1

Mission of the Ombudsman Program

To protect and improve the quality of care and life of residents through individual and systemic advocacy.

To assure residents' rights are upheld

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United Way
Community Partner
safe zone

2

Who We Serve

- Older persons and adults with disabilities who:
  - reside in Long-Term Care facilities (Resident)
  - receive Medicaid Waiver services in their home (Participant), and/or
  - are Medicare and Medicaid beneficiaries and receive Managed Care for services (Residents and Participants)

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3

Ombudsman Access

- 24/7 access to facilities and residents
- The facility cannot interfere with a resident's right to visit with an Ombudsman.
- With the permission of the resident, Ombudsmen may access medical records.
- Only a resident can deny an Ombudsman access to himself or herself

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Residents have a right to:

- be treated with dignity and respect
- safety and quality care
- participate in planning for their own care
- privacy
- manage their own money
- safety of personal property
- appeal an involuntary discharge
- make their own decisions
- meet with an Ombudsman (and representatives from other agencies)
- present grievances and receive a prompt response from facility or program.
- remain free from threats or punishment (retaliation) as a result of asserting their rights or filing grievances.
- have access to their medical records

Illinois Long-Term Care Ombudsman Program

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Ombudsman Access

- Although resident's have the right to meet an Ombudsman in private, there are challenges such as:
  - Staff come into the room to provide care;
  - Staff hover outside the door of the room you are visiting.
- In these situations:
  - Remind staff that our presence in the building helps protect resident's rights and identify problems before they get out of hand;
  - Ask the resident if they would prefer for the ombudsman to close the door when they are talking with them;
  - Ask staff to provide you with a private meeting space.

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6

What is an annual survey…?

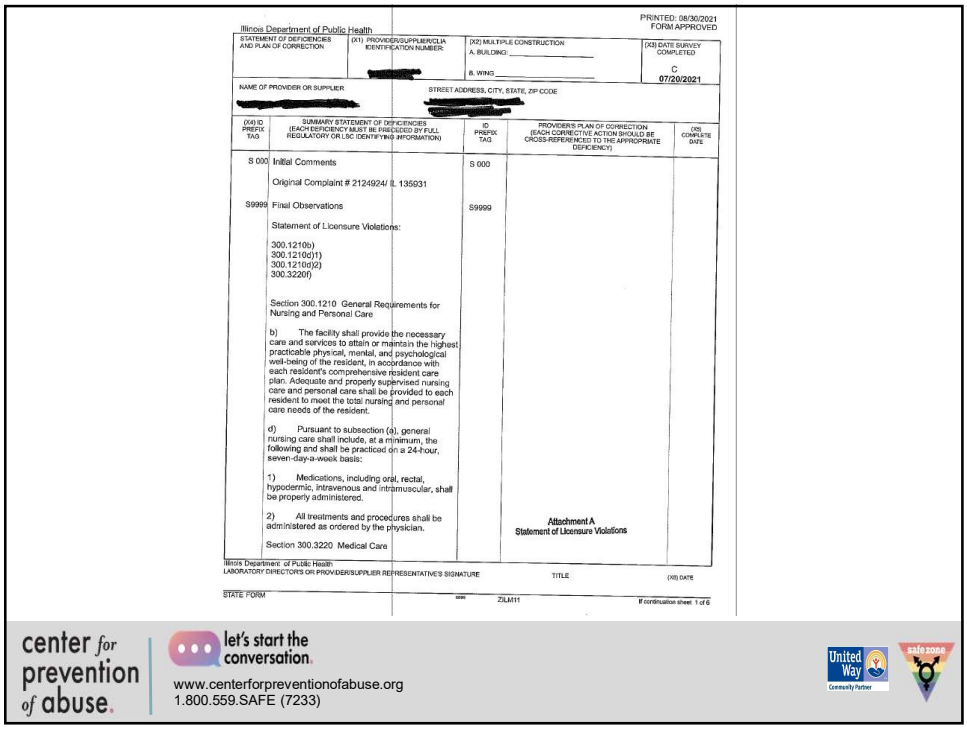
- The Illinois Department of Public Health (IDPH) surveys long-term care facilities at least once a year to evaluate their compliance with the laws and regulations set by it as the regulatory agency. An annual survey team usually stays in a facility for 3 to 4 days. Complaint sureys are done as needed.

