

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049981		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/08/2025	
NAME OF PROVIDER OR SUPPLIER GILMAN HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1390 SOUTH CRESCENT STREET, BOX 307 , GILMAN, Illinois, 60938			
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S0000	Initial Comments		S0000				
	Annual Licensure and Certification Survey						
S9999	Final Observations		S9999				
	Statement of Licensure Violations						
	300.610a)						
	300.1210b)						
	300.1210d)1)2)						
	300.1220b)3)						
	300.1630d)						
	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.						
	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						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued from page 1 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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</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, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.</p> <p>These regulations were not met as evidence by:</p> <p>Based on observation, interview, and record review the</p>		S9999				

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S9999	<p>Continued from page 2</p> <p>facility failed to follow physician orders and report blood glucose levels to the physician for one of two residents (R12) reviewed for insulin in the sample list of 34. This failure resulted in R12 experiencing symptomatic episodes of hypoglycemia (low blood glucose) and transfer to the hospital.</p> <p>Findings include:</p> <p>R12's Minimum Data Set dated 6/12/25 documents R12 has moderate cognitive impairment. R12's active Care Plan documents the following: R12 has Diabetes Mellitus and receives insulin daily. Interventions include administering diabetic medications as ordered and monitor/document side effects and effectiveness, and to monitor for signs/symptoms of hypoglycemia (low blood glucose) and hyperglycemia (high blood glucose). R12 has a diagnosis of Autistic Disorder.</p> <p>R12's active physician orders include the following: Check blood glucose before meals and at bedtime. Notify if blood glucose over 400 milligrams/deciliter. Notify for blood glucose over 70 (should be less than 70 per V17 Endocrinologist). If premeal blood glucose is less than 120 and resident eats the meal, give half of the scheduled insulin dose, and hold insulin if R12 does not eat the meal. If R12 has persistent hyperglycemia with premeal blood glucose over 250 after adjusting correction scale, call endocrinologist office.</p> <p>R12's May, June, and July 2025 Medication Administration Records (MARs) document the following: Administer Novolog (short acting insulin) administer subcutaneously 9 units at 7:00 AM, 13 units at noon, and 5 units at 5:00 PM. Administer Novolog 3 units at bedtime if R12 eats a snack that has at least 30 grams (g) of carbohydrates, with daily administration recorded. Administer Novolog per blood glucose based sliding scale three times daily before meals, including to give 6 units for blood glucose of 461-520 and notify the physician (2/4/25-6/27/25), then changed to give 6 units for blood glucose of 530-605 and notify the physician. R12's blood glucose at 5:00 PM on 5/23/25 was 96; at 11:00 AM was 55 on 5/1/25, 78 on 5/9/25, 57 on 5/18/25, 54 on 5/23/25, 52 on 5/29/25 and 106 on 5/30/25, and Novolog 13 units was administered on these dates (not half as ordered for blood glucose less than 120). R12's blood glucose was between 401 and 599 16 times in May. R12's blood glucose was less than 120 for 11 times in June (including 86 on 6/12/25 at 7:00 AM)</p>		S9999				

