

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2024
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NAME OF PROVIDER OR SUPPLIER FONDULAC REHABILITATION & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 901 ILLINI DRIVE EAST PEORIA, IL 61611
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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		
	Annual Licensure and Certification			
S9999	Final Observations	S9999		
	Statement of Licensure Violations			
	300.615b)			
	300.615e)			
	300.615i)			
	3006.615j)			
	1 of 4			
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information			
	b) All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Services titled Medical Payment (89 Ill. Adm. Code 140.642(c)) is met.			
	e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act.			

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/15/24
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S9999	<p>Continued From page 1</p> <p>Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>i) The facility shall provide for or arrange for any required fingerprint-based checks to be taken on the premises of the facility. If a fingerprint-based check is required, the facility shall arrange for it to be conducted in a manner that is respectful of the resident's dignity and that minimizes any emotional or physical hardship to the resident. (Section 2-201.5(b) of the Act) If a facility is unable to conduct a fingerprint-based background check in compliance with this Section, then it shall provide conclusive evidence of the resident's immobility or risk nullification of the waiver issued pursuant to Section 2-201.5(b) of the Act.</p> <p>j) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>This requirement was not met as evidence by:</p> <p>Based on interview and record review, the facility failed to complete "A Criminal History Investigation Report Process (CHIRP)", for six of ten residents (R3, R15, R35, R40, R65, R68) reviewed for Criminal Background Checks out of a sample of 47 residents.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>The document Sex Offender/Identified Offender Policy for Admission, no date, states, "(The facility will conduct complete reviews of identified offenders. Each facility will prescreen all residents prior to admission to ensure appropriate placement. At the time of inquiry, a complete investigation is completed: Complete a criminal background check on all new admissions."</p> <p>The document Identified Offenders Program Instructional Guide, dated 3/09/18, states, "Within 24 hours of a resident's admission, the facility must request a Uniform Criminal Information Act (UCIA) name-based criminal history record from the Illinois State Police using the Criminal History Information Response Process (CHIRP)."</p> <p>R3's Medical Record Face Sheet states his admission date is 1/09/23. "A Criminal History Investigation Report Process (CHIRP), which states "HIT," is dated 8/16/24."</p> <p>R15's Medical Record Face Sheet states his admission date is 6/25/24. "A Criminal History Investigation Report Process (CHIRP), which states "HIT," is dated 8/16/24."</p> <p>R35's Medical Record Face Sheet states his admission date is 7/03/23. "A Criminal History Investigation Report Process (CHIRP), which states "HIT," is dated 4/14/23, three months prior to admission."</p> <p>R40's Medical Record Face Sheet states his</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>admission date is 6/24/24. "A Criminal History Investigation Report Process (CHIRP) which states "HIT," is dated 8/03/24."</p> <p>R65's Medical Record Face Sheet states his admission date is 6/24/24. "A Criminal History Investigation Report Process (CHIRP) which states "HIT," is dated 8/16/24."</p> <p>R68's Medical Record Face Sheet states his admission date is 6/24/24. "A Criminal History Investigation Report Process (CHIRP) which states "HIT," is dated 8/15/24."</p> <p>On 8/21/24 at 11:30 AM, V1, Administrator, stated, "I've been here for two months. I have been attempting to check everything and have made some progress. Regretfully, I had not completed checking the residents for Identified Offender. Several of the checks are in process. I don't know why they were not done previously."</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671 dated 8/18/24, signed by V1, Administrator, documents 63 residents currently reside within the facility.</p> <p>(No Violation)</p> <p>2 of 4</p> <p>300.625a) 300.625b) 300.625c)1)2) 300.625e) 300.625f)1)2) 300.625g)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>300.625h) 300.625i) 300.625j) 300.625k) 300.625n)</p> <p>Section 300.625 Identified Offenders</p> <p>a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.</p> <p>b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of processing the inquiry. (Section 2-201.5(c) of the Act)</p> <p>f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements:</p> <p>1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility. If a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and Public Act 94-752, or to verify compliance with applicable terms of probation, parole, or mandatory supervised release. (Section 2-110(a-5) of the Act) Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care.