

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
--	---

(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
Complaint # 1967683/IL116737

S9999 Final Observations

Statement of Licensure Violations:

300.610a)
300.1210b)
300.1210d)1)3)
300.1610a)1)
300.1620a)
300.1630e)
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.

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

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/11/19
--	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
--	---

(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>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>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 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies</p> <p>1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility.</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</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
--	---

(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>calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be 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>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. These regulations were not met as evidenced by</p> <p>Based on interview and record review the facility failed to administer the correct dose of insulin as ordered and failed to administer insulin immediately before or during a meal. This failure affects one of three resident (R1) reviewed for medication errors in the sample of five. This failure resulted in R1 losing consciousness, missing a scheduled dialysis appointment and becoming extremely weak throughout the next day. Facility also failed to document a medication overdose requiring immediate intervention in a resident's medical record and failed to document</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
--	---

(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>complete, ongoing assessment of one of three residents (R1) reviewed for medication errors in the sample of five.</p> <p>Findings include:</p> <p>The facility's Medication Administration policy dated 7/13/13 documents, "Medications must be identified by using the six (6) rights of administration: right resident, right drug, right dose, right time, right route, right documentation."</p> <p>The facility's Adverse Drug Reactions and Medications Discrepancy policy dated 11/6/18 documents, "Assess the resident for adverse reaction side effects including vital signs, blood glucose levels, oximetry and relevant effects of neurological, metabolic, respiratory, circulatory nature as suggestive of current medications as applicable." This policy goes on to document, "Document a detailed account of the discrepancy or adverse reaction in resident's medical record. Documentation must include but is not limited to: date and time of incident, description of discrepancy or adverse reaction, name, strength, dose of associated medication, resident's reaction to the medication including assessment results, interventions to treat adverse effects, response to treatment, notifications made and response."</p> <p>The facility's Subcutaneous Injections (insulin/heparin) policy dated 11/6/18 documents, "Verify the medication order." This policy goes on to document, "Serve diet in the prescribed length of time."</p> <p>The facility's Nursing Documentation Guidelines documents, "Medication Errors/Reactions Documentation: 1. Date and time of error or</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
--	---

(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>suspected reaction. 2. Use specifics regarding type of reaction (i.e. rash, edema, shortness of breath, dizziness, etc.)" "6. All pertinent observations. "</p> <p>The facility's Medication Error log documents a medication error for R1 on 9/27/19 and R2 on 9/2/19.</p> <p>R1's Minimum Data Set dated 9/4/19 documents that R1 is cognitively intact and that R1 received insulin injections seven days a week.</p> <p>1.) R1's Nurse's Notes have no documentation on 9/27/19. R1's Nurse's Notes document the last note written in September on 9/24/19 at 1:00 PM. This note documents R1 was out of the building at dialysis and there was a new order to obtain an ultrasound of R1's abdomen and chest. The next Nurse's Note documented for R1 is dated 10/2/19 for the 6:00 AM to 6:00 PM shift which documented R1 was out of the building at dialysis. There is no documentation of a medication error in R1's Nurse's Notes for 9/27/19.</p> <p>R1's Medication Error Report provided by V2 Director of Nursing on 10/21/19 documents the Humalog insulin error. V2 confirmed the report is not kept in R1's chart.</p> <p>R1's Medication Error Report dated 9/27/19 documents the date and time of the error as 9/27/19 at 6:45 AM. This report documents R1 was given 60 units of Humalog and the Physician's order was for to 6 units of Humalog (fast acting insulin). This report documents the cause of the error was misreading the writing on the MAR (Medication Administration Record). This report documents that this error endangered</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
--	---

