Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | IL6003339 | A. BUILDING: ______<br>B. WING ______ | C<br>03/03/2021 |

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| PEARL PAVILION | 900 SOUTH KIWANIS DRIVE<br>FREEPORT, IL 61032 |

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| S 000 | Initial Comments<br><br>Complaint Investigation:<br><br>2111196/IL131190 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations<br><br>300.610a)<br>300.1210a)<br>300.1210b)<br>300.1210d)2)<br>300.3240a)<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and | S9999 | **Attachment A**<br>**Statement of Licensure Violations** | |

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the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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 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.

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:

2) All treatments and procedures shall be administered as ordered by the physician.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

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These regulations are not met as evidenced by:

Based on observation, interview, and record review the facility failed to monitor blood glucose levels for residents receiving diabetic medications to avoid adverse diabetic reactions, for 3 of 3 residents (R2, R4, R5) reviewed for diagnosis of diabetes. R2 continued to receive diabetic medications despite poor oral intake, no blood glucose monitoring, and the physician recommendation to discontinue the use of the medication. R2 was hospitalized due to critical low blood glucose levels.

There was no evidence of blood glucose monitoring found in R2's chart from 1/20/21 at 11:00 AM through 2/10/21 when R2 was transferred to the hospital.

This failure contributed to R2 being transferred to an acute care hospital with a critically low blood glucose level on 12/31/20 and again on 2/10/21.

The findings include:

1. R2 was admitted to the facility on December 29, 2020 with diagnoses to include but not limited to type 2 Diabetes Mellitus, pressure ulcers, elevated white blood cell count, and urinary tract infection.

R2's admission documents dated 12/28/20 showed R2 to have a diagnoses of Type 2 Diabetes and included an order for two oral blood sugar reducing medications, Metformin HCL 1000 mg twice daily and Glipizide XL Extended Release 10 mg once daily.

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R2's electronic medical record showed her blood sugar was not checked at the facility between her first admission on 12/29/20 and her readmission to the acute care hospital for hypoglycemia (low blood sugar) on 12/31/20.

R2's electronic medical record showed she was discharged to the acute care hospital on 12/31/20 and readmitted to the facility on 1/4/21. R2's acute care hospital discharge summary dated 1/4/21 showed R2 was admitted to the hospital on 12/31/20 for low blood sugar. The same discharge summary showed, "SNF (Skilled Nursing Facility) orders: ... BGM (Blood Glucose Monitoring) AC (before meals) and HS (bedtime) ... Follow up with [Referring Provider] 7-10 days ... follow up regarding hypoglycemia (please consider reducing dose of glipizide and/or metformin).

The acute care hospital's hospitalist note dated 1/1/21 (during R2's hospital stay) showed, " ... Assessment and Plan, (1) Hypoglycemia ... Patient continue to receive glipizide metformin at NH (nursing home), despite little appetite, not eating. Home dosing of metformin and glipizide held, Accuchecks ACHS (before meals and at bedtime) ... patient admitted to the hospital, from local nursing home, with report of lethargy r/t hypoglycemia (blood sugar reportedly 30 at the NH). My sense here is that, even though the patient was not eating much lately, the NH continued to give her Glipizide XL 10 mg q day as well as Metformin .... I find her [R2] to be very much A & O X 4 (Alert and Oriented to person, place, time, and situation); the patient has expressed some concerns regarding gaps in care at the NH that she came from...

R2's eMAR (electronic medication administration

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record) for January 2021 showed R2's blood glucose level was checked from January 6, 2021 through 11:00 AM on January 20, 2021. No documentation of R2's blood glucose checks was found from January 20, 2021 at 4:00 PM through 2/10/21 when R2 was transferred to the acute care hospital for the second time for hypoglycemia.

R2's physician order sheet showed an order for blood glucose monitoring before meals and at bedtime starting on 1/5/21 and continuing through her discharge to the acute care hospital on 2/10/21. An additional order for blood glucose level monitoring with a start date of 1/5/21 showed, "May check BGM every 4 hours for monitoring." On 1/6/21, V5 (Nurse) sent a "physician notification" which showed, "Resident has decreased appetite and intakes - may we have an order for AC & HS BS [before meals and bedtime blood sugars] for 2 weeks for monitoring due to low blood sugar on 12/31 requiring hospitalization?" (This order was already in place from 1/4/21.)

