

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002828	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2015
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NAME OF PROVIDER OR SUPPLIER ELMHURST EXTENDED CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 EAST LAKE STREET ELMHURST, IL 60126
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1010h) 300.1210b) 300.1210d)3)6) 300.3240a)</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 06/22/15
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ELMHURST EXTENDED CARE CENTER

**200 EAST LAKE STREET
ELMHURST, IL 60126**

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S9999	<p>Continued From page 1</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review the facility failed to assess and monitor a resident for signs and symptoms of hypoglycemia, notify the physician of a significantly low blood sugar level, and monitor a resident after a significant drop in blood sugar. As a result of the facility failure, R1's blood glucose dropped to critically low levels requiring hospitalization.</p> <p>This applies to one resident of three (R1) reviewed for blood sugar monitoring.</p> <p>Findings include:</p> <p>The face sheet showed R1 was a 89 year old resident who was admitted to the facility on</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>3/3/15. R1's diagnoses included Diabetes Mellitus. R1 has a physician's order dated 4/2/15 for blood glucose monitoring twice daily at 8:00am and 5:00pm and to administer Insulin injections according to the resident's blood sugar measurement (sliding scale dose). The physician's order also states to notify the physician if the blood glucose level is below 70 and above 400.</p> <p>The progress note dated 5/18/15 at 4:38 pm showed R1's blood glucose level was 57mg/dl. There was no documentation to show that R1's low blood glucose level was treated and that the physician was notified of this low blood glucose level.</p> <p>On 5/18/15 at 11:19pm, the progress note shows that at 10:30pm, R1 was noted with hallucinations, he was sweating and had increased lethargy. R1's blood glucose level was checked and it was 22mg/dl (normal 80), and Glucagon was given. The physician was notified and orders were received to repeat Glucagon doses when blood glucose level was 50 or below. After 30 minutes, R1's blood glucose level was 48mg/dl. Another dose of Glucagon was given at 11:00pm and R1's blood glucose was to be checked again at 11:30pm and R1 to be monitored closely.</p> <p>A review of R1's record did not show any evidence that R1's blood glucose level was checked at 11:30pm and that R1 was closely monitored.</p> <p>The progress note dated 5/19/15 at 5:00am shows that at 3:00am facility's nurse heard R1 mumbling words. R1's blood glucose level was 33mg/dl. R1 was given juice (kind of juice not documented) with sugar and R1's blood glucose</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>at 4:50am was 96mg/dl. R1's blood glucose level was rechecked 1 hour and 50 minutes after R1 was given the juice with sugar and there was no documentation to show that the physician was notified of R1's low blood glucose level noted at 3:00am. The next documentation on the progress note is on 5/19/15 at 8:55am which states that R1's blood glucose level was 47mg/dl. The physician was paged.</p> <p>On 5/19/15 at 9:23am, R1's blood glucose level was 50mg/dl. R1 was encouraged to eat a peanut butter and jelly sandwich, but the resident refused.</p> <p>On 5/19/15 at 9:40am, R1 was found unresponsive, paramedics were called and R1 was transferred to the local hospital.</p> <p>On 5/26/15 at 3:32pm, E8 (Nurse) who worked on 5/18/15 during the 3-11pm shift) stated on 5/19/15 at 10:30pm, R1 appeared to be hallucinating. R1's blood glucose level was 22mg/dl. She gave Glucagon and notified the physician and received an order to repeat the Glucagon if R1's blood sugar level was less than 50mg/dl and to monitor closely. E8 further stated that she gave the 2nd dose of Glucagon at or around 11:00pm as R1's blood glucose level was at 48mg/dl. She stated she gave report to E4 (oncoming night nurse) and informed E4 that R1's blood glucose level should be checked around 11:30pm. E8 also stated the resident's blood glucose level should be checked 30 minutes after the administration of Glucagon according to the pamphlet insert of Glucagon that she read.</p> <p>On 6/1/15 at 10:05am, E4 acknowledged getting report about R1's condition from E8. E4 stated</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>she heard R1 mumbling words at 3:00am; R1's blood glucose level was 33mg/dl; she gave juice with sugar and R1's blood glucose level was 96mg/dl at 4:00pm. E4 did not say that she notified the physician of R1's low blood glucose level.</p> <p>On 6/2/15 at 10:30am, Z1 (Physician) stated he would have expected to be notified when the blood glucose level was below 70mg/dl as per his orders. He acknowledged being notified on 5/18/15 at 10:30pm and gave orders for Glucagon and he was notified when R1 was found unresponsive the morning of 5/19/15.</p> <p>On 6/1/15 at 10:02am, E3 (Director of Nursing) stated that the nurse should have informed the doctor every time the BS levels were low. E3 stated she would have expected the nurses to be checking frequently and documenting the condition of the resident beginning with recognition of the low blood sugar of 57 on 5/18/15 at 4:38pm. E3 went on to add that she doesn't recall any recent in-service regarding management of Diabetic residents given to nursing staff.</p> <p>On 6/4/15 at 3:00pm, Z2 (Pharmacist) stated that residents who receives Glucagon for low blood glucose levels, should be monitored 15 minutes after administration. Glucagon can be administered 1 more time after waiting 15 minutes if necessary. In addition, Z2 stated once the resident's blood glucose level is within normal limits, oral glucose tablets, gel or food is to be taken to prevent another drop.</p> <p>Review of the Training/In-service provides did not produce any related in-service for the past 4 years except for how to use the 'Flexpen' in</p>	S9999		
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S9999	<p>Continued From page 5 November 2014.</p> <p>Review of the Standards of Medical Care in Diabetes - 2014, the standards state for hypoglycemia, glucose is the preferred treatment for the conscious individual with hypoglycemia and after 15 minutes the treatment should be repeated if needed. Once the levels return to normal, the individual should consume a meal or snack to prevent recurrence of hypoglycemia.</p> <p>Glucagon should be prescribed for all individuals at significant risk of severe hypoglycemia. Hypoglycemia unawareness or 1 or more episodes of severe hypoglycemia should trigger re-evaluation of the treatment regimen.</p> <p>Hyperglycemia prevention is a critical component of diabetes management.</p> <p>(A)</p>	S9999		

IMPOSED PLAN OF CORRECTION

Elmhurst Extended Care Center

Incident Investigation of 5-19-15/IL77433 – June 9, 2015

300.1010h)
300.1210b)
300.1210d)3)6)
300.3240a)

Attachment B
Imposed Plan of Correction

Section 300.1010 Medical Care Policies

h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.

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:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)*

This will be accomplished by:

- I. Policies and procedures for managing residents who have diabetes and hypoglycemic and/or hyperglycemic events will be reviewed and revised as necessary.
- II. The facility will provide education for nursing staff on diabetes management, documentation of interventions utilized, monitoring for effectiveness of interventions utilized, physician notification of residents who experience hypoglycemic and/or hyperglycemic events, and consequences of failure to notify physician of change of resident condition.
- III. All nursing and direct care staff will be in-serviced regarding the following:
 - Policy and procedure of diabetes management
 - Identifying residents with potential for being affected by deficient practice (Diabetes Management Policy) by review of assessments, interventions, and updating care plans.
 - Quality Assurance (QA) tools with documentation and monitoring of compliance. All issues and concerns will be corrected immediately and reviewed during the QAPI meeting.
- IV. Documentation of education and in-service training will be maintained by the facility.
- V. The Regional Director, Administrator, Director of Nursing and Quality Assurance Committee will monitor Items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Ten (10) days from receipt of this Imposed Plan of Correction.