7

Survey says…

- Residents and families may contribute to the annual survey process.
  - Keep and ongoing log of concerns and the steps you have already taken to resolve them. This log can be given to IDPH prior to or during the survey process.
  - You may approach any surveyor, except those meeting privately with residents or observing the administration of medication.
  - Read the annual survey report, which should be on display in the facility and available for viewing by the general public. The past five survey reports should be available upon your request.

8



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FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	[redacted]	A. BUILDING: _____ B. WING _____	C 07/20/2021

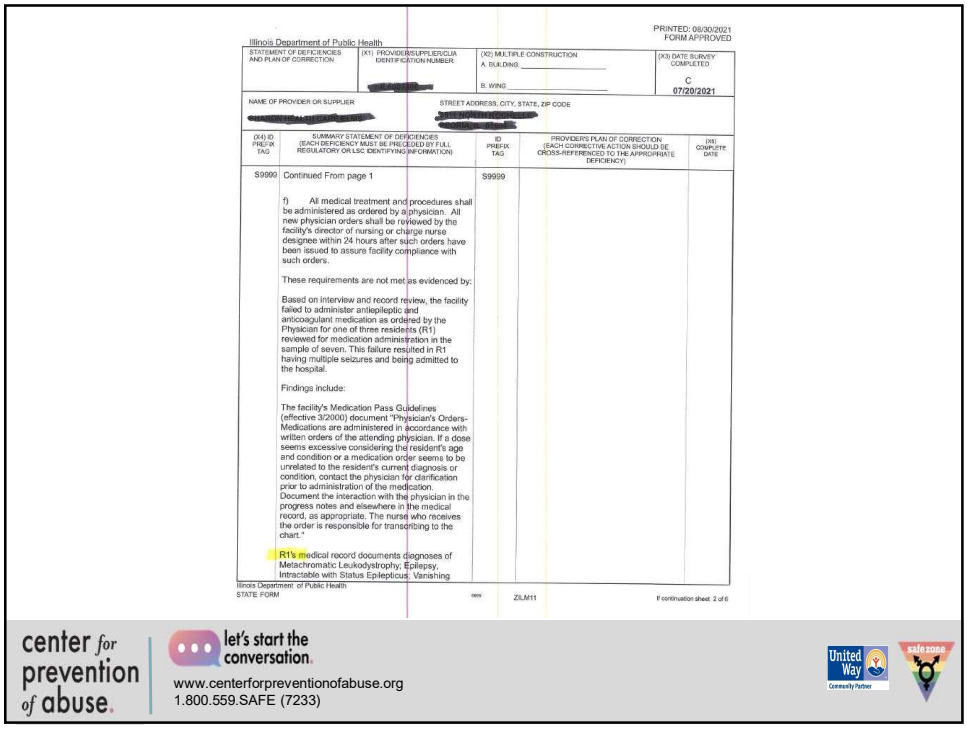
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
[redacted]	[redacted]

(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 Original Complaint # 2124924/ IL 135931	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)1) 300.1210d)2) 300.3220f) 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. 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. 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3220 Medical Care	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATE FORM 6899 ZILM11 If continuation sheet 1 of 6

9



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S9999	Continued From page 1 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. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to administer antiepileptic and anticoagulant medication as ordered by the Physician for one of three residents (R1) reviewed for medication administration in the sample of seven. This failure resulted in R1 having multiple seizures and being admitted to the hospital. Findings include: The facility's Medication Pass Guidelines (effective 3/2000) document "Physician's Orders-Medications are administered in accordance with written orders of the attending physician. If a dose seems excessive considering the resident's age and condition or a medication order seems to be unrelated to the resident's current diagnosis or condition, contact the physician for clarification prior to administration of the medication. Document the interaction with the physician in the progress notes and elsewhere in the medical record, as appropriate. The nurse who receives the order is responsible for transcribing to the chart." R1's medical record documents diagnoses of Metachromatic Leukodystrophy; Epilepsy, Intractable with Status Epilepticus; Vanishing	S9999		