R2's readmission paperwork from the acute care hospital dated 2/11/21 showed, "Assessment and Plan H&P (History and Physical) ... Home dosing regimen of Metformin and glipizide held as inpatient. Consideration reducing dose of glipizide and/or metformin as outpatient. Accuchecks ACHS (before meals and at bedtime) ... BMP (lab results) demonstrated blood sugars to be 34. Underlying etiology is likely due to poor oral intake and continue use of sulfonylurea (blood sugar reducing agents) ... Based on documentation considering patients repeat hospitalization with the last 90 days, patient is not a good candidate for sulfonylurea. Would recommend discontinuing medication .... Patient

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has had previous hospitalization with similar symptoms; unresponsiveness and altered mental status. During last hospitalization, patient was found to have hypoglycemia and similarly during this hospital stay on 2/11/21, blood work was collected, the patient was found to have low blood sugars. Based on documentation from previous hospitalization, recommendation was to reduce sulfonylurea doses for diabetes management however medications have been continued the same level.

R2's Medication Administration Records for January, and February 2021 show that R2 continued to be given Metformin 1000mg twice a day, and Glypizide 10mg daily. (Both diabetic medications)

R2's complete care plan initiated on 12/30/20 with most recent revision date of 1/14/21 included no care plan for diagnoses of type 2 diabetes, hypoglycemia, or nutrition.

On 2/26/21 at 3:15 PM, V2 DON (Director of Nursing) said she was unsure why R2's blood sugars were not monitored as ordered and does not understand why the nursing staff stopped checking R2's blood sugars from 1/20/21 until she was transferred to the acute care hospital a second time on 2/12/21 with hypoglycemia.

On 3/2/21 at 3:07 PM, V5 RN (Registered Nurse) said she remembered caring for R2. V5 said when R2 came back from her first hospitalization she requested an order to monitor blood sugars for 2 weeks because of the hospitalization. V5 said she did not know there was an order to be monitoring R2's blood sugars before that.

On 3/3/21 at 1:55 PM, V10 (Nurse Practitioner)

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said she would expect the nursing staff to be communicating with her regarding needing blood glucose monitoring for a resident with diabetes. V10 said she would absolutely expect communication with her from the nursing staff regarding the need for blood glucose monitoring for a resident who has experienced hypoglycemic episodes requiring hospitalization. V10 said she is available by phone at all times for the nursing staff. V10 said when a new admission or readmission from the hospital come into the facility she reviewed the hospital documentation and the discharge orders, however, at this particular facility she is having a very hard time getting the admission paperwork located and at times it has taken several weeks for the hospital packet to be provided to her for review.

On 3/2/21 at 2:52 PM, V1 Administrator said if someone would be admitted to the facility with a diagnoses of diabetes and no order for blood glucose monitoring she would contact the nurse practitioner and request orders for glucose monitoring. V1 said she would expect the nurses to contact the nurse practitioner as well. V1 said she would expect physician orders to be followed. V1 said that she looked into some of the glucose monitoring orders and has found that they were entered in their electronic order system as an "ancillary" order. V1 said ancillary orders require no documentation. V1 said entering these orders as "ancillary" orders makes the order basically pointless because the order is just out there without any way to document that it is being done.

The facility's undated policy titled Diabetes Mellitus - Routine Care showed, "Purpose: To provide nursing staff with guidelines for implementing care for the person with Diabetes Mellitus ...2. A focused assessment is performed

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by a licensed nurse within 24 hours of admission or at the time the diagnosis of diabetes is made ..."

The facility's policy with revision date of 9/2020 titled "Admission of Resident" showed, "Purpose: To facilitate smooth transition into a health care environment. To gather comprehensive information as a basis for planning individualized therapeutic care ... Equipment: Transfer documents... Admissions Nurse's Record, ...history and physical information (if available) ... Procedure: 11. Using information obtained, contact the physician (attending), ensuring that admission orders cover all aspects of required care and treatment. Inform physician of allergies and diet requests or needs ...20. Record in detail on nurses' notes all other pertinent information such as: a. Findings from the assessment - required to meet the residents needs which can in turn be conveyed to the physician so the admission orders cover all aspects of required treatment."