(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>the life or welfare of the resident by making the blood sugar drop and this was discovered at 8:30 AM on 9/27/19 by V3 Registered Nurse (RN) and V3 was also the nurse that made the error.</p> <p>On 10/21/19, V2 provided R1's A.I.M (Assess, Intercommunicate, Manage) for Wellness form from a binder in V2's office. R1's AIM (Assess, Intercommunicate, Manage) form dated 9/27/19 documents R1 was being observed for a medication error. R1's Vital signs documented on this report are as follows; blood pressure 140/50, pulse 60, respiration rate 20, temperature 97.6 and blood sugar 55. This set of vitals are the only vital signs documented on this report. This report documents Physician notification at 10:00 AM and Resident Representative notification at 11:00 AM. This report documents to monitor R1's blood sugars every hour and hold the noon insulin until evening (dinner).</p> <p>On 10/21/19 at 10:40 AM, V3 stated that V3 thought V5 Certified Nursing Assistant took a set of vitals and V3 thought V3 wrote a nurses note in R1's chart. V3 stated V3 documented when V3 contacted V6 R1's family. V3 stated V3 does not know where the nurses note is. V3 stated that V3 would typically document in the nurses notes and that V3 did call R1's family.</p> <p>R1's A.I.M for Wellness form, that was not in R1's medical record, does not document a comprehensive assessment of R1 after the medication error was identified. This A.I.M for Wellness form does not document a comprehensive account of the Humalog overdose. This A.I.M for Wellness form documents R1 was the subject of a medication error and documents that R1's blood glucose dropped. This A.I.M for Wellness form documents</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/23/2019
NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938		
(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 6</p> <p>one set of vital signs and does not document when this set of vital signs was obtained. This form does not document the time the medication error took place. This form only documents one blood glucose reading of 55. On 10/21/19 at 10:40 AM, V3 stated R1's blood glucose got down into the 30s but there is no documentation of a blood glucose reading in the 30s.</p> <p>R1's Physician Order Sheet (POS) dated 9/1/9 through 9/30/19 documents diagnoses including Type 2 Diabetes, Congestive Heart Failure, Coronary Artery Disease, Bipolar Disorder, Hyperkalemia, Renal Failure and Schizophrenia. This POS documents an order with a start date of 7/6/19 for Humalog 100 units/ml (milliliter), Inject 6 units sub-q (subcutaneous) three times daily before meals.</p> <p>R1's Medication Administration Record (MAR) dated 9/2019 documents an order for Humalog 100 unit/ml, inject 6 units sub-q tid (three times a day) with meals. The lower case u that was originally written next to the number 6 is scribbled out on the MAR and "units" is written above the scribbled out u.</p> <p>R1's MAR dated 9/26/19 through 9/30/19 documents an order dated 9/26/19 for NPO (nothing by mouth) after midnight for CT (computed tomography) of abd (abdomen) on 9/27/19 at 8:00 AM. This same MAR documents an order dated 9/27/19 for Glucagon (Hypoglycemia Antidote) 1 mg (milligram) SQ (subcutaneous) one time. This MAR documents an order dated 9/27/19 to recheck blood glucose hourly and has blood glucose results documented started at 12:00 PM. The first result documented was 356 at 12:00 PM, 403 at 1:00 PM, 342 at 2:00 PM, 338 at 3:00 PM, 327 at 4:00 PM, and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/23/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
--	---

(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 7</p> <p>319 at 5:00 PM.</p> <p>On 10/21/19 at 1:40 PM, V3 RN stated on 9/27/19 at approximately 6:45 AM, V3 checked R1's blood glucose then gave R1 R1's morning Humalog and other oral medications. V3 stated R1's MAR looked as if it said 60 units of Humalog. V3 stated the u abbreviation for units looked like a 0. V3 stated V3 administered 60 units of Humalog to R1. V3 stated that was the first time V3 had taken care of R1. V3 stated V5 Certified Nursing Assistant came to V3 and told him that R1 was sweating and shaking. V3 stated V3 went to check on R1, V3 checked R1's blood glucose. V3 stated the lowest R1's blood glucose level got was in the 30s. V3 stated V3 started giving R1 cinnamon rolls and orange juice. V3 stated that V4 LPN/MDS (Licensed Practical Nurse/Minimum Data Set) nurse intervened. V3 stated the nurse practitioners were already in the building that morning. V3 stated the nurse practitioners did not feel that R1 needed to be sent to the Emergency Room since they were able to be monitoring R1 at the facility. V3 stated they did not take R1 to R1's room. They kept R1 at the dining table the entire time. V3 stated that R1 did seem to lose consciousness a little. V3 stated that R1 told V3 that R1 was hurting pretty bad afterwards. On 10/22/19 at 2:32 PM, V3 stated that R1 got the ultrasound of R1's abdomen before breakfast. V3 stated R1 got R1's insulin at 6:45 AM then R1 had the scan completed in the facility and then R1 ate breakfast.</p> <p>On 10/21/19 at 2:19 PM, V4 (Licensed Practical Nurse/Minimum Data Set nurse) stated the management team was in their morning meeting at 9:00 AM and V4 was leaving the meeting and saw all the people around R1 in the dining room.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2019	
NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938		
(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 8</p> <p>V4 stated V4 stopped to see what was happening. V4 stated staff told V4 that R1's blood sugar was low, and they couldn't get it to stay up. V4 stated they were giving liquids to try to bring R1's blood sugar up. V4 stated they checked R1's blood sugars 2-3 times and it was still going down. V4 stated V10, R1's Nurse Practitioner (NP), was in the building. V4 stated that V4 went to the NP and got an order for a glucagon injection for R1. V4 stated R1 was not cognitively intact enough to swallow at that time so V4 got the order for glucagon injection and administered it immediately. V4 stated V4 was not the floor nurse. V4 stated V4 was just helping out so V4 did not document in R1's medical record. V4 stated V3 was the floor nurse and assumed V3 would document the incident in the medical record.</p> <p>R1's medical record does not contain any documentation regarding the Humalog overdose. There is no documentation of specifics regarding reactions R1 was having. There was no condition of R1 documented and there were no pertinent observations documented as the facility's Nursing Documentation Guidelines state there should be.</p> <p>On 10/21/19 at 3:58 PM, V6, R1's family stated V6 was notified of the incident of insulin overdose. V6 stated R1 called V6 and left messages and R1's speech was slurred on the messages. V6 stated around 4:00 PM on 9/27/19 that R1's speech was still slurred.</p> <p>On 10/22/19 at 9:03 AM, V5 Certified Nursing Assistant stated that V5 brought R1's breakfast tray to R1 at the dining table and noticed R1 looked like R1 did not feel good. V5 stated V5 tapped R1 on the shoulder and asked R1 if R1 was ok. V5 stated that R1 did not respond. V5</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
--	---

