

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013353	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/24/2022
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NAME OF PROVIDER OR SUPPLIER ALDEN TOWN MANOR REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 WEST OGDEN CICERO, IL 60804
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S 000	Initial Comments Complaint Investigations #2294526/IL147820	S 000		
S9999	Final Observations Statement of Licensure Violations: 200.610a) 300.1210b) 300.1210d)1) 300.1210d)2) 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	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>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>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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure a resident did not receive a medication that was not prescribed by his physician. This failure resulted in R3 receiving Glipizide (Sulfonylurea/Oral Hypoglycemic Agent) leading to R3 developing Hypoglycemia and Encephalopathy requiring hospitalization.</p> <p>This applies to 1 of 3 residents (R3) reviewed for significant medication errors in a sample of 5.</p> <p>The findings include:</p> <p>On 6/24/22 at 9:50AM R3 was in bed, positioned on his back. R3 appeared clean and comfortable. His Gastrostomy Tube was running. R3 had O2 on per nasal cannula. R3 was on Contact and Droplet precautions for COVID-19 as R3 is a new unvaccinated resident at the facility. R3's respirations were shallow and R3 was</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>non-responsive to verbal stimuli.</p> <p>On 6/24/22 at 9:40 AM V3 (RN) stated, "When he first came in, he was very anxious, restless, trying to climb out of bed. He kept saying he wanted to go to the restaurant and things like that. Then he got hypoglycemia and they sent him out. He came back and now he is not responsive. He has a Gastrostomy Tube and Oxygen. He doesn't have any facial grimacing and doesn't seem to have any pain. The doctor was just here and saw him on Sunday. This morning when I checked on him, I actually had to put my hand on his chest to see if he was breathing. He was so still. I wasn't here when he went out, but they told me his sugar was low. He was lethargic. So just as a nursing judgement they checked his blood sugar, he didn't have any orders for that. He was admitted to the hospital. I was told his blood sugar was 24 and they transferred him to the ER, and he was admitted with hypoglycemia. He was first admitted here on 5/25/22 with sepsis due to a UTI (Urinary Tract Infection) and he was on antibiotics. He gets dialysis. He got sent out on 5/30/22 and came back from the hospital on 6/18/22."</p> <p>On 6/24/22 at 12:00 PM V10 (LPN) stated, "(On 5/30/22) I went to give him his medications in the afternoon about 3-4 PM. When I went to wake him up, I wasn't able to arouse him. I did his blood pressure, and it was ok and then I checked his blood sugar, and it was like 34. He didn't show any other signs of hypoglycemia other than he was not responsive. Earlier that day he took his medications for me and then when I came back in the afternoon, he was like this. It seemed like all of a sudden. I gave him his morning medications probably about 9 AM. (When I found him unresponsive) I called the NP and we sent him</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>out. "</p> <p>R3's Progress Notes dated 5/30/22 at 7:49 PM state, "Resident found in bed unable to arouse. Blood sugar results 24. Informed NP(Nurse Practitioner). Resident transferred to (Local) ER. POA notified of transfer to hospital. Admitted with diagnosis Hypoglycemia."</p> <p>R3's Hospital Progress Notes dated 6/17/22 state, "(R3) is a 74 year old male with a medical history of hypertension, diabetes, dyslipidemia, gout, End Stage Renal Disease on Hemodialysis Monday Wednesday Friday Regimen, recent admission for Urinary Tract Infection secondary to ESBL (Bacteria) and discharged to the nursing home. On 5/30/22 who comes to the hospital with complaints of acute encephalopathy secondary to hypoglycemia requiring intubation for airway protection. Status Post extubation on 6/8/22... Acute Multifactorial encephalopathy-stable, not at baseline. Per nursing home, Alert and Oriented x1 at baseline. The patient was found unresponsive at the nursing home and has likely suffered neuroglycopenic injury secondary to hypoglycemia. Medication review: not suggestive of cause, med record received from nursing home showing no sulfonylureas... Elevated C-Peptide (28.6), Hypoglycemia panel None detected except Glipizide 44 ng/ml Patient on tube feedings, likely will need PEG (Percutaneous Endoscopic Gastrostomy) tube for long term feeding in relation to AMS (Altered Mental Status.)" This same document states, "Hypoglycemia (likely sulfonylurea induced)... C-Peptide at 28.6, which in the setting of a positive glipizide level noted on the hypoglycemia panel suggested sulfonylurea intake."</p> <p>On 6/24/22 at 1:35 PM, V11 (R3's Physician)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>stated, "I have known this patient for a long time. He was a patient in my office before the facility. He is on dialysis and then he went into the hospital with hypoglycemia. He is not on Glipizide and never has been to my knowledge. If they gave him the wrong medication in the nursing home or at the hospital, I can't answer that. I'm not the nurse passing the medications and if they found Glipizide in his system then I will have to look into this. I did not follow him at this hospital. If he got it at another facility, I would not expect it to still show up a month later. I just can't answer that- I just know he is not on Glipizide."</p> <p>R3's EMR (Electronic Medical Record) shows that R3 does not have an order for Glipizide.</p> <p>On 6/24/22 at 12:05PM V12 (Assistant Director of Nursing) provided a form entitled Order Listing Report 5/1/22- 6/30/22 that shows the facility has only one resident (R4) with an order for Glipizide.</p> <p>R4's EMR shows that R4 was admitted to the facility to room 201 (Across the hall from R3) on 5/26/22 with orders for Glipizide 5 mg Daily. On 5/27/22 the order was changed to Glipizide 5 mg twice a day.</p> <p>On 6/24/22 at 1:40 PM The Team 1 medication cart was reviewed with V3. V3 stated, "The people on this team move around a lot and we get a lot of new admissions. I try to keep (the medications) in the cart in order by room number but sometimes you just have to put them where they fit in the drawer."</p> <p>The facility Policy (provided by the pharmacy) entitled Medication Administration: General Guidelines dated 3/2018 states, "All medications shall be administered as prescribed by licensed</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>personnel authorized to do so in accordance with standard nursing practice and current regulations." This policy also states, "Medications prescribed for one resident shall not be administered to another resident."</p> <p>(A)</p>	S9999		