

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/29/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME FOR THE AGED</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 WEST OAKTON STREET ARLINGTON HTS, IL 60004</b>
---	--

(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  Complaint Investigation #2111786/IL 131852	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210b) 300.1210d)2)3) 300.1220b)2)  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	S9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/29/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME FOR THE AGED</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 WEST OAKTON STREET ARLINGTON HTS, IL 60004</b>
---	--

(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	<p>Continued From page 1</p> <p>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> <p>2)All treatments and procedures shall be administered as ordered by the physician.</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>Section 300.1220 Supervision of Nursing Services</p> <p>b)The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2)Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>These Requirements were not met evidenced by:</p> <p>Based on interview, and record review, the facility</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/29/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME FOR THE AGED</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 WEST OAKTON STREET</b> <b>ARLINGTON HTS, IL 60004</b>
---	--

(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	<p>Continued From page 2</p> <p>failed to monitor, provide treatment, and evaluate a resident's acute episode of hypoglycemia. This failure resulted in R1 being found unresponsive with a blood glucose level of 33mg/dl. R1 expired as a result of hypoglycemia. This applies to 1 of 3 residents (R1) reviewed for quality of care in the sample of 3.</p> <p>The Findings include:</p> <p>R1's Medical Certification of Death dated March 11, 2021 documents the immediate cause of death is hypoglycemia.</p> <p>The Physician Order Sheets dated through March 2021 showed R1 is an 85 year old male admitted to the facility on March 8, 2021 with diagnoses including pelvic fracture post fall, type 2 diabetes mellitus, chronic kidney disease, and congestive heart failure.</p> <p>The nurse's note dated March 10, 2021, V5 (RN) documents R1 was transferred to his room at 2:00 PM. V5 documents he is unable to perform a neuro check on R1, he is refusing to be cooperative with the assessment. R1 is refusing evening medications, refusing to have his blood sugar checked, and refusing to eat. Supervisor was made aware.</p> <p>The nurse's note dated March 10, 2021, V4 (RN) documents at 7:30 PM, R1 is alert, and verbally responsive to staff. Blood glucose check was 58mg/dl. V5 offered juice but R1 pushed it away refusing anything offered to him, V8 (Physician) was notified with new orders received. V5 notified V10 (R1's son) and a virtual visit was connected. V9 encouraged R1 to drink fluids because of his low blood sugar. R1 was able to consume 25% (percent) of the juice and took his medications in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/29/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME FOR THE AGED</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 WEST OAKTON STREET ARLINGTON HTS, IL 60004</b>
---	--

(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	<p>Continued From page 3</p> <p>applesauce.</p> <p>The nurse's note dated March 10, 2021 at 10:30 PM, V4 (RN) documents R1 was awake in his bed screaming and yelling. R1's blood glucose check was 90mg/dl. (3 hours later). V5 offered R1 a drink of juice but R1 refused.</p> <p>The nurse's note dated March 10, 2021 at 4:00 AM, V4 documents R1's incontinent pad is on the floor and his bed linens are wet. R1 is uncooperative during care.</p> <p>The nurse's note dated March 10, 2021 at 6:00 AM, V4 documents at 6:00 AM, R1 is not responding to verbal calling, absence of breathing, and no pulse. R1's blood glucose check is 33mg/dl. Glucagon 1mg given paramedics called and CPR (Cardio Pulmonary Resuscitation) given until paramedics arrived.</p> <p>The Emergency Medical Response report dated March 11, 2021 shows they were called to the scene for a person not conscious, not breathing. Unknown last time seen normal. CPR was discontinued at 6:59 AM, and R1 was pronounced expired.</p> <p>R1's intake report dated March 10, 2021 shows he had 0% intake for breakfast, 0% intake for lunch, and 25% or less for dinner.</p> <p>R1's electronic medical records do not show any further blood glucose monitoring was recorded from 10:30 PM to 6:00 AM when he was found unresponsive with a blood glucose level at 33mg/dl.</p> <p>R1's Vitals report dated March 10, 2021 shows the last set of vitals was recorded at 6:15 AM.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME FOR THE AGED</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 WEST OAKTON STREET</b> <b>ARLINGTON HTS, IL 60004</b>		
(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	<p>Continued From page 4</p> <p>(There was no vitals recorded after R1's acute episode of hypoglycemia).</p> <p>On March 24, 2021 at 11:51 AM, V5 (RN) said R1 was transferred to his floor at 2:00 PM. V5 said R1 was agitated and it was reported he had refused lunch earlier that day. V5 said R1 ate minimal during the dinner meal. V5 said R1 was combative and refused medications, and his blood sugar check during the evening. V5 said if a resident's blood sugar is below 60 we notify the physician and give the resident some juice, and recheck the blood sugar 15 minutes later to make sure it was effective.</p> <p>On March 24, 2021 at 2:09 PM, V4 (RN) said she was R1's nurse the night of March 10, 2021. V4 said she received report that R1 had behaviors and was refusing medications, care, and had poor intake for the dinner meal. V4 said at 7:30 PM, R1's blood sugar was 58mg/dl. V4 said she notified V8 (Physician) and received an order for Glucagon as needed. V4 said she notified V10 (R1's son) and with his encouragement via "face time" he was able to encourage R1 to take his medications with applesauce. V4 said R1 drank "not much" of the cranberry juice offered and then she offered him orange juice. R1 drank "not a lot" of the orange juice. V4 said "I'm worried do I send (R1) out" the care we are doing is not working. V4 said she checked R1's blood sugar at 10:30 PM (3 hours later) and it was 90mg/dl. V4 said she did not recheck R1's blood sugar until she found him unrepsonsive and not breathing at 6:00 AM. His blood sugar check was 33mg/dl. V4 said she then administered the Glucagon and started CPR immediately until the paramedics arrived. V4 stated, "It was my assumption." R1 had enough juice (25 % of a cup) enough to have his blood sugar "go up." V4 said she was not familiar</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/29/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME FOR THE AGED</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 WEST OAKTON STREET ARLINGTON HTS, IL 60004</b>
---	--

