

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6005490</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>06/24/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LINCOLN VILLAGE HEALTHCARE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2202 NORTH KICKAPOO STREET<br/>LINCOLN, IL 62656</b> |
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| S 000              | Initial Comments   | S 000         |   |                    |
| S9999              | <p>Complaint Investigation: 2124196/IL134997</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a)<br/>300.1210b)<br/>300.1210d)2)<br/>300.1220b)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</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</p> | S9999         | <p style="text-align: center;"><b>Attachment A</b><br/><b>Statement of Licensure Violations</b></p>             |                    |

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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| S9999              | <p>Continued From page 1</p> <p>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>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>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>These requirements were not met evidenced by:</p> <p>Based on interview, and record review, the facility failed to perform routine blood glucose monitoring for one (R1) of three residents reviewed for receiving insulin in a sample of three. This failure resulted in R1 receiving incorrect doses of insulin causing an alteration in mental status and subsequently being admitted to the hospital with high blood glucose readings and Diabetic Ketoacidosis. Also, the facility failed to transcribe and administer all insulin orders.</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 2</p> <p>Findings include:</p> <p>R1's Face sheet documents R1 has diagnoses of Acute and Chronic respiratory failure with Hypoxia and Type 2 diabetes.</p> <p>R1's current Care Plan dated 6-10-21 documents R1 "is at risk for potential complications related to diagnosis of Diabetes. R1 will have blood glucose levels within ordered parameters and absence of signs and symptoms of hypoglycemia or hyperglycemia."</p> <p>R1's Nursing notes dated 6-9-21 at 2:12 pm document R1 returned from the hospital with a diagnosis of Acute Respiratory Failure. R1's transfer Physician orders from the hospital dated 6-9-21 document R1 is the receive Lantus (long acting insulin) 80 units once a day at 9:00 am. Another order documents R1 is to receive Lispro/Humalog (short acting insulin) 18 units before each meal and correction dose of one unit for every 25 mg/dl (milligrams per deciliter, unit of measurement for blood glucose) above 150 mg/dl up to 100 units a day. The Physician order for short acting insulin with correction dose would have required blood glucose monitoring to determine R1's blood glucose level.</p> <p>R1's POS/Physician Order Sheet initiated 6-9-21 documents the Lispro/Humalog order as 18 units before meals and at bedtime. R1's POS does not contain any orders for blood glucose monitoring or the correction doses of Lispro/Humalog.</p> <p>R1's MAR/Medication Administration Record for June 2021 documents that R1's Lispro/Humalog was given four times a day starting at 8:00 pm on</p> | S9999         |   |                    |

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| S9999   | <p>Continued From page 3</p> <p>6-9-21. R1's MAR does not contain the correction dose of one unit for every 25 mg/dl above 150 mg/dl up to 100 units a day. There are no blood glucose monitoring values documented on the MAR or anywhere in R1's medical record from readmission date of 6-9-21 until the morning of 6-13-21 when it was documented in the progress notes as reading "HI" meaning blood glucose level too high to register on the machine.</p> <p>R1's Nursing progress notes dated 6-13-21 document at 9:38 am that R1 was experience increased lethargy, had a glucometer reading at 8:00 am of "HI" and was given his ordered 18 unit of Humalog. R1's glucose was rechecked at 8:30 am and again at 9:00 am with continued readings of "HI". These Progress notes document that V9 NP/Nurse Practitioner ordered R1 to be sent out to the hospital for evaluation and treatment.</p> <p>R1's Hospital Critical Care History and Physical dated 6-13-21 documents that R1 was found to have mental status changes and an extremely high glucose on his finger stick (at the facility). R1 was taken to a local hospital and found to be in DKA (Diabetic Ketoacidosis) and was transferred to (present hospital) for further care.</p> <p>On 6-23-21 at 10:20 am, V8 LPN stated he worked with R1 on 6-10-21 and 6-11-21. V8 stated it is best practice to complete blood sugar monitoring when receiving R1's type of insulin. V8 stated he does not remember if he checked R1's blood sugar or not since there was no order and it was not documented. V8 stated R1 was not experiencing any symptoms that would indicate high blood sugar when he worked with him.</p> <p>On 6-23-21 at 5:20 pm, V10 LPN stated he</p> | S9999  |   |   |

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| S9999   | <p>Continued From page 4</p> <p>worked with R1 on 6-12-21 and 6-13-21 and gave him several doses of insulin. V10 stated since R1 did not have an order for blood glucose monitoring, he probably did not do it.</p> <p>On 6-23-21 at 11:00 am, V7 LPN stated she worked with R1 on 6-12-21 and 6-13-21. V7 stated she noticed there was no order for blood glucose monitoring for R1 but did not feel comfortable giving him is insulin without first checking it. V7 stated she checked his blood sugar on 6-12-21 before giving both his 7:00 am and 4:00 pm doses of insulin. V7 stated she should have documented the results somewhere in his medical record but did not. V7 stated R1's blood sugar was running in the 180s. That reading would have required another unit of Lispro/Humalog if that order had been transcribed. V7 stated she came in the next day, 6-13-21, heard R1 had two emesis and seemed to have an altered mental state. V7 completed blood glucose monitoring receiving a "HI" reading, gave his Lispro insulin 18 units and rechecked it another two times receiving "HI" readings. V9 NP then sent R1 out the hospital.</p> <p>The facility's Insulin Administration policy dated 2007 documents, "The type of insulin, dosage requirements, strength, and the method of administration must be verified before administration, to assure that it corresponds with the order on the medication sheet and Physician's order."</p> <p>The facility's Medication Administration Policy dated March 2014 documents, "Drugs will be administered in accordance with orders of licensed medical practitioners of the State in which the facility operates." "The medication administration record (MAR) will be verified</p> | S9999  |   |   |

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| S9999              | Continued From page 5<br>against Physician's orders."<br><br>" A "   | S9999         |   |                    |