

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008130	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/17/2022
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NAME OF PROVIDER OR SUPPLIER GENERATIONS AT ROCK ISLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2545 24TH STREET ROCK ISLAND, IL 61201
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S 000	Initial Comments	S 000		
	Complaint Investigation 2221996/ IL144593			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)2) 300.1220b)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</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</p>		<p>Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, includin</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 record review and interview the facility failed to notify the physician of a significant change in a residents condition related to refusal of medications, medications being unavailable, refusal of food and liquids and orders for a</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>urinalysis not completed for one resident (R1) of three reviewed for nursing care in the sample of three. This failure resulted in R1 being admitted to the hospital with diagnoses of dehydration and elevated blood sugar and then discharged from the hospital with Hospice (comfort care).</p> <p>Findings include:</p> <p>The facility's Change in a Resident's Condition or Status policy, dated 5/2017, documents "Our facility shall promptly notify the resident, his or her attending physician, and representative of changes in the resident's condition and/or status. The nurse will notify the resident attending physician when: There is a significant change in the resident's physical, mental or psychosocial status; the resident repeatedly refuses treatment or medications."</p> <p>R1's Care Plan, dated 3/1/22, documents "(R1) requires a therapeutic heart healthy diet. Diagnoses include Type two Diabetes Mellitus, Dementia with behavioral disturbance, unstageable pressure injury of Sacral region and Hypertension. Approach: Administer medication per Physician orders, Blood sugars per Physician order. Notify Physician when applicable. Document and report dietary non-compliance."</p> <p>R1's Physician Order Sheet, dated 2/17/22-3/15/22, documents R1 has an orders for "Tresiba Flex Touch insulin pen 100 units/ milliliter; inject three milliliters subcutaneously daily at 8:00 AM. Accu-check (Blood glucose monitoring) once a day. Eliquis (anticoagulant medication) five milligrams by mouth two times a day, Metformin (antihyperglycemic medication) 500 milligrams by mouth two times daily, and</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Glipizide (antidiabetic medication) five milligrams by mouth daily with meals twice a day." This same order sheet also documents R1 had an order for a urinalysis (UA) to be collected on 2/24/22.</p> <p>R1's Medication Administration record, dated 2/18/22-3/9/22, documents R1 was not given any Tresiba insulin injections throughout his entire stay due to "Drug/item unavailable" or "Refused". This same Medication Administration record documents R1 refused blood glucose monitoring on 3/2/22, 3/6/22 and 3/8/22 and refused multiple doses of scheduled oral medications including Eliquis, Metformin, and Glipizide on 3/7/22 and 3/8/22 due to "Refused".</p> <p>R1's Nursing progress notes, dated 3/7/2022 at 1:59 PM, documents "(R1) continues to refuse fluids. Offered several different fluids and asked for preferences. Resident ate maybe 10% of meal. Attempted to provide oral care throughout shift. Attempted to Straight catheter to obtain UA. Resident would not allow."</p> <p>R1's Nursing progress notes, dated 3/8/2022 at 6:17 AM, documents "(R1) continues to refuse cares, and fluids at this time. (R1) is refusing all cares and medication at this time. Resident approached by nurse for medication administration. Resident lifted hands in front of face and refused to move them while repeatedly saying, "no, no, no" resident reproached 2nd and 3rd time with medication in applesauce and again with medication in juice. Resident refused to drink anything. When nurse attempts to offer resident a drink residents eyes begin to water and he places hands in front of mouth. Resident is alert and not oriented to person, place, or time. Resident not expressing any words verbally except for "no".</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Resident pushes CNA (Certified Nursing Assistant) away while attempting cares. Nurse attempted to aid CNAs with cares witnessing resident pushing aids away hold arms out straight and pushing anyone that comes near. Nurse has made multiple attempts to speak with resident about any concerns or complaints reproaching each time with a different approach. Resident continues to stare at nurse and cover face with hands. Resident allowed staff to aid him in transferring to wheelchair where he is now sitting."</p> <p>R1's Nursing progress notes, dated 3/9/2022 at 3:57 AM, documents "I received in report that (R1) has been refusing fluids. Resident has refused fluids for this writer too. This nurse contacted the nurse on call expressing concerns that resident is dehydrated. Skin turgor is greater than 3 seconds, lips are cracked due to dryness, eyes are sunken, no urine output (depends have been dry) since 2200."</p> <p>R1's medical record does not contain any record of urinalysis until a collection date of 3/8/22. This same record does not contain any documentation that V8 (R1's Physician) was notified of R1's refusal of medications, R1's insulin not being available, R1's refusal of cares, meals and fluids or that R1's urinalysis was not obtained until 12 days after it was ordered.</p> <p>On 3/16/22 at 10:05 AM, V2 (Director of Nursing), confirmed that V8 (R1's Physician) was not notified of R1 refusing cares, fluids and medications. V2 stated "The Urinalysis (UA) was ordered on the 24th of February and I am not sure why it wasn't collected. (R1) was difficult as most residents with Dementia can be. The nurses know that if they can't get a UA to notify the</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Doctor. I could not find anything to show where the nurses contacted the doctor to let him know." On 3/16/22 at 11:10 AM, V2 stated "I was not aware (R1) was not getting his insulin pen during his stay prior to today."</p> <p>R1's Emergency room hospital records document that R1 was seen on 3/9/22 with a physical exam that documented "Extremely dry mucus membranes, Tachycardic (increased heart rate) at 110 beats per minute, elevated White blood cell count (WBC) at 21.96 (normal range 3.8-10.6)". This same record documents R1 was admitted to the hospital with diagnoses of "Altered Mental Status, Dehydration, Acute Kidney Injury, Hyponatremia (high Sodium level), Elevated Liver Enzymes, Leukocytosis (high WBC) and Hyperglycemia (elevated blood sugar)."</p> <p>On 3/16/22 at 1:20 PM, V8 (R1's Physician) confirmed seeing R1 in the hospital setting. V8 stated he never saw R1 in the facility and stated "I wasn't notified of (R1) refusing medications, food, water or that his daily insulin wasn't given during his stay." V8 also stated R1 was placed on Hospice after being admitted to the hospital.</p> <p>(A)</p>	S9999		