Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C **B. WING** IL6006514 01/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **811 WEST 2ND GENERATIONS AT NEIGHBORS BYRON, IL 61010** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **TAG** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) S 000l Initial Comments \$ 000 Complaint Investigation: 2310624/IL155650 S9999 **Final Observations** S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.3220f) 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. Attachment A Statement of Licensure Violations Section 300.3220 Medical Care f) All medical treatment and procedures shall be

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Héalth STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С **B. WING** IL6006514 01/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **811 WEST 2ND GENERATIONS AT NEIGHBORS BYRON, IL 61010** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to monitor blood glucose for a diabetic resident for 1(R1) of 3 reviewed for diabetic care in the sample of 9. Due to this failure, R1's blood glucose level decreased to an abnormally low level of to 20 mg (milligrams)/dL (deciliter) and required being sent to the emergency room. The findings include: On 1/25/23 at 12:20 PM, R1 was sitting up in his wheelchair in therapy. R1 stated, "They were evidently not checking my sugars because my sugar dropped too low, and I ended up at the hospital. I didn't know I was in the ambulance. I came to at the hospital." R1's Face sheet shows R1 was admitted on 1/17/23 with diagnosis of Type 2 diabetes mellitus. R1's Hospital Discharge After Visit Summary dated 1/17/23 shows, "Check your blood sugars often." R1's Progress Note dated 1/21/23 at 8:15 AM,

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shows, "Resident noted to be non-responsive when this nurse went to administer morning

PRINTED: 02/23/2023 **FORM APPROVED**

Illinois Department of Public Health STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
500.		IL6008514	B. WING	10 V 1	C 01/25/2023	
9 J	PROVIDER OR SUPPLIES	811 WFS	T 2ND	STATE, ZIP CODE	# 411 X	
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S9999	being called or ste stare. Extremities Call placed to 911 facility. Blood sug Medical Services access] to left shi rechecked and up facility."	ident not responding to name ernal rub. Eyes open with fixed a rigidResident is full code. Fire department arrived to par 20 [mg/dL]. Emergency started intraosseous [vascular in to administer D5. Blood sugar to 90 [mg/dL] prior to leaving	S9999			
31 E)	said, "When a res hospital you look summary for orde should be orders	00 AM, V5 (Registered Nurse) ident is admitted from the at the hospital discharge ars. If a resident is diabetic there for blood sugar monitoring and ould clarify with the Nurse	127			
	Nursing) said R1 where they were of before meals and orders didn't carry happen here. R1 which was able to at the facility. R1	10 AM, V3 (Assistant Director of was admitted from the hospital checking his blood sugars at bedtime. V3 stated, "The vover here. Somehow it didn't had a hypoglycemic event be corrected and is now back now has blood sugar monitoring eals and at bedtime."				3 4
200 mg	said she initially a any orders for R1 said R1's blood so prior to R1 going sugar. V2 said th	15 AM, V2 (Director of Nursing) dmitted R1 and did not clarify 's blood glucose monitoring. V2 ugars were not being checked out to the hospital for low blood e discharge orders "check blood ld have been clarified with the				W.
3	glucose monitorin	dministration Record for blood g dated 1/7/23 to 1/25/23 shows e was not documented until	i Ne	#35 SX		

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S9999	Continued From pa	age 3	S9999	ar IV 8°	e sõ	Te: In
	1/21/23 at 5:00 PM hospital).	(when R1 returned from the				
ex ^o	The facility's Mana Policy dated June checks as ordered	gement of Diabetes Mellitus 2022 shows "blood sugar I by physician."				3
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