2. R4 was admitted to the facility on 1/30/21 with diagnoses to include but not limited to Type 2 Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Pressure Ulcers, and hypertension. R4's initial admission orders from the acute care hospital on 1/30/21 showed, "Details of hospital stay ... DM type 2 (Type 2 Diabetes Mellitus) ... BG ( blood glucose) better after decreasing Lantus due to decreased appetite, SSI (sliding scale insulin) ordered". There was no order received in the discharge packet for blood glucose monitoring or for sliding scale insulin. R4's 2/5/21 facility assessment showed R4 has no cognitive impairments.

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R4's medication administration record for January 2021 showed an order started on 1/31/21 to "check bid and prn two times a day". This order does not indicate what is being checked and there was no documentation found to show what was being checked.

R4's nursing progress note dated 2/5/21 at 3:34 PM showed, "Resident being admitted to [acute care hospital] for bradycardia (slow heart rate), anemia, and hyperkalemia (high potassium level).

R4's acute care hospital discharge instructions dated 2/8/21 showed R4 was readmitted to the facility with an order to check blood sugar before meals and at bedtime.

R4's physician order sheet for February showed no order entered to check blood sugar before meals and at bedtime. R4's physician order sheet showed the same previous order starting on 1/31/21 to "Check BID (two times a day) and prn (as needed) related to essential hypertension".

R4's electronic medical record showed under vital signs there was 1 blood sugar documented on 2/21/21. There were no other blood sugar readings documented in the vital signs record for R4.

R4's complete care plans were reviewed on 2/26/21 and did not include a care plan for diabetes management.

On March 2, 2021 at 1056 AM, R4 said she was in the facility for about 3 weeks. R4 said the nursing staff did not check her blood sugar until she would tell them they needed to before they would give her insulin. R4 said her blood sugar

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will bottom out if it is already too low when she gets insulin.

On 3/2/21 at 9:37 AM, V6 (Registered Nurse-RN) said it is important to check blood sugar levels prior to giving insulin. If the resident is already low, you don't want to bottom them out. When blood sugar levels get too low, the resident may experience lethargy, have cool, clammy skin, be diaphoretic, maybe confusion. V6 said it is pretty dangerous when a resident's blood sugar level gets too low. V6 said blood sugar levels are documented in the residents' Medication Administration Record (MAR). V6 said if a resident's blood sugar level is out of range, the nurse should notify the resident's doctor. V6 said it would be documented in the electronic MAR or in the resident's progress notes.

On 2/26/21 at 3:40 PM, V2 (Director of Nursing) said blood sugar levels should always be checked prior to administering insulin. V2 stated, "If the resident's blood sugar level is low and you give them insulin, you could bottom the resident out."

3. R5's electronic diagnoses tab shows she has a diagnoses including, but not limited to type 2 diabetes mellitus, hyperglycemia (high blood sugars), cardiac arrest, and chronic kidney disease stage 4 with dialysis. R5's minimum data set assessment dated 1/18/21 shows she is cognitively intact.

On 2/26/21 at 2:20 PM, R5 was lying in bed in her room. R5 was alert and oriented. R5 said there are only a few nurses that actually check her blood glucose levels. R5 said "Sometimes they gave me insulin without checking my blood sugar level." R5 said this occurs usually on the night shift.

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R5's 1/18/21 facility assessment shows she is cognitively intact.

R5's Physician's orders tab shows she has an order to check her blood sugar levels before meals and at hour of sleep. The physician's orders show the order was started on 1/8/21 and continues through today's date (3/2/21)

On 3/2/21 at 12:15 PM, V1 (Administrator) said she figured out what the problem was. V1 said when the new orders were put in on 1/8/21, whoever entered the order into the system listed the order as ancillary. V1 said because it was listed as ancillary, it did not go onto R5's MAR.

R5's January 2021 Medication Administration Record (MAR) shows an order for blood sugar levels to be taken one time a day related to type 2 diabetes mellitus with hyperglycemia that was discontinued on 1/8/21. No further orders for monitoring of blood glucose levels was on R5's January 2021 MAR. R5's February 2021 MAR does not show an order for blood glucose monitoring. The MAR shows R5 receives 30 units of slow acting insulin two times daily, and fast acting insulin per sliding scale two times a day. The MAR shows R5's blood glucose levels were only being monitored at 8:00 AM and 5:00 PM (twice a day instead of four times a day).

R5's complete care plans were reviewed on 2/26/21 and did not include a care plan for diabetes management.

"A"