(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	<p>Continued From page 5</p> <p>with the facility's policy regarding hypoglycemia, but said "my practice" is to recheck a residents blood sugar after 30 minutes of treatment to ensure the treatment was effective.</p> <p>On March 23, 2021 at 2:24 PM, V10 (R1's son) said he got a call from V4 (RN) the evening on March 10, 2021 and said R1's blood sugar was 58. V10 said we connected via "face time" and he encouraged his dad to drink some juice. V10 said his dad took one sip of cranberry juice and 2 sips of orange juice and he was worried that it wasn't enough for his low blood sugar.</p> <p>On March 25, 2021 at 12:00 PM, V11 (Physician) said staff should have administered Glucagon for a residents blood sugar below 60mg/dl and provided frequent monitoring of the blood glucose level every 30 minutes until consistently above 100. V11 said if the Glucagon was not effective they should administer a second dose and continue to monitor. V11 said "I don't know" if the facility has a standard protocol for treatment of hypoglycemia.</p> <p>On March 25, 2021 at 2:25 PM V8 (Physician) said he does not recall the details with R1. V8 staff should do everything possible to encourage a resident to drink or eat something for a diabetic resident with a low blood sugar, and administer glucagon if possible. I would expect the staff to monitor the resident, check the vitals, and monitor the blood glucose level.</p> <p>On March 24, 2021 at 12:10 PM, V3 (Night Shift Supervisor) said she worked the evening on March 10, 2021. She said V4 reported to her R1's blood sugar level was 58mg/dl at 7:30 PM. V3 said V4 notified the physician and got an order for Glucagon (Medication to treat a low blood sugar)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/29/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME FOR THE AGED</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 WEST OAKTON STREET ARLINGTON HTS, IL 60004</b>
---	--

(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	<p>Continued From page 6</p> <p>but did not administer the medication because R1 was able to drink some juice.</p> <p>On March 25, 2021 at 8:07 AM, V7 (RN) said she was working the night of March 10, 2021. V7 said she heard the V4 (RN) screaming for help in the morning. V7 said R1 was unresponsive, and not breathing. V7 said if a resident is hypoglycemic she would administer juice, notify the physician, and monitor resident's blood glucose 30 minutes later to ensure the effectiveness of the treatment. V7 said if a resident was unable to drink fluids she would notify the physician and obtain an order for glucagon, and administer the medication.</p> <p>On March 24, 2021 at 12:28 PM, V2 (DON) said they have no protocol or policy in place for treatment of hypoglycemia. That's why the staff notify the physician.</p> <p>The facility's Glucose Testing Policy revised on January 2021, states, "A. Obtain order from physician or perform PRN glucose testing based on nursing judgement to assess and evaluate a resident's clinical status or response to diabetic therapy.</p> <p>The facility's Glucagon Administration Policy last revised March 2005 states, "Glucagon is available for administration in case of hypoglycemic episodes when the resident exhibits unconsciousness, unresponsiveness, or inability to safely eat or drink , evaluate effectiveness which may include blood glucose monitoring."</p> <p style="text-align: center;">" AA"</p>	S9999		