</p> <p>2) The facility staff shall meet with local law enforcement officials to discuss the need for and to develop, if needed, policies and procedures to address the presence of facility residents who are registered sex offenders or are serving a term of parole, mandatory supervised release, or probation for a felony offense, including compliance with Section 300.695 of this Part.</p> <p>g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.</p> <p>h) Facilities shall annually complete all of the steps required in subsection (f) of this Section for identified offenders. This requirement does not apply to residents who have not been discharged from the facility during the previous 12 months.</p> <p>i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement,</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>shall specifically address the resident's needs in an individualized plan of care.</p> <p>k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)</p> <p>n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan, if necessary, in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents.</p> <p>These requirements were not met as evidence by:</p> <p>Based on interview and record review, the facility failed to order fingerprints after a "Criminal History Investigation Report Process (CHIRP), stated "HIT, and complete Care Plan to include the resident has a history of criminal behavior and fits the Identified Offender criteria for five of ten residents, (R3, R35, R40, R65, R68) reviewed for Criminal Background Checks out of a sample of 47 residents.</p> <p>Findings include:</p> <p>The document Sex Offender/Identified Offender Policy for Admission, no date, states, "(The facility will conduct complete reviews of identified offenders. Each facility will prescreen all</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>residents prior to admission to ensure appropriate placement. At the time of inquiry, a complete investigation is completed: Complete a criminal background check on all new admissions."</p> <p>The document Identified Offenders Program Instructional Guide, dated 3/09/18, states, "Within 24 hours of a resident's admission, the facility must request a Uniform Criminal Information Act (UCIA) name-based criminal history record from the Illinois State Police using the Criminal History Information Response Process (CHIRP)." HIT is one response returned to the facility for a resident with a Criminal history record which must be reviewed to determine if the resident is an identified offender. If it is determined that the resident is an identified offender, the facility has 72 hours to arrange for a licensed Livescan vendor to visit the facility and conduct a livescan for the resident. The livescan vendor appointment should be scheduled within 5 days of scheduling the appointment."</p> <p>R3's "Criminal History Investigation Report Process (CHIRP), stated a "HIT" on 8/16/24. The required fingerprint request was not done within 72 hours of receiving the "HIT"; a care plan including that R3 has a history of criminal behavior and fits the Identified Offender criteria was not initiated.</p> <p>R35's "Criminal History Investigation Report Process (CHIRP), stated a "HIT" on 4/14/23. The required fingerprint request was not done within 72 hours of receiving the "HIT"; a care plan including that R35 has a history of criminal</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>behavior and fits the Identified Offender criteria was not initiated.</p> <p>R40's "Criminal History Investigation Report Process (CHIRP), stated a "HIT," on 8/03/24. The required fingerprint request was not done within 72 hours of receiving the "HIT"; a care plan including that R40 has a history of criminal behavior and fits the Identified Offender criteria was not initiated.</p> <p>R65's "Criminal History Investigation Report Process (CHIRP), stated a "HIT," on 8/16/24. The required fingerprint request was not done within 72 hours of receiving the "HIT"; a care plan including that R65 has a history of criminal behavior and fits the Identified Offender criteria was not initiated.</p> <p>R68's "Criminal History Investigation Report Process (CHIRP), stated a "HIT," on 7/22/24. The required fingerprint request was not done within 72 hours of receiving the "HIT"; a care plan including that R68 has a history of criminal behavior and fits the Identified Offender criteria was not initiated.</p> <p>On 8/21/24 at 11:30 AM, V1, Administrator, stated, "I've been here for two months. I have been attempting to check everything and have made some progress. Regretfully, I had not completed checking the residents for Identified Offender. Several of the checks are in process. I don't know why they were not done previously."</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671 dated</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>8/18/24, signed by V1, Administrator, documents 63 residents currently reside within the facility.