested, it should be recorded in the MAR." (A)	S9999		