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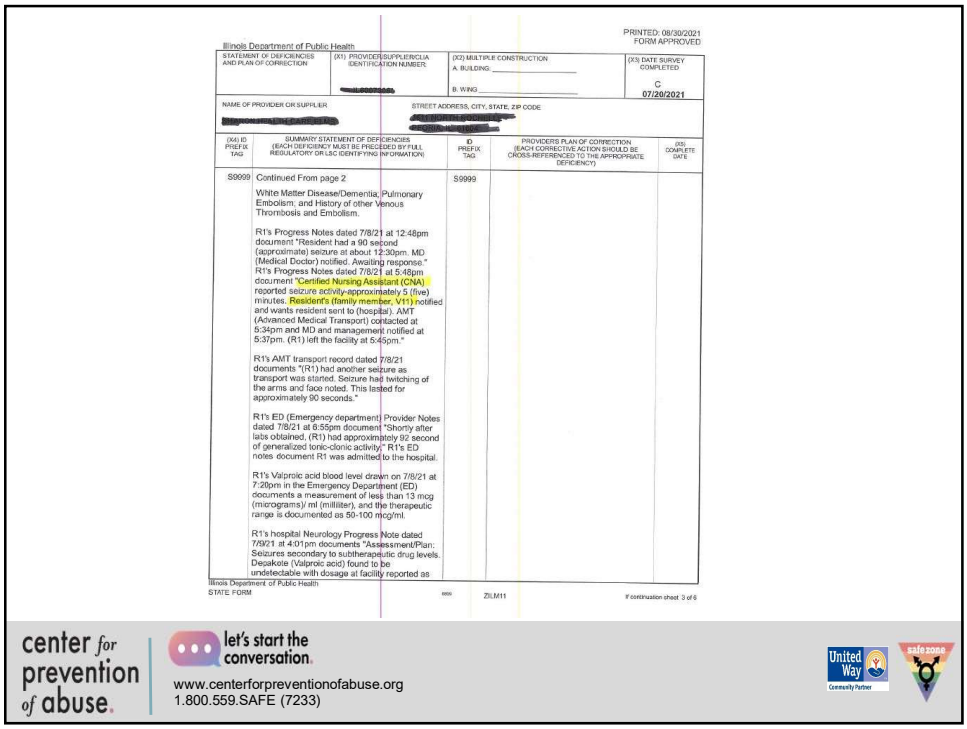
STATE FORM 6899 ZILM11 If continuation sheet 2 of 6

10



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S9999	Continued From page 2	S9999		

White Matter Disease/Dementia; Pulmonary Embolism; and History of other Venous Thrombosis and Embolism.

R1's Progress Notes dated 7/8/21 at 12:48pm document "Resident had a 90 second (approximate) seizure at about 12:30pm. MD (Medical Doctor) notified. Awaiting response." R1's Progress Notes dated 7/8/21 at 5:48pm document "Certified Nursing Assistant (CNA) reported seizure activity-approximately 5 (five) minutes. Resident's (family member, V11) notified and wants resident sent to (hospital). AMT (Advanced Medical Transport) contacted at 5:34pm and MD and management notified at 5:37pm. (R1) left the facility at 5:45pm."

R1's AMT transport record dated 7/8/21 documents "(R1) had another seizure as transport was started. Seizure had twitching of the arms and face noted. This lasted for approximately 90 seconds."

R1's ED (Emergency department) Provider Notes dated 7/8/21 at 6:55pm document "Shortly after labs obtained, (R1) had approximately 92 second of generalized tonic-clonic activity." R1's ED notes document R1 was admitted to the hospital.

R1's Valproic acid blood level drawn on 7/8/21 at 7:20pm in the Emergency Department (ED) documents a measurement of less than 13 mcg (micrograms)/ ml (milliliter), and the therapeutic range is documented as 50-100 mcg/ml.

R1's hospital Neurology Progress Note dated 7/9/21 at 4:01pm documents "Assessment/Plan: Seizures secondary to subtherapeutic drug levels. Depakote (Valproic acid) found to be undetectable with dosage at facility reported as