</p> <p>(C)</p> <p>3 of 4</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This requirement was not met as evidence by:</p> <p>Based on interview and record review, the facility failed to have in place a process to ensure nurses have current licensure; failed to ensure all nurses have a current license; failed to check the Illinois Department of Financial and Professional Regulation for three of three employees reviewed for Healthcare Worker Background Checks out a sample of ten employees. This has the potential to affect all 63 residents living in the facility.</p> <p>Findings include:</p> <p>The document, Abuse Prevention Program, dated 11/28/16, states, "The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse of our residents. This will be done by conducting required pre-employment screening of employees."</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>The document, Healthcare Worker Background Check Policy and Procedure, no date, states, "This (employees) are required to be free of conviction of committing or attempting to commit any crime listed in the Health Care Worker Background Check Act. The facility will request a background check on all employees.</p> <p>V12, Licensed Practical Nurse, check from the Illinois Department of Financial and Professional Regulation states, "License Expiration Date: 1/31/23.</p> <p>V18, Licensed Practical Nurse, check from the Illinois Department of Financial and Professional Regulation states, "License Expiration Date: 8/19/24.</p> <p>V19, Registered Nurse, check from the Illinois Department of Financial and Professional Regulation states, "License Expiration Date: 8/19/24.</p> <p>On 8/19/24 at 9:10 AM, V3, Assistant Director of Nursing, stated, when I checked the Illinois Department of Financial and Professional Regulation for V12, Licensed Practical Nurse, I realized that her License had expired in January. I immediately contacted V12 and told her she could not work again until her license was renewed. V12 told me that she forgot about it and thought it must have gone through since nothing was said to her."</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671 dated</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>8/18/24, signed by V1, Administrator, documents 63 residents currently reside within the facility. (C) 4 of 4</p> <p>300.610a) 300.1620a) 300.1630e)</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 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be</p>	S9999		

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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
S9999	<p>Continued From page 13</p> <p>administered as ordered-by the licensed prescriber and at the designated time.</p> <p>Section 300.1630 Administration of Medication</p> <p>e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.</p> <p>These reuirements were not met as evidence by:</p> <p>Based on interview and record review the facility failed to administer physician ordered insulin to a resident (R12) with a diagnosis of Type Two Diabetes Mellitus with Diabetic Chronic Kidney disease for one of one resident reviewed for insulin use in a sample of 47. This failure resulted in R12's emotional distress feeling like the facility was going to kill him because he wasn't getting his insulin as ordered and resulted in multiple abnormal laboratory values that reflected hyperglycemia.</p> <p>Findings include:</p> <p>The facilities Adverse Drug Reactions and Medication Discrepancy policy dated 11/6/18 documents, "Procedure: 1. A medication discrepancy/error has been made when one of the following occurs: wrong medication administered, wrong dose administered,</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2024
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S9999	<p>Continued From page 14</p> <p>medication administered by wrong route, medication administered to wrong resident, medication administered at wrong time, and medication not administered."</p> <p>The facilities Medication Administration policy, undated documents, "The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual dose to the proper resident, and promptly recording the time and dose given. Procedure: Medications must be prepared and administered within one hour of the designated time or as ordered; after a drug is given, record the date, time, name of drug, dose and route on the resident's individual medication administration record; document any medications not administered for any reason by circling initials and documenting on the back of the MAR (medication administration record) the date, the time, the medication and dosage, reason for omission and initials; notify the physician as soon as practical when a scheduled dose of a medication has not been administered for any reason."