STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145011	A. BUILDING _____ B. WING _____	C 04/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF EVANSTON	**500 ASBURY STREET EVANSTON, IL 60202**

(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) COMPLETION DATE
F 333	Continued From page 9 give glucagon x one, now and push orange juice. 7:20am., Rechecked blood sugar, 46, after glucagon given. 7:30am., (R1) sitting in bed eating. 8:00am., (R1) ate 100% of breakfast, blood sugar 196." E4, (LPN)'s 2-29-2012 Warning Notice is, "Termination. (E4 failed to check on (R1) when (Z3/Family Member) called in asking (E4) to please check on (R1). (E4) gave Insulin too early and (R1) had a hypoglycemic reaction." On 4-3-2012 at 12:15pm., E2, (Director of Nursing) stated, "Dangerous glucose levels would be anything under 40. 26 is extremely low and I would be extremely concerned." The Revised 3-2008 Medication Administration Policy and Procedure is: 2. " The nurse is responsible for the preparation, administering accuracy and supporting documentation of all medications being administered." and, 11. "Any and all medication errors and/or drug reactions should be reported to the attending physician and pharmacist immediately. The error/reaction must be noted in the resident's clinical record and the episode explained on an Incident Report."	F 333		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATAION: 300.610a) 300.1210d)1) 300.1620a) 300.3220f) Section 300.610 Resident Care Policies	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145011	A. BUILDING _____ B. WING _____	C 04/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF EVANSTON	**500 ASBURY STREET EVANSTON, IL 60202**

(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) COMPLETION DATE
F9999	Continued From page 10 a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. Section 300.1620 Compliance with Licensed Prescriber's Orders 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 such orders shall have the handwritten signature (or	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145011	A. BUILDING _____ B. WING _____	C 04/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF EVANSTON	**500 ASBURY STREET EVANSTON, IL 60202**

(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) COMPLETION DATE
F9999	Continued From page 11	F9999		

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.

Section 300.3220 Medical Care

f) All medical treatment and procedures shall be 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. (Section 2-104(b) of the Act)

These regulations are not met as evidenced by:

Based on interview and record review the facility failed to administer insulin as ordered by the physician and failed to follow their Medication Administration Policy and Procedure, for one resident (R1) in a sample of 3 reviewed for residents receiving insulin. As a result of this facility failure R1's blood sugar dropped to a critically low level requiring pharmacological intervention and additional blood sugar testing. R1 was disoriented, incoherent, and diaphoretic.
Findings include:
The 11-9-2011 Hospital Transfer Current Medications contains documentation that R1 is ordered to receive 7 units of Humalog Insulin, subcutaneously, three times a day with meals.
The 2-1-2012 through 2-29-2012 Physician Order Sheet contains documentation that R1 was admitted to the facility on 11-23-2011 with diagnoses that include end stage renal disease, diabetes, hypertension, and peripheral vascular

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145011	A. BUILDING _____ B. WING _____	C 04/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF EVANSTON	**500 ASBURY STREET EVANSTON, IL 60202**

(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) COMPLETION DATE
F9999	Continued From page 12	F9999		

disease.
R1's November 2011, December 2011, January 2012, and February 2012 monthly Physician Orders include the administration of Humalog Insulin three times a day with meals.
The 11-30-2011 Initial MDS, (Minimum Data Set), Section C: Cognitive Patterns, Mood or Behavioral Problems contains documentation that R1 does not have short or long term memory impairments, nor mood or behavioral problems, and is independent in daily decision making.
Section I: Active Diagnosis contains documentation that R1 does not have a memory impairment diagnosis.
According to the National Institute of Diabetes, Digestive and Kidney Disease, hypoglycemia is low blood sugar, or an insulin reaction, that can occur as a side effect of insulin administration or production. Symptoms of hypoglycemia include shakiness, sweating, confusion, difficulty speaking, weakness and a sudden change in mood or behavior. Critically low levels of blood glucose are less than 40mg.,(milligrams) per deciliter.
Physician's Progress Notes of 2-8-2012 is, "(R1) stable, Glucose mostly 100-200, occasionally greater than 200 and less than 100."
On 4-4-2012 at 9:23am., Z3, (Family Member) stated, "On 2-22-2012 my daughter called me and said she, (Z2/Family Member) had called (R1) and he was unable to give her a coherent response and is not making sense. I called (E4/LPN/Licensed Practical Nurse) and was told (R1) was ok and had been given his insulin, a little while ago. I tried to call (R1), he had no idea of who I was and wasn't making sense. So I called back and told (E4) he, (R1's) in distress, I need someone to see him now and I'm on my