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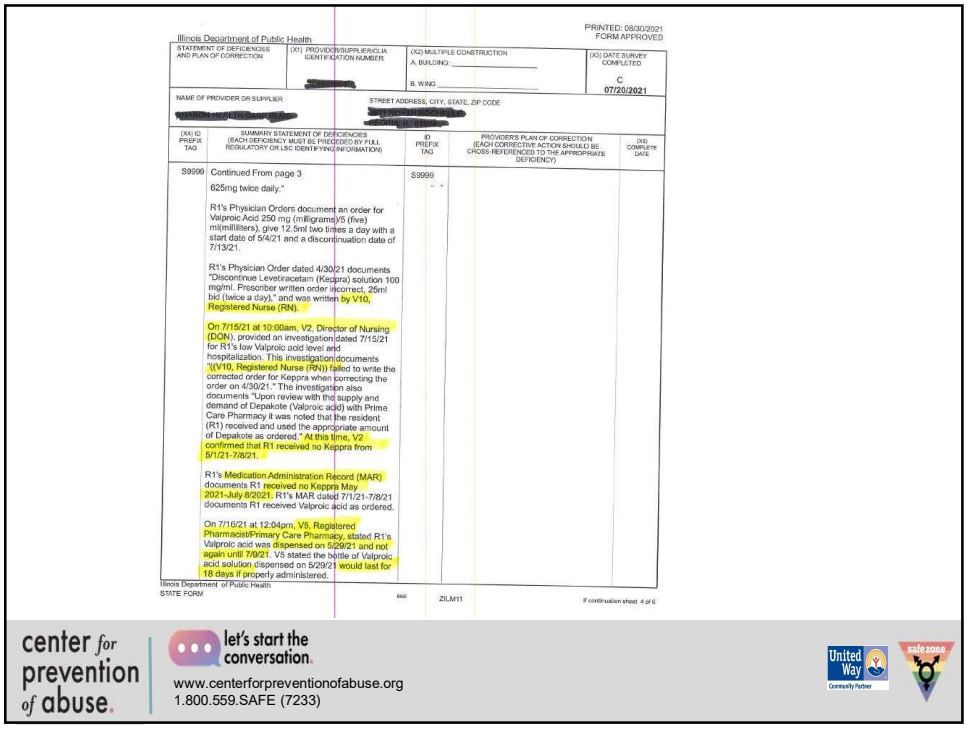
STATE FORM 6899 ZILM11 If continuation sheet 3 of 6

11



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S9999	Continued From page 3	S9999		

625mg twice daily."

R1's Physician Orders document an order for Valproic Acid 250 mg (milligrams)/5 (five) ml(milliliters), give 12.5ml two times a day with a start date of 5/4/21 and a discontinuation date of 7/13/21.

R1's Physician Order dated 4/30/21 documents "Discontinue Levetiracetam (Keppra) solution 100 mg/ml. Prescriber written order incorrect, 25ml bid (twice a day)," and was written by V10, Registered Nurse (RN).

On 7/15/21 at 10:00am, V2, Director of Nursing (DON), provided an investigation dated 7/15/21 for R1's low Valproic acid level and hospitalization. This investigation documents "((V10, Registered Nurse (RN)) failed to write the corrected order for Keppra when correcting the order on 4/30/21." The investigation also documents "Upon review with the supply and demand of Depakote (Valproic acid) with Prime Care Pharmacy it was noted that the resident (R1) received and used the appropriate amount of Depakote as ordered." At this time, V2 confirmed that R1 received no Keppra from 5/1/21-7/8/21.

R1's Medication Administration Record (MAR) documents R1 received no Keppra May 2021-July 8/2021. R1's MAR dated 7/1/21-7/8/21 documents R1 received Valproic acid as ordered.

On 7/16/21 at 12:04pm, V5, Registered Pharmacist/Primary Care Pharmacy, stated R1's Valproic acid was dispensed on 5/29/21 and not again until 7/9/21. V5 stated the bottle of Valproic acid solution dispensed on 5/29/21 would last for 18 days if properly administered.

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STATE FORM 6899 ZILM11 If continuation sheet 4 of 6

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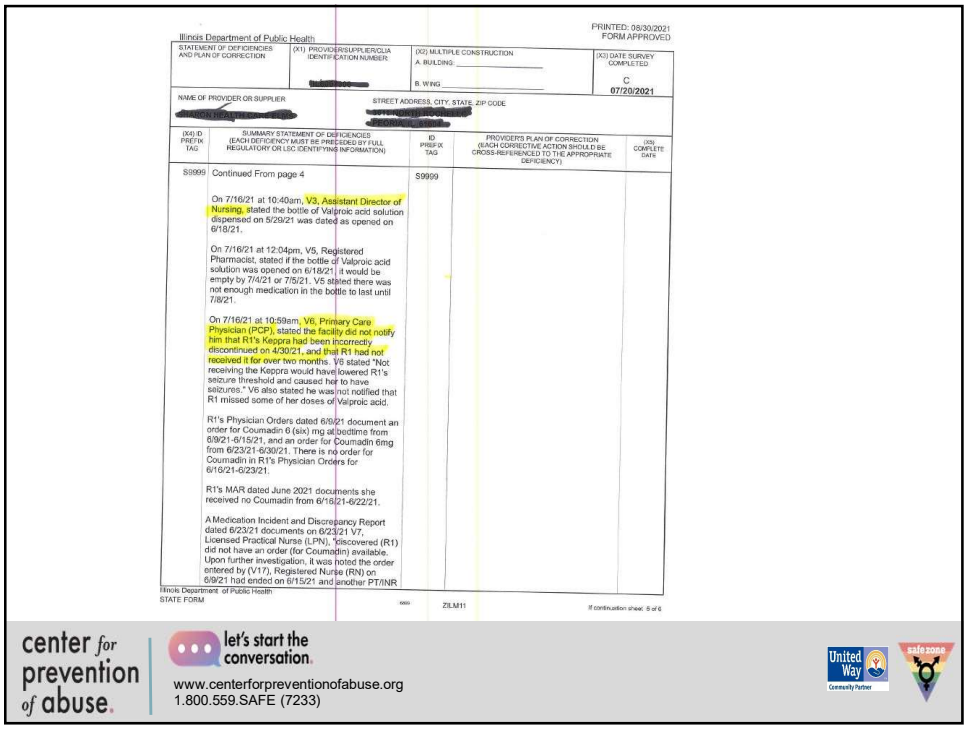

