

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2023
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NAME OF PROVIDER OR SUPPLIER PLEASANT MEADOWS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST WASHINGTON CHRISMAN, IL 61924
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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 Investigations: 2364536/IL160479 2364503/IL160486</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)1 300.1210d)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;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) 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>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 were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow physician's orders for insulin administration for one (R3) of three residents reviewed for medications in the sample list of ten. This failure resulted in R3 being hospitalized for hypoglycemia.</p> <p>Findings include:</p> <p>R3's Care Plan dated 11/5/22 documents R3 has Diabetes Mellitus and includes interventions to administer diabetic medication as ordered, monitor for side effects and effectiveness of the medication, monitor/document and report symptoms of hypoglycemia and hyperglycemia to the physician.</p> <p>R3's Physician Order with a start date 4/12/23 and end date 5/30/23 documents to administer Humalog (insulin) solution 100 units/milliliter inject 7 units subcutaneously before meals and hold the</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>medication if R3's blood sugar is less than 120.</p> <p>R3's May 2023 Medication Administration Record documents R3 received Humalog 15 times when R3's blood sugar was less than 120, indicating the medication was not held as ordered. R3's Humalog was held or refused an additional 12 times. R3's blood sugar was 63 at 11:00 AM on 5/4/23, the medication was held and refers to R3's nursing notes. There are no nursing notes for this date or documentation that R3's physician was notified of R3's low blood sugar on 5/4/23 or that R3's Humalog was held frequently during the month of May.</p> <p>R3's Nursing Notes document on 5/28/23 at 5:40 PM R3 became unresponsive and was transferred the local emergency room. R3's Hospital Discharge Summary documents the following: R3 admitted on 5/29/23 at 1:39 AM with diagnoses of Altered Mental Status, Hypoglycemia, and Urinary Tract Infection. R3 was found unresponsive and transferred to the emergency room for concern of symptomatic hypoglycemia. R3's blood glucose was 59 in the emergency room and dextrose was administered by intravenous infusion. R3's mental status may cause R3's meal intakes to be inconsistent and R3's insulin was discontinued.</p> <p>On 6/6/23 at 12:00 PM V3 Licensed Practical Nurse/Nurse reviewed R3's May Humalog order/administration and blood glucose levels, and confirmed R3's insulin was administered when blood sugar was below 120. V3 stated V3 would expect the nurses to hold the insulin per blood sugar parameters and notify V5 Nurse Practitioner if the insulin is held frequently. V3 stated R3 was recently admitted to the hospital and R3's insulin was changed to oral diabetic</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>medication.</p> <p>On 6/6/23 at 12:05 PM V5 Nurse Practitioner stated if the nurses were frequently holding R3's insulin V5 would expect to be notified to review and possibly adjust R3's insulin dosage. V5 did not recall being notified of R3's blood sugars or to review R3's insulin in May 2023. V5 stated V5 would have entered a progress note. V5 stated if the nurses had held R3's insulin as ordered and notified V5, it may have prevented R3's hospitalization.</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."</p> <p>(A)</p>	S9999		
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