(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 9</p> <p>stated R1 was starting to sweat and shake. V5 stated that V5 went to get V3 the nurse and the V3 came and checked on R1. V5 stated they started to give R1 several glasses of orange juice then V4 came to help and took over. V5 stated that R1 was eating breakfast at approximately 8:30-8:45 AM on 9/27/19. V5 stated that R1 was not acting like R1's self, R1 was very sleepy. V5 stated R1 seemed to come in and out of consciousness.</p> <p>On 10/22/19 at 10:38 AM, R1 stated R1 remembers V3 giving R1 insulin that morning of 9/27/19. R1 stated R1 remembers feeling R1's blood sugar dropping. R1 stated R1 then lost consciousness and when R1 came to R1 stated there were 5 to 6 people surrounding R1. R1 stated R1 remembers staff slapping R1's chest to try to wake R1 up. R1 confirmed the facility did not send R1 to the hospital. R1 stated that R1 felt, "very, very fatigued" after the incident and the next day. R1 confirmed R1 missed R1's scheduled dialysis on 9/27/19. R1 stated R1 went to dialysis the next day.</p> <p>On 10/23/19 at 9:23 AM, V8, R1's Physician stated R1 should have eaten within an hour of receiving insulin. V8 stated that receiving 10 times the scheduled dose of Humalog could have been fatal. V8 stated the nurse should have clarified the insulin order since R1 was NPO for a procedure. V8 stated the facility should have waited to give R1 the insulin until after the procedure was completed especially since it delayed a meal.</p> <p>On 10/23/19 at 9:56 AM, V9 Pharmacist stated that a person should eat with in 20 to 30 minutes of receiving Humalog. V9 stated, "that is quite a transcription error." V9 stated that V9 was just</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/23/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
--	---

(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 10</p> <p>recently in the facility for the pharmacy review and V9 does not remember seeing anything in R1's medical record indicating an overdose. V9 stated V9 would have reviewed the medication error had V9 been aware. V9 confirmed that V9 reviews the resident's Nurse's Notes for documentation of irregularities.</p> <p>V10's, R1's Nurse Practitioner, documents a progress note dated 9/27/19 at 4:13 PM. V10 documented the chief problem for the visit as low blood glucose. V10 documented R1 was found to have a blood glucose level in the 30s. R1 was given an erroneous dose of Humalog, 60 units instead of the ordered 6 units. V10 documents R1 experienced low blood glucose related to NPO status and medication error.</p> <p>The Humalog package insert from www.Humalog.com documents Humalog starts working faster than other insulins that contain regular human insulin. Humalog should be taken within fifteen minutes before eating or right after eating a meal.</p> <p>(B)</p>	S9999		
-------	--	-------	--	--