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S9999	Continued From page 4	S9999		

On 7/16/21 at 10:40am, V3, Assistant Director of Nursing, stated the bottle of Valproic acid solution dispensed on 5/29/21 was dated as opened on 6/18/21.

On 7/16/21 at 12:04pm, V5, Registered Pharmacist, stated if the bottle of Valproic acid solution was opened on 6/18/21, it would be empty by 7/4/21 or 7/5/21. V5 stated there was not enough medication in the bottle to last until 7/8/21.

On 7/16/21 at 10:59am, V6, Primary Care Physician (PCP), stated the facility did not notify him that R1's Keppra had been incorrectly discontinued on 4/30/21, and that R1 had not received it for over two months. V6 stated "Not receiving the Keppra would have lowered R1's seizure threshold and caused her to have seizures." V6 also stated he was not notified that R1 missed some of her doses of Valproic acid.

R1's Physician Orders dated 6/9/21 document an order for Coumadin 6 (six) mg at bedtime from 6/9/21-6/15/21, and an order for Coumadin 6mg from 6/23/21-6/30/21. There is no order for Coumadin in R1's Physician Orders for 6/16/21-6/23/21.

R1's MAR dated June 2021 documents she received no Coumadin from 6/16/21-6/22/21.

A Medication Incident and Discrepancy Report dated 6/23/21 documents on 6/23/21 V7, Licensed Practical Nurse (LPN), "discovered (R1) did not have an order (for Coumadin) available. Upon further investigation, it was noted the order entered by (V17), Registered Nurse (RN) on 6/9/21 had ended on 6/15/21 and another PT/INR

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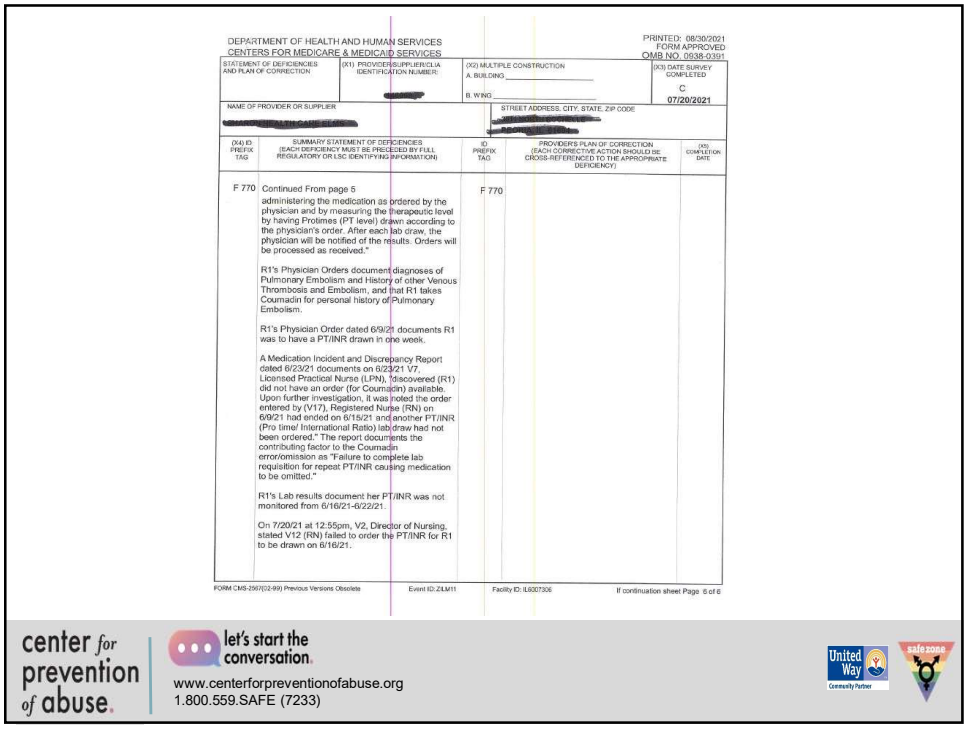

