

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010912	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/07/2021
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NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING PHE	STREET ADDRESS, CITY, STATE, ZIP CODE 7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463
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S 000	Initial Comments Complaint Investigation 2192763/IL133193	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b) 300.1210c) 300.3240a 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>Based on interviews and record review, the facility failed to immediately address a high blood sugar and failed to notify a doctor of the high blood sugar in a resident (R1) with a history of type 1 diabetes for one of three residents reviewed for improper nursing care. The failure resulted in R1 being admitted to the hospital with mild diabetic ketoacidosis.</p> <p>Findings Include:</p> <p>R1 is a 57 year old with the following diagnosis: type 1 diabetes with hyperglycemia. R1 admitted</p>	S9999		

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S9999	<p>Continued From page 2 to the facility on 4/17/21.</p> <p>A Nursing note dated 4/26/21 documents R1 found on the floor on R1's back. R1 reported attempting to sit in the wheelchair due to vomiting in R1's bed and lost footing when R1 stood up. R1 reported being too nauseous to move and requested to be sent to the emergency room. Unit manager made aware and nurse practitioner ordered to send R1 to the hospital.</p> <p>A Nursing note dated 4/26/21 documents R1 was admitted to the hospital for hyperglycemia.</p> <p>Blood sugars were as follows: 4/25/21 at 5:45PM - 75mg/dL, 4/25/21 at 9:44PM - 75mg/dL, 4/26/21 at 5:27AM - 394 mg/dL, 4/26/21 at 9:25AM - 511 mg/dL (normal range is 70-110 mg/dL).</p> <p>An eMAR note dated 4/26/21 documents R1 was given 7 units of insulin lispro at 9:25AM (approx 4 hours after reading of 394 mg/dl at 5:27 am).</p> <p>The laboratory report dated 4/26/21 documents R1's glucose was elevated at 488 mg/dL.</p> <p>The Hospital Records dated 4/26/21 document R1 was sent to the emergency room from the facility for elevated blood sugars and multiple emesis this morning. R1 is in mild diabetic ketoacidosis (DKA). Per endocrinology, R1 is to start on an insulin drip with intravenous fluids and then will transfer back to insulin injections. R1 admitted to the hospital with a diagnosis of hyperglycemia.</p> <p>On 5/6/21 at 1:05PM, R1 stated, "I got my blood sugar taken that morning before 6AM. I don't remember what it was but I started to get really nauseous after that. I knew it was going to be</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>high so I checked it with the machine I have and it was over 400. I threw up at around 6AM. I started to feel terrible. I knew my sugar was too high and I needed to go to the hospital. I have been dealing with this since I was little so I know when it's too high. I always get nauseous and start throwing up when it's too high. I kept yelling out for the nurse but I don't think she could hear me. Then shift changed happened. The next nurse came in here around 7:30AM and I told her I threw up. I kept dry heaving at that point because I had nothing left in me. I started sweating really bad and I wanted to lay on the floor where is was cooler and there was puke all over my bed. The day nurse finally came in around 9AM to check on me and my blood sugar. I told her I wanted to go to the hospital then because my sugar was so high. They gave me some insulin around that time and then the ambulance came and took me to the hospital. I was diagnosed with diabetic ketoacidosis. I only have been in that 1 other time in the last like 10 years. I have to get an IV insulin with a fluid bag and then I was sent back here a couple days later."</p> <p>On 5/6/21 at 2:09PM, V2 (Nurse) stated, "That morning he complained of elevated blood sugar. I took his blood sugar and it was in the 500s. I gave him some insulin that was scheduled. This was around 9 I think. (MAR documented at 9:25 am) He was sweating in bed. I called the nurse practitioner and we were already in the process of sending him out when the doctor called and said to send him out for the high blood sugar. Everyone's order is different when to call the order. I think for him it was over 300 then you call to let them know. I had no report from the previous nurse before me that his blood sugar was that high. She should have called the doctor</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>for a blood sugar that high. After an hour, you call back to try to let them know what is going on. I saw 2 emesis in his bed. His admitting diagnosis was hyperglycemia."</p> <p>On 5/6/21 at 3:51PM, V3 (Nurse) stated, "Everyone's order is different on when to call the doctor. I don't remember what his order was. Some are call after 250, some 350, and some 400. If you call and the doctor doesn't call back within an hour then I would page again."</p> <p>On 5/6/21 at 6:35PM, V4 (Nurse) stated, " I don't remember having any problems with his blood sugar that morning. Every order is different for every resident on when to call the doctor. If I call the doctor, I put a note in. I think I called the doctor to tell them the blood sugar that morning. I don't remember. I started at the end of the hall in room 122 and worked my way to the front. I started going to the other rooms and finished with the residents I needed to see that morning. I never called the doctor back about the blood sugar."</p> <p>On 5/7/21 at 9:36AM, V5 (Nurse Manager) stated, " I wasn't made aware of the blood sugar until I heard there was a fall. That occurred around 8:30AM. Each resident is different for when to call the doctor about how high their blood sugar is. If the doctor doesn't call back then you repage them. There really isn't a timeframe; it depends on what is going on. He was admitted to the hospital for hyperglycemia."</p> <p>On 5/7/21 at 11:26AM, V6 (Endocrinologist) stated, "If his blood sugar was that high then he should have been given insulin right away to prevent it from going higher. If he wasn't given insulin then he is at risk for the blood sugar going</p>	S9999		

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11/2016 documents "CMS requires, a facility must immediately inform the resident, consult with the resident's physician, and notify, consistent with his or her authority, the resident's representative when there is: an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (that is, a need to discontinue or change an existing form of treatment due to adverse consequences, or to commence a new form of treatment); a decision to transfer or discharge the resident from the facility.' According to the American Medical Directors Association (ADMA) Clinical Practice Guidelines - Acute Changes in Condition in the Long Term Care Setting, - immediate notification is recommended for any symptom, sign or apparent discomfort that is acute or sudden in onset and a marked change in relation to usual symptoms and signs, or is unrelieved by measures already prescribed."
(A)

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