</p> <p>According to the CDC's (Centers for Disease Control) Testing for Diabetes and Prediabetes: A1C, dated 5/15/24, "The A1C test measures your average blood sugar levels over the past 3 months. When sugar enters your bloodstream, it attaches to hemoglobin, a protein in your red blood cells. Everybody has some sugar attached to their hemoglobin, but people with higher blood sugar levels have more. The A1C test measures the percentage of your red blood cells that have</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>sugar-coated hemoglobin. Your red blood cells regenerate roughly every 3 months. That's why the A1C test measures your blood sugar levels from that time period. A1C results: The following ranges are used to diagnose prediabetes and diabetes: Normal: below 5.7% (percent); Prediabetes: 5.7% to 6.4%; Diabetes: 6.5% or above. When living with diabetes, your A1C also shows how well managed your condition is. Your A1C can estimate your average blood sugar: A1C% 9=Estimated average glucose of 212. A1C goals: For most people with diabetes, the A1C goal is 7% or less. Your doctor will determine your specific goal based on your full medical history. Higher A1C levels are linked to health complications, so reaching and maintaining your goal is key to living well with diabetes."</p> <p>On 08/18/24 at 9:59 AM, R12 was smiling and pleasant at first but became angry and belligerent when asked about his use of insulin. R12 was distressed explaining about staff not doing his insulin correctly. R12 does not feel that he is getting his insulin and that they (nurses) are going to kill him.</p> <p>R12's current care plan documents R12 has a diagnosis of Type Two Diabetes Mellitus with Diabetic Chronic Kidney Disease. Care Plan also documents the intervention to administered diabetes medication as ordered by the doctor, and to monitor/document for side effects and effectiveness.</p> <p>R12's physician orders dated 08/2024, documents that R12 has orders for Tresiba Flextouch 100u/ml (units/milliliter) 50 units subcutaneous in the am and 20 units</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>subcutaneous at bedtime, Trulicity 3mg (milligrams)/0.5ml give 0.5ml subcutaneous every week on Saturday, Insulin Lispro Kwikpen 100u/ml per sliding scale starting at blood glucose level of 200 four times a day and blood glucose level checks four times a day.</p> <p>R12's Medication Administration Record, dated May 5/1/24 to 5/31/24, has no documentation of blood glucose level checks done for 40 of 124 opportunities, 9 of 62 opportunities of no Tresiba insulin being administered, and 65 of 124 opportunities of no Lispro sliding scale insulin being administered.</p> <p>R12's Medication Administration Record, dated June 6/1/24 to 6/30/24, has no documentation of blood glucose level checks done for 48 of 120 opportunities, 7 of 60 opportunities of no Tresiba insulin being administered, 3 of 5 opportunities of Trulicity insulin not being administered, and 59 of 124 opportunities of no Lispro sliding scale insulin being administered.</p> <p>R12's Medication Administration Record, dated July 7/1/24 to 7/31/24, has no documentation of blood glucose level checks done for 65 of 124 opportunities, 2 of 62 opportunities of no Tresiba insulin being administered, 3 of 4 opportunities of Trulicity insulin not being administered, and 59 of 124 opportunities of no Lispro sliding scale insulin being administered.</p> <p>R12's Medication Administration Record, dated August 8/1/24 to 8/19/24 2024, has no documentation of Lispro sliding scale insulin being administered for 11 of 76 opportunities.</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>R12's Fasting Glucose laboratory results, dated 4/23/24, documents R12's blood glucose level is high at 132 (range 65-99). The laboratory results also document the physician's response to the high glucose level to obtain a hemoglobin A1C.</p> <p>R12's Fasting Glucose laboratory results, dated 7/30/24, documents R12's blood glucose level is high at 169 (range 65-99).</p> <p>R12's Hemoglobin A1C laboratory results, dated 8/5/24, documents R12's Glycohemoglobin-HGBA1C level is high at 9.3 (range 4.1-6.1%). R12's medical records has no documentation of a hemoglobin A1C being done prior to these results.</p> <p>On 08/20/24 at 12:44 AM, V3 (Assistant Director of Nursing) stated that the expectation for the nurses when it comes to documenting blood glucose levels and units of insulin given is they (nurses) will initial the box for blood glucose level and write the level and then in a separate box the nurses will initial and document the amount of insulin units given. V3 stated that if the glucose level and insulin units are left blank it can be interpreted as not completed. V2 (Director of Nursing) was present and agreed with V3's statement.</p> <p>On 08/21/24 at 08:18 AM, V21 (R12's physician) stated he had ordered a Hemoglobin A1C based on R12's glucose level on a Basic Metabolic Panel in April, and his expectation was to have it done next lab day. V21 is aware that R12's Hemoglobin A1C was not done until 8/5/24 and the level of 9.3 which he states is higher than expected and he wants it 8 or below. V21 stated</p>	S9999		

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S9999	Continued From page 18 that not receiving insulin or having routine monitoring of blood sugars could have an effect on R12's hemoglobin A1C levels. (B)	S9999		