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S9999	<p>Continued from page 3 with the full amount of ordered Novolog administered, not half the amount as ordered. R12's blood glucose at 11:00 AM was 446 on 6/3/25, 564 on 6/8/25, 567 on 6/9/25, 594 on 6/10/25, 574 on 6/11/25, 452 on 6/15/25, 572 on 6/16/25, and 507 on 6/22/25. R12's blood glucose was 30 on 6/10/25. R12's blood glucose was 110 at 7:00 AM on 7/3/25, with full amount of Novolog administered. R12's blood glucose at 11:00 AM was 58 on 7/1/25, 600 on 7/2/25, 512 on 7/3/25, and 544 on 7/6/25.</p> <p>R12's Nursing Note dated 6/4/25 at 2:42 AM documents R12's Blood glucose was 66. R12's nursing note dated 6/5/25 at 2:43 AM documents R12's blood glucose was 44. R12's Nursing Notes do not document that V17 was notified of R12's blood glucose below 70 or above 400 between 5/1/25 and 7/7/25. R12's nursing notes and MARs do not document R12's blood glucose is consistently rechecked with documented results following blood glucose less than 70.</p> <p>R12's Nursing Note dated 5/26/2025 at 5:29 PM documents during rounds R12 was found in the shower room lying on the floor near the toilet and wall. R12 was breathing, but not alert and was difficult to arouse. R12's blood glucose was 30 and Glucagon (increases blood glucose) was administered. R12 was cold/clammy, not verbally responsive, and lethargic. R12's blood glucose recheck was 29. Emergency medical services (EMS) was contacted and transported R12 to the hospital. R12's Nursing Note dated 6/12/2025 at 11:47 AM documents R12 had a hypoglycemic episode. R12 was unresponsive, diaphoretic, short of breath, foaming at the mouth, and having involuntary movements. This note documents R12's blood glucose was 30 and Glucagon was given. R12's oxygen saturation (SPO2) was 74% (normal is 91% or above), two liters of oxygen was applied, and R12's SPO2 increased to 94%. This note documents 15 minutes had passed and R12 had still not recovered, so EMS was contacted and R12 was transferred to the hospital.</p> <p>R12's Emergency Department Note dated 5/26/25 at 7:10 PM documents R12 was transferred for blood glucose of 39. R12 is autistic with cognitive delay, so history is limited. R12's blood glucose remained 120's-140's and R12 was discharged back to the facility. R12's Emergency Department Note dated 6/12/25 at 11:38 AM documents R12 was transferred to the hospital for blood glucose of 30 after given 10 units. Per EMS staff stated R12's blood glucose read "high" at breakfast and the nurse administered 10 units of insulin. R12 was given oral glucose in route to the hospital and blood</p>	S9999					

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S9999	<p>Continued from page 4 glucose increased to 88. R12 was placed on observation, diagnosed and treated for bladder retention and leukocytosis (increased white blood cell count), and returned to the facility on 6/14/25.</p> <p>On 7/7/25 at 11:10 AM, 11:23 AM, 11:41 AM R12 was sitting in the dining room without any food. R12's meal was served at 11:45 AM. On 7/7/25 at 11:20 AM V3 Registered Nurse stated V3 already administered R12's Novolog insulin, which was given at 11:00 AM. R12's Medication Administration Audit Report dated 7/1/25-7/7/25 documents R12's Novolog 13 units was documented as administered at 11:19 AM on 7/7/25.</p> <p>On 7/06/25 at 4:08 PM V22 Licensed Practical Nurse (LPN) stated V22 was the nurse who sent R12 to the hospital for low blood glucose on 5/26/25. V22 stated R12 is a critical diabetic and physician should be notified for blood glucose over 400 and less than 70, which would be documented in a nursing note.</p> <p>On 7/07/25 at 10:48 AM V7 Registered Nurse stated V17 should be notified for blood glucose greater than 400 or less than 70, which would be documented in the nursing notes. V7 confirmed R12's blood glucose of 58 on 7/1/25 at 11:00 AM. V7 stated V7 only administered half of the scheduled dose of Novolog that day, R12 ate all of his lunch, and was acting his normal.</p> <p>On 7/07/25 at 2:49 PM V23 Certified Nursing Assistant stated R12 usually gets an oatmeal cream pie or fudge round every day, after supper around 6:30 PM.</p> <p>On 7/07/25 at 2:51 PM V24 LPN stated R12 gets cottage cheese and a fruit cup daily around 2:30 PM and 9:30 PM. V24 stated R12's blood glucose has been erratic, R12 sees an endocrinologist and we are to notify of blood glucose less than 70 and over 400, which is noted in a nursing note. V24 stated V24 thought a day shift nurse was sending a weekly report of R12's blood glucose results to V17. V24 stated R12 has an order for Novolog 3 units only if R12 eats a snack that has at least 30 g of carbohydrates. V24 was unsure the amount of carbohydrates in R12's snacks and stated V24 relies on dietary to determine that since they are the ones who send R12's snacks. V24 stated R12 gets Novolog 5 units at supper time, which she gives around 4:45 PM and supper is served at 5:30 PM.</p>		S9999				

