Illimois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6006472			C 10/19/202		
NAME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE	1 10/	19/2020	
	RRY MANOR		DAVIE STRI	EET, BOX 88			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULDBE	(X5) COMPLETE DATE	
Z 000	COMMENTS		Z 000				
	Complaint 2057468	3/IL126989					
	W318 Health Care	Services (Condition)					
Z9999	FINDINGS	20-	Z9999				
	Statement of Licens	sure Violations:					
:	350.620a) 350.1210 350.1230b)6)7) 350.1230d)1) 350.3240a)						
	•	esident Care Policies					
	a) The facility shall procedures governifacility which shall be involvement of the a shall be available to public. These writte	Il have written policies and ing all services provided by the performulated with the administrator. The policies of the staff, residents and the en policies shall be followed in and shall be reviewed at					
	Section 350.1210 H	lealth Services					
	The facility shall promaintain each resid	ovide all services necessary to lent in good physical health.					
	Section 350.1230 N	lursing Services					
	services, in accorda	hall be provided with nursing ance with their needs, which e not limited to, the following: icipate in:		Attachment A Statement of Licensure Violation	ons		
	6) Developmen	nt of a written plan for each					
nois Depart	ment of Public Health DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE	

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
		IL6006472	B. WING			C 10/19/2020	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
				EET, BOX 88			
MULBER	RRY MANOR	ANNA, IL		<u>-</u>			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPRO PRIATE	(X5) COMPLETE DATE	
Z9999	Continued From pa	age 1	Z9999	,		3.	
	resident to provide the total habilitation	for nursing services as part of program.				!	
		n of the resident care plan, in nt's daily needs, as needed.	ļ ļ			Ш	
	d) Direct care personnel shall be trained in, but are not limited to, the following:						
		igns of illness, dysfunction or ior that warrant medical, ocial intervention.					
	Section 350.3240 A	Abuse and Neglect					
	employee or agent	icensee, administrator, of a facility shall not abuse or (Section 2-107 of the Act)		%) 81			
	These Regulations by:	were not met as evidenced					
	interview, the facility healthcare services	tion, record review and ty failed to provide timely s in accordance with an or 1 resident (R1) when the					
	and symptoms of to 2) the facility failed	antin level and identify signs oxicity including hypothermia. to ensure a Physician Order aboratory testing for a newly vulsant.					
	2) Develop a writte hypothermia.	n plan for (R1) to address his					
(2)	These failures resu	ulted in R1 requiring 4					

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FORM APPROVED Illimois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ B. WING 10/19/2020 IL6006472 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 612 EAST DAVIE STREET, BOX 88 **MULBERRY MANOR** ANNA, IL 62906 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 **Z**9999 Continued From page 2 hospitalizations in three months including being placed on a mechanical ventilator for Hypothermia related to Dilantin toxicity. Findings include: R1's Physician Order Sheet (POS) dated 9/2020 documents R1 functions in the Severe Range of Intellectual Disabilities with additional diagnosis of Cerebral Palsy, Encephalopathy, seizures. The Internet Journal of Neurology Citation S. Soghoian, C Heinis, M Su. Phenytoin-induced Hypothermia in a patient with Mental Retardation (MR). The Internet Journal of Neurology. 2007 Volume 10 Number 1 documents in part in the Conclusions, "Significant hypothermia may occur in the setting of Phenytoin (Dilantin) toxicity. Complex interactions between thermoregulation and Phenytoin exist. Patients with a history of MR may be at greater risk for developing this condition. Clinicians should be alerted to the potential for Phenytoin toxicity to manifest with hypothermia and should obtain a core temperature measurement in all patients with elevated Phenytoin levels and depressed mental state." The Mayo Clinic website (www.mayoclinic.org/diseases-conditions/hypothe rmia/symptoms-causes/syc-2023) documents, "Hypothermia is a medical emergency that occurs when your body loses heat faster than it can produce heat, causing a dangerously low body temperature. Normal body temperature is around 98.6 F (Fahrenheit) Hypothermia occurs as you

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body temperature falls below 95 F."

The facility's policy (undated) titled, "Nursing Services" documents in part: "This facility will

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
IL6006472		B. WING		C 10/19/2020			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE			
		612 EAST	DAVIE STRE	ET, BOX 88			
MULBER	RY MANOR	ANNA, IL	62906				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
Z9999	Continued From pa	ige 3	Z9999				
Z9999	(DON) who is a regonly responsibility is the facility's health be provided with nuwith their needs, willimited to, the follow participate in: 3) Petype, extent, and querogramming. 6) Defor each resident to as part of the total R1's Nurses notes 2020-September 2 temperatures below Examples include: 1/17/2020 temperatures below Examples include: 1/17/2020 T 94.8 1/19/2020 T 94.8 1/19/2020 T 94.8 1/19/2020 T 94.8 3/15/2020 T 94.8 3/15/2020 T 94.7 4/11/2020 T 94.7 4/11/2020 T 93.7 4/12/2020 T 93.4 4/20/2020 T 93.2 5/2/2020 T 92.9 R1's nurses notes hypothermia episo interventions provi	ector of nursing services pistered nurse (RN) and whose is the immediate supervision of services. 3) b) Residents shall ursing services, in accordance hich shall include, but are not wing: The DON shall eriodic re-evaluation of the uality of services and evelopment of a written plan or provide for nursing services habilitation program." reviewed from January 020 documents 51 episodes of w 95 degrees Fahrenheit. Atture (T) 93.4					
		eratures taken; and no					

