

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE GLENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425
---	--

(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 2297525/IL151393	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)1)3) 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	

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN-OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE GLENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct daily glucose as prescribe by the physician and failed to assess a diabetic resident experiencing a change in level of consciousness by not performing blood glucose monitoring. This applies to one of 4 residents (R5) reviewed for improper nursing care. As a result, R5 experienced a critical blood glucose level of 50mg/dl (milligrams/deciliter) and had to be transferred to the hospital for medical treatment.</p> <p>Findings include:</p> <p>R5 is 76 years old. Current diagnoses include but are not limited to: Type 2 Diabetes Mellitus, Hypertensive Heart and Chronic Kidney Disease with Heart Failure, and Essential Primary</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/27/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE GLENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>Hypertension.</p> <p>R5 admitted to the facility on 8/5/22. R5's census indicates a hospital leave on 8/22/22 through 8/26/22.</p> <p>On 10/25/22 at 12:20 PM, R5's family was interviewed about his hospitalization. V11 (family) stated R5's blood sugars were going to be checked twice daily and V35 (MDS Minimum Data Set Nurse) informed the family his last reading was September 24th. V11 and V12 (family members) stated today was R5's first care plan since he's been admitted. V11 and V12 reported R5 had to go to the hospital about a month ago because his blood sugar was in the 50's. V11 and V12 reported the facility just put R5's order in for blood sugar readings.</p> <p>R5's POS Physician Order Sheet Indicates: 8/16/22 Blood Glucose Fingerstick Monitoring daily at breakfast & dinner. Call MD Medical Doctor if BS blood sugar is under 70 or over 400. If less than 70 give glucagon 1mg then notify MD.</p> <p>Review of R5's Blood Sugar Summary indicates the last blood glucose monitor was performed at 6:04 AM on 8/22/22 with result of 82 mg/dl (milligrams/deciliter).</p> <p>Progress note by V19 (Registered Nurse/RN) from 8/22/22 at 4:12 PM indicates: Upon rounds resident noted to have a change in LOC (Level of Consciousness); resident usually has a LOC of 3, now only oriented to self and when speaking gurgling noted. Resident has no drooping of face grasping bilateral within normal limits for resident V/S (vital signs) within normal limits. Doctor made aware orders sent to hospital to R/O (rule out)</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE GLENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>stroke. Orders received and carried out.</p> <p>R5's 8/22/22 change in condition form by V19 (RN) indicates no recent blood glucose value obtained during R5's change in his level of consciousness.</p> <p>R5's 8/23/22 progress note indicates: R5 is being admitted at the hospital with a DX (diagnosis) of Hypoglycemia. The hospital emergency room report indicates: R5 was brought from the nursing home for hypoglycemia, glucose 50 on EMS (Emergency Medical Service) arrival. R5 does not recall details of hypoglycemic episode. Says this glucose has not ever been that low. Plan: Admit to observation. On D5W (intravenous solution) at 100cc/hr. Accu checks (blood glucose monitoring) every 2 hours.</p> <p>R5's care plan dated 8/16/2022 indicates I have Diabetes Mellitus. Interventions: Monitor/document/report PRN (as needed) any s/sx (sign/symptom) of hypoglycemia: sweating, tremor, increased heart rate (Tachycardia), pallor, nervousness, confusion, slurred speech, lack of coordination, staggering gait.</p> <p>On 10/27/22 at 1:45 PM, V2 (Director of Nursing/DON) was interviewed regarding blood glucose monitoring and change in condition of a resident. V2 stated, "I believe R5 was on oral medicine for diabetes. If they are diabetic, I check a blood glucose and do vital signs. I usually check a blood sugar regardless with any change in condition. What are the symptoms of hypoglycemia? V2 stated, "Diaphoresis, lethargy, cold clammy skin, increased respirations and altered mental status."</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE GLENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>What interventions can be used to treat hypoglycemia? V2 stated, "If the resident is alert, we can give them juice with sugar packets, any protein shake, or offer food and liquids. If they have altered nutrition, R5 had thickened liquids, he would just need them thickened. If the doctor is not responding, call 911. There are no standing orders." What documentation would be done for this incident? V2 stated, "The change in condition form." What information is listed on the change of condition form? "The form auto generates the last set of vital signs. If you want to put in a new one, there's an option to put in the new set of vitals. There should be the most recent vital signs put in. I always use the vital signs I took."</p> <p>At 2:38 PM, V19 RN was interviewed regarding R5's change in condition. Are you familiar with R5? Is he diabetic? V19 stated, "Yes I am familiar. He is diabetic." What happened with R5's change in condition? V19 stated, "He wasn't responding correctly. I thought he may have had a stroke because his left side was of his face was drooped. His hand grip was not as strong, so I called the doctor and told him what I found. He was sent out 911 at that time."</p> <p>Did you notice any signs of hypoglycemia? What are the signs of hypoglycemia? V19 stated, "No, he didn't have any sweating or diaphoresis; nothing like that." What is done when there is a change in a resident's condition? What treatment is performed when a resident is hypoglycemic? V19 stated, "We usually do vital signs. His family was there. I did his vital signs. A blood glucose would be a part of his vital signs, I can't tell what it was at the time. We have sugar, or a spray into their nostrils if they have an order. Then we recheck it in 30 minutes." Did you complete any documentation during R5's change in condition?</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE GLENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>V19 stated, "Yes in the nurse's notes. I document in the notes his change in condition." Did you check R5's blood glucose during this time? V19 stated, "I can't remember, everything I do I put in the chart."</p> <p>The revised 1/16/18 Glucose Testing Policy states: Policy: To supplement lab glucose testing. To provide an immediate glucose value for treatment of hypoglycemia and hyperglycemia. uidelines: 1. Review physician order. 13. Record results in EMAR (electronic medication administration record).</p> <p>(B)</p>	S9999		
-------	--	-------	--	--