Illinois Department of Public Health

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
11.		IL6000103	B. WING		C 10/24/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
ALDEN DEBES REHAB & HCC 550 SOUTH MULFORD AVENUE					
ROCKFORD, IL 61108					
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
S 000	Initial Comments		S 000		
	Complaint Investiga	tions: 2318749/IL165715			
S99 9 9	9 Final Observations		S9999		
	Statement of Licens 300.610a) 300.1210b) 300.1210d)1)2)3) 300.3220f)	sure Violations:			
	a) The facility shall procedures governing facility. The written be formulated by a life Committee consisting administrator, the admedical advisory conformed and other policies shall comply the written policies the facility and shall	dvisory physician or the mmittee, and representatives revices in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually locumented by written, signed			
	Nursing and Person b) The facility shall and services to attai practicable physical, well-being of the res each resident's com- plan. Adequate and care and personal c	provide the necessary care in or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal		Attachment A Statement of Licensure Violations	
linois Department of Public Health ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPOSSENTATIVE'S SIGNATURE TITLS					

STATE FORM

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(X6) DATE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ IL6000103 B. WING 10/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH MULFORD AVENUE **ALDEN DEBES REHAB & HCC** ROCKFORD, IL 61108 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S9999 Continued From page 1 S9999 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. 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. Section 300.3220 Medical Care 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. (Section 2-104(b) of the Act) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the necessary care and services were provided to one of ten residents (R1) reviewed for quality of care by not monitoring R1's blood glucose levels and by not administering insulin as ordered. This failure contributed to R1 experiencing an elevated blood glucose level which required an admission to the

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2023 (Day that R1 was transferred to the local Illinois Department of Public Health

insulin was ordered or administered nor was any

R1's Initial Nursing Assessment dated August 31. 2023 does not show any continuous blood glucose monitoring machine was noted.

R1's electronic MAR notes dated August 31, 2023 shows the (continuous blood glucose monitoring

R1's MAR dated September 1, 2023-September 30, 2023 shows no insulin was ordered or administered with the exception of September 5,

blood glucose levels performed.

device) was pending delivery.

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the hospital.

V6 said that she did not remember the day that V6 sent R1 to the hospital. V6 said she did not remember getting an order for a stat insulin. (This was all found in R1's progress notes entered by V6 on 9/5/23). V6 could not recall any events from the day that she transferred R1 out to

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6000103 B. WING 10/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH MULFORD AVENUE ALDEN DEBES REHAB & HCC ROCKFORD, IL 61108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 4 S9999 On October 24, 2023 at 9:05 AM, V14 NP (Nurse Practitioner) said R1 had an order for a continuous blood glucose monitoring device, but V14 did not know if R1 had the device on. V14 said that R1 had a (continuous blood glucose monitoring device) placed at some point because it gave a reading of "high". V14 said she gave the nurse a one-time order of insulin STAT and to recheck R1's blood sugar. V14 said that after the insulin, R1's blood sugar still read "high". V14 said R1's original admission orders should have been clarified when R1 was admitted to the facility on August 30, 2023. V14 said if the orders had been clarified she would have ordered Lantus long-acting insulin daily and Humalog sliding scale insulin three times per day with blood glucose monitoring four times per day. At 12:00 PM V14 said if a resident's blood sugar gets too high, diabetic ketoacidosis can occur which could place a resident in a coma. On October 23, 23 at 10:29 AM, V2 (Director of Nursing) said the orders from the hospital did not have blood sugar checks on there or anything about insulin on there. R1's sister mentioned to V2 that R1 wasn't getting blood glucose monitoring done. V2 said she did not know if R1 was admitted to the facility with the (continuous blood glucose monitoring system). V2 said if residents are admitted with (continuous blood glucose monitoring device), blood glucose levels should be checked before meals and at bedtime. V2 said if the nurse performs a blood glucose level for a resident, then it should be documented in the residents' medication administration record. On October 24, 2023 at 12:00 PM, V2 said if a resident's blood glucose level is higher than 450,

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numerical value.

the machine will read "high" but not give a

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