1) R1's Discharge Medications from the local hospital, dated 12/2/2019 documents: "Start Illinois Department of Public Health

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ C B. WING 10/19/2020 IL6006472 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 612 EAST DAVIE STREET, BOX 88 **MULBERRY MANOR** ANNA, IL 62906 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 **79999** Continued From page 4 Dilantin 125mg/5ml suspension Take 12 ml (milliliters) (300mg total) by mouth nightly." R1's medical record reviewed from December 2019 through August 2020 is without a written laboratory order from the Physician to monitor R1's Dilantin levels. R1's Emergency Room report dated 6/6/2020 documents: "Staff tried to obtain temperature, but it kept reading low. Diagnosis Hypothermia, not associated with low environmental temperature. Pertinent Positives: low body temperature. The patient has experienced similar episodes in the past several times." Temperatures recorded throughout the emergency room visit document at 1:10 PM 94.9 tympanic, 3:00 PM 93.2 tympanic, and 5:14 PM 91 Rectally. R1 remained in the hospital from 6/6/2020 through 6/10/2020. R1's hospital medical records from admission of 6/6/2020-6/10/2020 documents a Dilantin level of 30.4 High on 6/7/2020 (10-20 is the normal range). R1's Medication Administration Records, dated 12/2019 through 8/2020 documents R1 remained on the same Dilantin dose of 300mg at bedtime. R1's Nurses notes dated 6/7/2020 document: "Update from hospital: Clients temp is currently 96.4 Client spiked low-grad temp of 99.4 throughout the night. No UTI or pneumonia. No new medications at this time. Dilantin level was elevated Client to have labs done ... Will await further update." R1's medical record does not address the high level of Dilantin on 6/7/2020 and the Dilantin dose remained 300mg at bedtime.

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R1's emergency room note further documents: "Temperature 95.0 Tympanic, Diagnosis Hypothermia." R1 remained hospitalized with additional diagnosis of Dilantin toxicity and

The facility's communication book dated 5/29/20 documents: "Do not put (R1) to bed with no shirt on. (R1) needs extra blankets when temp is low!"

On 9/22/2020 at 10:00 PM, R1's bedroom door

respiratory failure until 9/1/2020.

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STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		C	
IL6006472		B. WING		10/19/2020		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		8
MULBER	RRY MANOR	612 EAST ANNA, IL		EET, BOX 88		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_DBE	(X5) COMPLETE DATE
Z9999	asleep, naked, with A interview with E1: Personnel) on 9/22 "All clients in wheel they are covered w R1 is one of them." 9/23/20 at 11:45 All Administrator/QIDF Disabilities Profess any policy on Hypordid not add Hypother Habilitation Plan (It that E2 Director of 9/23/2020 at 12:00 Pharmacist) stated the facility to draw (February 21, 2020; August 20, 2020." Pharmacy recommon those dates. 9/23/2020 at 2:10 F (Director of Nursing labs, I did not see the recommendations in the part of the property of the	vas observed lying in bed a bed sheet used as a cover. 2/DSP (Direct Support /20 at 11:11 PM, E12 stated: chairs sleep in the nude, but ith a thin sheet and blanket. M, interview with E1/Assistant of (Qualified Intellectual ional) stated: "We do not have thermia." E1 further stated, "I ermia to R1's Individual HP), that is a medical condition Nurses should have added." PM, interview with Z3 (Facility: "I made recommendations to (R1's) Dilantin levels in May 22, 2020 and again on Z3 provided the written endations sent to the facility of the Pharmacy in February, May and August. gh my hands." E2 further	Z9999	DEPICIENCY)		
		ld Hypothermia to R1's IHP, I over and over again to keep m."				
	Primary Physician), expect R1 to have interventions to kee temperatures once	M, interview with Z4 (R1's , Z4 confirmed she would a plan in place with ep R1 warm, rechecking a low temperature is noted hysician of any temperature				

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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C B. WING 10/19/2020 IL6006472 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 612 EAST DAVIE STREET, BOX 88 **MULBERRY MANOR** ANNA, IL 62906 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG DEFICIENCY**) Z9999 Continued From page 7 Z9999 lower than 95 degrees Fahrenheit. Z4 stated: "Dilantin levels should have been monitored on R1 after R1 began taking it in December 2019, I never received the Pharmacy recommendations in February, May and August 2020, I should have received those." 9/28/2020 at 1:45 PM, telephone interview with E2/DON (Director of Nursing) was asked who is responsible for reviewing hospital records including laboratory values after taken to the emergency room/admitted to the hospital? E2 stated: "The admitting nurse will review the documentation and fax the records to me for review." E2 was then asked about the laboratory result Dilantin 30.4 collected on R1 during his hospitalization on 6/7/2020, E2 stated: "I was not aware of that result." E2 then reviewed the records and stated: "I see it now, I am unable to review every single record, I usually focus on the discharge summary." (A)

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