

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/14/2018
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NAME OF PROVIDER OR SUPPLIER  CHAMPAIGN URBANA NRSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH SAVOY, IL 61874
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S 000	Initial Comments  Complaint #1867171 / IL107028	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.3240a)  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 300.1010 Medical Care Policies  h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 11/20/18
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S9999	<p>Continued From page 1</p> <p>limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</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 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>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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p>	S9999		
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These requirements were not met evidenced by:

Based on interview and record review, the facility failed to complete ordered laboratory testing and report findings to the physician for one of three residents (R1) reviewed for laboratory testing. This failure resulted in R1 having a increased blood glucose level including critical levels, that resulted in R1 being hospitalized with a diagnosis of Hyperosmolar Hyperglycemia Coma due to Diabetes Mellitus.

Findings Include:

On 11/5/18 at 10:17 am, V4 (R1's grand-daughter) stated V4 came to the facility on 10/30/18 to see R1 and that R1 just wasn't R1's usual self. R1 would not speak but just mumble, was not able to feed herself as usual, and required much more assistance with toileting. V4 alerted the staff and the staff agreed that R1 was not her usual self. V4 requested R1 be sent to the hospital. Upon hospitalization, R1 was found to have a blood glucose level of greater than 900.

R1's POR (Physician Order Report) dated October 2018 documents a Diagnosis of Type II Diabetes Mellitus with Hyperosmolarity without Nonketotic Hyperglycemic-Hyperosmolar Coma. This POR documents an order received on 9/7/17 for CBC (Complete Blood Count) and CMP (Comprehensive Metabolic Panel) to be completed every six months. There are no results of these laboratory test results in R1's medical record.

R1's Physician Progress Notes by V7 on 5/7/18 document, R1's "glipizide and metformin were

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S9999	<p>Continued From page 3</p> <p>discontinued some time ago due to her weight loss. Concerns of hypoglycemia are more of an issue than hyperglycemia. We will restart medications as clinically indicated. I've also asked that a Hemoglobin A1C be drawn next week and every 6 {six} months." There is no results of this laboratory test result in R1's medical record.</p> <p>R1's Physician Progress Note by V7 on 9/12/18 documents, R1's "glipizide and metformin were discontinued some time ago due to her weight loss. Concerns of hypoglycemia are more of an issue than hyperglycemia. We will restart medications as clinically indicated. I've also asked that a Hemoglobin A1C be drawn again as there have not been labs in the system since 2016." There is no results of this laboratory test result in R1's medical record.</p> <p>R1's Progress Notes dated 10/29/18 by V6 RN (Registered Nurse) documents, an unidentified CNA (Certified Nursing Assistant) notified V6 that R1 was acting "weird", was confused and not at R1's baseline. R1's Blood Pressure at the time 106/75, Pulse 107 beats per minute, and Temperature 97.4 degrees Fahrenheit. R1's blood glucose level was checked twice and each reading was "hi." V7 Physician was notified and V7 ordered a CBC, CMP, Hemoglobin A1C, and Urinalysis to be completed on 10/30/18.</p> <p>R1's Progress Notes dated 10/30/18 by V8 RN documents R1 was assessed by V9 Advanced Practice Nurse and new orders received to send R1 to the ER (Emergency Room) for decreased LOC (Level of Consciousness), and increased blood glucose levels.</p> <p>R1's History and Physical by V13 Hospital ER (Emergency Room) Physician dated 10/30/18</p>	S9999		

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S9999

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documents, "History (is) obtained from chart review" as there was no family at bedside. R1 was having high blood sugars for the last week. At baseline R1 follows simple commands and is oriented to herself, and now she is disoriented, and does not follow any commands. Laboratory tests were completed and shows the following: glucose level of 909 HH (high critical), Potassium level of 5.6 H (high) and BUN level of 70 H, Creatinine level of 2.06 H. R1's Active Problems: "Hyperosmolar hyperglycemic coma due to diabetes mellitus without ketoacidosis."

On 11/7/18 at 12:45 pm, V14 LPN (Licensed Practical Nurse) produced CBC and CMP results from 9/9/17, 1/29/18, 5/25/18, and 9/24/18, and a Hemoglobin A1C from 10/3/18. V14 stated the laboratory tests had been completed and that V14 had to "pull the results from the laboratory." V14 stated V14 was unsure if the results were ever given to V7 Physician, since they were not in R1's medical record.

The laboratory results that V14 produced document the following:  
 9/9/17 - glucose level - 120 H; normal fasting range is 65 - 99  
 1/29/18 - glucose level - 168 H; normal fasting range is 65 - 99  
 5/25/18 - glucose level - 200 H; normal fasting range is 65 - 99. These results did not include results for the hemoglobin A1C that was ordered on 5/7/18.  
 10/3/18 - glucose level - 240 H; normal fasting range is 65 - 99. Hemoglobin A1C - 12.3%; normal range is 4.1% - 6.1%  
 10/30/18 - glucose level - 794 RCH(reading critically high); normal fasting range is 65 - 99. Hemoglobin A1C - 14.2% RH (reading high); normal range is 4.1% - 6.1%.

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S9999	<p>Continued From page 5</p> <p>On 11/7/18 at 12:48 pm, V1 Administrator stated, staff should be documenting in the medical record when the physician is notified of any changes and laboratory results. "Obviously they aren't doing it."</p> <p>On 11/7/18 at 1:17 pm, V7 Physician stated, R1 has never been on diabetic medication while residing at the facility. V7 stated V7 had ordered laboratory testing on many occasions but since there wasn't any laboratory results in (R1's) medical record since 2016, V7 did not know the CBC, CMP and A1C tests were ever completed. V7 stated the facility has "never notified (V7) of the {laboratory} results." V7 stated R1's hospitalization and diabetic coma was a "direct result of no treatment." If V7 had been made aware of R1's rising glucose levels, V7 would have started treatment of QID (Four times a day) glucose monitoring, oral diabetic medication and/or insulin, then R1's glucose levels "would never have gotten that high to cause a coma."</p> <p>The facility Request for Diagnostic Services Policy dated April 2007 documents orders for diagnostic services will be promptly carried out as instructed by the physician's orders and entered into the resident's medical record.</p> <p>( A )</p>	S9999		
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