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
	IL6014781	A. BUILDING: _____ B. WING _____	C 04/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHPOINT NURSING & REHAB CENTER	1010 WEST 95TH STREET CHICAGO, IL 60643

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S 000	Initial Comments Complaint Investigation 2182347/IL132507	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)2) 300.1620 a) 300.3240 a) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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 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.	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 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 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations are not met as evidenced by: Based on interview and record review, the facility failed to provide blood glucose monitoring and insulin administration services, according to professional standards of quality care and guidelines from the American Diabetes Association, and failed to transcribe the physician orders and failed to administer insulin medication and monitor blood sugars, as ordered for a resident. This affected one resident (R2) of three residents, reviewed for physician orders to monitor and treat abnormal blood glucose levels	S9999		

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S9999	Continued From page 2 and professional standards of care . This failure resulted in R2 having high blood glucose levels and other Diabetes symptoms that were not addressed for a few months until R2 was sent to the hospital for a different reason and was found to have a critically high blood glucose of 539 on arrival at the hospital. Findings include: On 4/9/21 at 9:07 AM, V13 (R2's Health Insurance Representative) documented R2's complaint that over the past year at the facility, R2 has been complaining of chest/stomach pains and feeling nauseous, but the facility refused to address the problem. R2's Physician progress notes document the following: On 1/7/21: V6(R2's Primary Physician) saw R2 by Telemedicine and documented R2's elevated Glucose and elevated Hemoglobin A1c (HgbA1c) of 9/4/20; On 1/21/21: V6 saw R2 by Telemedicine and documented R2's elevated Glucose of 332 mg/dl(milligrams per deciliter) and elevated HgbA1c at 12.9 as shown in the laboratory report of 1/8/21; On 1/25/21, 2/9/21, and 2/22/21, V6 again saw R2 by Telemedicine and documented the same elevated glucose of 332 and elevated hemoglobin A1C of 1/8/21 for all the dates mentioned. On 3/8/21 at 11:17 PM, V6 wrote: "Patient seen to have Diabetes Mellitus with HgbA1c on 1/8/21 significantly elevated at 12.9% and a significantly elevated glucose level of 332. Continue to monitor and manage all chronic conditions with current treatment. Levemir to be added to	S9999		

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S9999	Continued From page 3 medications for glycemic control." On 3/22/21 at 11:05 PM, V6 included Diabetes Mellitus in the list of medical history and wrote: "Diabetes Mellitus: Start Levemir 10 units BID (twice a day); check blood sugars BID (twice a day)." On 3/31/21 at 1:17 PM, V6 wrote: "Patient seen in person. Pt admits to episodes of suicidal ideation but does not state an active plan. Pt admits to polyuria (excessive urination), polydipsia (excessive thirst), and has lost 30 pounds in the last three months." On 4/6/21 at 3:27 PM, R2 was sent to the hospital for suicidal ideation, and had a critically high blood glucose of 539 on arrival at the emergency room. R2's Hospital Emergency Room records, dated 4/6/21, shows the following: Page 12 shows the blood glucose on arrival at the hospital at 5:07 PM to be critically high at 539 mg/dl(milligrams per deciliter); Page 17, under "Consultation", written by V12(Emergency Room Physician), under "Impression", states "Type 2 Diabetes, poorly controlled". Discharge Summary, dated 4/17/21, shows R2 has new orders for Lantus Insulin 100 units/ml 35 units at bedtime; Humalog Insulin 100 units/ml 10 units before meals; Metformin 500 mg by mouth at 8am and 5pm; Januvia 100mg by mouth daily. Page 27 shows that R2's Urinalysis had 4+ Glucose and that the Hemoglobin A1c was greater than 14. R2's Physician Order Sheets (POS) and Medication Administration Records (MAR) for March and April 2021 were reviewed. There were no records that this insulin was given and no	S9999		

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records that R2's blood sugar was checked again after the blood drawn on 1/8/21 showed a high blood sugar of 332 and a high hemoglobin A1c of 12.9.

On 4/19/21 at 3:54 PM, V2 (Director of Nursing) was interviewed about the procedure for nurses to transcribe physician orders to ensure that a residents' new order is not missed. V2 stated most physicians give telephone orders and the nurse is supposed to put the order in the system immediately. V2 explained she is new to the facility and she will give in-service to the nurses regarding this. V2 was asked for records of blood sugar checks or Levemir insulin as ordered for R2. V2 stated, "If it was done, it should be on the MAR and the POS, but it's not there." At this time, V2 presented R2's Laboratory Reports, dated 9/4/2020 and 1/8/2020, that show R2's elevated blood sugars as stated above in the physician progress notes.

On 4/19 21 at 4:04 PM, V14 (LPN, Licensed Practical Nurse) was interviewed regarding this. V14 stated the Nurse Practitioners put their orders in the system, but the doctors just give telephone orders and she will read the order back to the doctor before she puts the order in, and once the order is put in, it will show up on the MAR and it cannot be missed.

R2's Care Plan for Diabetes, dated 3/8/21, states under "Goals: Resident will maintain blood sugar levels within prescribed limits and not exhibit any signs and symptoms of hypo/hyperglycemia through next review. Intervention #1 states: Monitor blood sugars as ordered and coverage as ordered per sliding scale; #2: Monitor for signs and symptoms of hypo/hyperglycemia; #9: report abnormal labs and blood sugars to Md (medical

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S9999	Continued From page 5 doctor). On 4/20/21 at 1:29 PM, V6 (Facility's Physician for R2) was asked a general question about his professional opinion about the possible effects of not treating Diabetes and not checking the blood sugar for a long time according to doctor's orders. V6 stated it can affect the kidneys and the nerves, and cause neuropathy, general malaise and weakness. V6 was asked about the order for Levemir 10 units BID and Blood Sugar check BID that V6 wrote for R2 in March and was not carried out. V6 stated he has not seen the residents in person for some time due to the pandemic, and nurses carry out the orders when he speaks to them on the phone. V6 explained that if a resident's blood sugar is high, or if the resident is having polyuria and polydipsia, the nurse should notify the doctor, but if the nurse did not put the order to check blood sugar in, and did not notify the doctor, the doctor will not know that the blood sugar is high. Facility's document titled "Job Description" for Licensed Practical nurse and for Registered Nurse states in #B3 and B4: Receives telephone orders from physicians and record on the physicians' order form; Transcribes physician orders to resident charts, cardex, and medication cards, treatment/care plans, as required. #C8 states: Reviews medication cards for completeness of information, accuracy in the transcription of the physician's order, and adherence to stop order policies. The American Diabetes Association Guidelines on "Management of Diabetes in Long-term Care and Skilled Nursing Facilities: A Position Statement of the American Diabetes Association" in "Diabetes Care" Volume 39, February 2016	S9999		

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S9999	Continued From page 6 states on page 4 under "Framework for considering Diabetes Management Goals" that patients residing in long term care facilities should have hemoglobin A1C less than 8.5 percent. This document also states that Fasting and pre-meal blood glucose should be 100-200mg/dl and Glucose monitoring frequency should be based on complexity of regimen and risk of hypoglycemia. Also, "Spectrum Diabetes Journal" states: The primary physician had exclusive responsibility for controlling glucose levels and determining types and doses of insulin. Nurses were responsible for blood glucose monitoring, diet control, patient education, and administration of insulin injections. Reference: spectrum.diabetesjournals.org/content/23/4/268 (B)	S9999		