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2021
FORM APPROVED
OMB NO. 0938-0391

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F 770	Continued From page 5	F 770		

administering the medication as ordered by the physician and by measuring the therapeutic level by having Protimes (PT level) drawn according to the physician's order. After each lab draw, the physician will be notified of the results. Orders will be processed as received."

R1's Physician Orders document diagnoses of Pulmonary Embolism and History of other Venous Thrombosis and Embolism, and that R1 takes Coumadin for personal history of Pulmonary Embolism.

R1's Physician Order dated 6/9/21 documents R1 was to have a PT/INR drawn in one week.

A Medication Incident and Discrepancy Report dated 6/23/21 documents on 6/23/21 V7, Licensed Practical Nurse (LPN), "discovered (R1) did not have an order (for Coumadin) available. Upon further investigation, it was noted the order entered by (V17), Registered Nurse (RN) on 6/9/21 had ended on 6/15/21 and another PT/INR (Pro time/ International Ratio) lab draw had not been ordered." The report documents the contributing factor to the Coumadin error/omission as "Failure to complete lab requisition for repeat PT/INR causing medication to be omitted."

R1's Lab results document her PT/INR was not monitored from 6/16/21-6/22/21.

On 7/20/21 at 12:55pm, V2, Director of Nursing, stated V12 (RN) failed to order the PT/INR for R1 to be drawn on 6/16/21.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: Z1LM11 Facility ID: IL6307306 If continuation sheet Page 6 of 6

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What is a CMS 'F tag?'

- It documents identified non-compliance with federal certification requirements using a federal tag (F-tag) numbering system along with a detailed explanation of each deficiency. The inspection is necessary for the nursing facility to continue to receive funding from Medicare and Medicaid.

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What is the 'F tag and scope?'

- A finding of substandard quality of care indicates that the facility was found to have had a significant deficiency (or deficiencies), which it must address and correct quickly to protect the health and safety of residents. A specific time frame for correction of the deficiencies is included.
- A harm tag is issued when actual harm has come to a resident. Keep in mind, even a bruise, skin tear, or making a resident upset can be considered actual harm.
- Immediate Jeopardy

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Residents' Rights

- Resident's do not lose their rights as citizens just because they live in a long-term care facility. Residents have the right to:
  - freedom of religion;
  - freedom to vote;
  - participate in social and community activities;
  - present grievances; and
  - meet with an Ombudsman, community organizations, social service groups, legal advocates, and members of the general public who come to the facility.

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Legislative Mandates

- People do not lose any rights just because they live in a long-term care facility.
- The Older Americans Act of 1965 established elders' rights to *quality of care* in Medicare and Medicaid funded facilities.
- In 2016, the federal nursing home regulations were revised to include additional detail on how facilities are mandated to honor residents' rights.
- The Illinois Nursing Home Care Act, which closely follows the language of Federal regulations, is the state law that protects residents' rights.

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Need more info about IDPH's survey process?

- link to Who Regulates Nursing Homes? thru Illinois Department of Public Health…

https://dph.Illinois.gov/topics-services/health-care-regulation/nursing-homes/regulation.html

- contact your Regional Ombudsman or
- contact the Senior Helpline

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Recommended Resources

- Illinois LTCO general website: https://www2.illinois.gov/aging/programs/LTCOmbudsman/Pages/default.aspx
- Consumer Choice website:

  https://webapps.illinois.gov/AGE/OmbudsmanSearch
- National Consumer Voice:

  https://theconsumervoice.org/

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Ombudsman Program Contact Information

Theresa Kuhlmann, Regional Ombudsman:
Tkuhlmann@centerforpreventionofabuse.org; 309-272-2917

Call the Senior HelpLine for more information:
1-800-252-8966(V), 1-888-206-1327 (TTY)

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