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S9999	<p>Continued from page 5</p> <p>On 7/08/25 at 9:07 AM V15 LPN stated R12 ate all of his breakfast on 6/12/25 so V15 was shocked that R12's blood glucose dropped that low. V15 stated R12's blood glucose reports are sent with R12's appointments with V17, which are every three months. V15 stated in between that time there are ordered parameters to report blood glucose, which is documented in a nursing note. V15 stated only half dose of insulin is given if R12's blood glucose is less than 120, recorded in a nursing note. At 9:17 AM V12 confirmed R12's recorded blood glucose on 6/12/25 at 7:00 AM was 86 and R12's MAR documents the full amount of Novolog was administered at 7:00 AM. V15 stated there should have been a progress note that V15 only gave 4 units instead of 9, since R12's blood glucose was less than 120. V12 stated R12's blood glucose dropped to 30 around 10:00 AM that day.</p> <p>On 07/07/25 at 4:37 PM V16 Cook stated R12 gets cottage cheese for 8:00 PM snack and fruit cup for 2:00 PM snack. V16 stated R12 is served two ounces of cottage cheese, which is 5 g of carbohydrates and half cup of fruit, which is 12 g of carbohydrates. The label of these foods were viewed and verified with V16. V25 Dietary Aide also verified the amounts given. On 7/8/25 at 12:30 PM V16 Cook stated fudge rounds have 23 g and oatmeal cream pie has 26 g of carbohydrates. V16 provided the nutritional fact sheet for these snacks. The nutritional facts for oatmeal cream pie dated 4/18/28 document 26 g of carbohydrates. The nutritional facts for fudge round dated 5/5/23 document 23 g of carbohydrates.</p> <p>On 7/08/25 at 9:24 AM V2 Director of Nursing stated physician notification for blood glucose should be documented in R12's nursing notes. V2 stated the MAR should document when a partial dose of insulin is given and would be recorded in a nursing note. V2 stated it should be up to dietary to make sure R12's bedtime snack has 30 g of carbohydrates given.</p> <p>On 7/8/25 at 9:45 AM V17 (R12's Endocrinologist) verified R12's active orders to report blood glucose less than 70 or greater than 400 to V17's office and give half scheduled dose of Novolog when premeal blood glucose less than 120. V17 stated R12 was last seen in the office on 6/27/25 and R12's blood glucose logs 6/14/25-6/27/25 were reviewed at that time. V17 stated the facility should be contacting the office when R12's blood glucose is greater than 400 and less than 70, and</p>		S9999				

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S9999	<p>Continued from page 6</p> <p>the office has an after hours on call service as well. V17 stated there was no documentation that the facility reported R12's blood glucose levels in May, June, or July, besides R12's appointment on 6/27/25. V17 stated the office was not aware that R12 was transferred to the emergency room for blood glucose 30 on 5/26/25. V17 stated R12 had a urinary tract infection which could have been a contributing factor that affected R12's blood glucose when R12 was hospitalized on 6/12/25. V17 stated if R12's blood glucose is less than 70, then the nurse should administer glucose tablets or glucagon and recheck blood glucose, it is acceptable to administer a meal when blood glucose is low but the nurse should recheck blood glucose 15 minutes after R12 eats. V17 stated R12 has type 1 diabetes and R12's blood sugars fluctuate. V17 stated Novolog should be given 10-15 minutes before a meal, if given sooner than that it could cause blood glucose to drop or fluctuate. V17 stated R12's Novolog 3 units at bedtime should not be administered if the snack does not have at least 30 g of carbohydrates. V17 confirmed if R12's full scheduled dose of Novolog is administered when blood glucose is less than 120 that could cause blood glucose to drop or fluctuate. V17 stated low blood glucose can cause sweating, shaking, palpitations, confusion, disorientation, seizures, coma; high blood glucose, if persistent, could cause coma, tiredness, increased risk for infection, and diabetic ketoacidosis; and these things could lead to death if prolonged and left untreated.</p> <p>The Novolog Highlights of Prescribing Information dated February 2015 documents this is a fast acting insulin that should be given immediately before a meal, within 5-10 minutes.</p> <p>The facility's Diabetes protocol dated May 2020 documents the physician and staff will summarize contributing factors and conditions that are affected by the resident's diabetes or glucose intolerance and will assess the impact on the condition and quality of life, the physician will follow up on acute episodes and significant changes in blood glucose, and the physician will order interventions and treatment. This protocol documents the physician will order parameters for reporting blood glucose and this will be incorporated into the resident's MAR and care plan.</p> <p>(A)</p>	S9999					