

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005334	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/20/2022
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NAME OF PROVIDER OR SUPPLIER AHVACARE OF WINFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 28 WEST 141 LIBERTY STREET WINFIELD, IL 60190
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation: 2270357/IL142430</p> <p>Final Observations</p> <p>Statement of Licensure Violations: 300.3240 a)</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the physician failed to identify, monitor, and treat an elevated blood sugar.</p> <p>This applies to 1 of 5 residents (R1) reviewed for change in status in a sample of 5.</p> <p>This resulted in R1 being hospitalized in the intensive care unit with diabetic ketoacidosis.</p> <p>Findings include:</p> <p>R1's Admission Record document R1 was admitted to the facility on 9/8/2021 with diagnoses to include Chronic Respiratory Failure requiring a Tracheostomy, Hydrocephalus, Epilepsy, and Dysphagia with a feeding tube.</p> <p>R1's Order Recap Report for 9/1/2021-1/31/2022 documents a physician order on 9/16/2021 for a complete metabolic profile which is documented on the laboratory report as completed on 9/18/2021. The results of the blood sugar level</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>on this report were 211 milligrams/deciliter (mg/dl) with a normal range of 70-110. The Order Recap Report does not document any further physician orders for a complete metabolic profile or any blood sugar testing or monitoring.</p> <p>R1's Order Recap Report for 9/1/2021-1/31/2022 documents R1 receiving tube feedings 21-22 hours per day from the time of admission until she was discharged on 1/11/2022.</p> <p>R1's Progress Note dated 9/18/2021 documents V12 (Nurse Practitioner) was notified of the results of this elevated blood sugar level and no new orders were received.</p> <p>On 1/19/2022 at 9:25 V2 (Director of Nursing) confirmed there was not further blood sugar, or any sugar monitoring completed for R1 after 9/18/2021.</p> <p>R1's Physician Notes, completed by V13 (Physician), document R1 was evaluated and seen for routine physician monitoring on 10/13/2022, 11/5/2022, and 12/7/2022. None of these physician notes identified or addressed R1's elevated blood sugar level from the laboratory report dated 9/18/2021.</p> <p>R1's Progress Note dated 1/11/2022 documents R1 with a sudden change of status and sent to the hospital emergency room for evaluation.</p> <p>R1's Emergency Room Provider Notes dated 1/11/2022 document R1 arriving at 12:41 PM with a low oxygen saturation level after a Tracheostomy tube was replaced and R1 had an episode of vomiting prior to arriving to the emergency room. This note documents R1's blood sugar was greater than 600. This report</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>also documents R1 was admitted to the intensive care unit with clinical impressions (admitting diagnoses) of diabetic ketoacidosis, new onset Diabetes Mellitus, acute kidney injury, Pancreatitis, and a Tracheostomy complication.</p> <p>R1's complete metabolic panel laboratory report 1/11/2022 at 12:57 PM documents R1's blood sugar level at 1180 mg/dl with a normal range of 70-100 mg/dl.</p> <p>R1's Hemoglobin A1C report 1/11/2022 at 1:45 PM documents R1's Hemoglobin A1C at 13.6% with a reference range of 0-5.6%.</p> <p>R1's hospital Endocrinology Provider Clinical Note dated 1/12/2022 documents R1 with newly diagnosed diabetes and diabetic ketoacidosis. This note also documents, R1's "Hemoglobin A1C was 14% upon admission, indicating poorly controlled diabetes prior to admission."</p> <p>R1's hospital record Critical Care Note dated 1/12/2022 at 9:21 AM documents R1 in cardiac arrest and cardiopulmonary resuscitation and emergency interventions were completed successfully R1 was placed on a ventilator for respiratory support.</p> <p>The hospital Death Note dated 1/12/2022 documents R1 was pronounced dead at 4:10 PM on 1/12/2022.</p> <p>On 1/19/2022 at 10:40 AM V10 (Medical Director) stated with a blood sugar of 211 mg/dl further management would be indicated, likely a monthly blood sugar and/or a serial accucheck would be appropriate. V10 stated R1 received tube feedings and generally blood sugars are completed as part of the monitoring for tube</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>feedings. V10 further stated, after a blood sugar of 211, even if it was not fasting, there should have been further follow up to determine the cause of the elevated blood sugar levels. V10 stated there should have been some monitoring in place of R1's blood sugar or someone should have picked up on it. V10 stated a blood sugar that high contributed to R1's demise and resulted in R1's hospital admission.</p> <p>The website mayoclinic.org documents a Hemoglobin A1C is the measurement of the average blood sugar level over the prior 2- 3 month time period.</p> <p>"A"</p>	S9999		