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145011	A. BUILDING _____ B. WING _____	C 04/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF EVANSTON	**500 ASBURY STREET EVANSTON, IL 60202**

(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) COMPLETION DATE
F9999	Continued From page 13	F9999		

way over there. (Z2) called back and told (E4) something isn't right, send someone to look at (R1). (Z2) is also a nurse. When I arrived at (Facility Name) (E5/LPN) was in the lobby. (E5) said she found (R1) in distress, he was sweaty, incoherent, and had no idea where he was. (E5) said she alerted the Director of Nursing, (E2), (Z1/Physician), and Administrator, (E1). I stayed all day at the facility and the Assistant Administrator spoke with me in the afternoon. What happened is (R1's) Insulin was given at the wrong time. They gave (R1) insulin without food. This was the second time. It also happened on the 20th of February. (R1) told me this. No one went in to check on (R1), on 2-22-2012, until (E5) came in. (E4) was the same nurse on the 20th., who gave (R1) Insulin without food. December 15th., (R1) had a hypoglycemic incident, but it wasn't due to Insulin without food. (E2/Director of Nursing) called on 2-27-2012 and apologized and said (E4) was reprimanded. I talked to (E5) and the Assistant Administrator about this on 2-22-2012."

The Resident/Visitor Incident Report completed 2-29-2012 contains the following information: "Medication Error: Insulin given at wrong time, too early and not with breakfast. Humalog 7 units subcutaneously with meals. Effect to resident: Hypoglycemic reaction, (R1) became lethargic, blood sugar fell to 26mg./dl. On 2-22-2012 at 6:00am., (R1's) blood sugar at 7:10am., was 26mg./dl. Morning Insulin, Humalog 7 units was given at 6:50am., per (E4/LPN), but was supposed to be given with meals, as stated in the order written 2-15-2012. (R1) alert and lethargic. (R1) was given Glucagon, intramuscularly, and breakfast. (Z3/Family Member) was not happy with the way (E4/LPN) handled things."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145011	A. BUILDING _____ B. WING _____	C 04/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF EVANSTON	**500 ASBURY STREET EVANSTON, IL 60202**

(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) COMPLETION DATE
F9999	Continued From page 14 According to the Physicians' Desk Reference 64th. Edition, page 1908, "Glucagon is indicated as a treatment for severe hypoglycemia. Glucagon increases blood glucose concentration and is used in the treatment of hypoglycemia." On 4-3-2012 at 10:15am., E3, (Assistant Director of Nursing) stated, "I spoke with (Z3/Family member) on 2-22-2012 around 10:15am. (Z3) said her daughter, (Z2) called (R1) in the morning at 6:00am., and (R1) had slurred speech and wasn't sounding right. She suspected (R1's) blood sugar was low. (Z3) called the nursing station and spoke with (E4/LPN) and asked her to please have someone check on (R1), because (R1)'s not answering questions correctly. She thought his blood sugar was low. The Director of Nursing, (E2) and I spoke with (Z3) on 2-22-2012." E2, (Director Of Nursing) on 4-3-2012 at 11:45am., stated, "I believe I spoke to (Z3/Family Member) on 2-22-2012. I think (Z3) told me there was an issue with (R1's) blood sugar, that it was low. The day nurse, (E5/LPN), called me that morning on 2-22-2012. She, (E5/LPN) said Insulin was given before breakfast to (R1), his blood sugar was really low. I advised (E5) to call (Z1/Physician), give Glucagon and breakfast to (R1) and recheck (R1's) blood sugar." R1's 2-22-2012 at 7:10am., Nursing Note is, "(R1) slightly alert, lethargic, blood sugar 26, paged (Z1/Physician). 7:12am., (Z1/Physician) Order, give glucagon x one, now and push orange juice. 7:20am., Rechecked blood sugar, 46, after glucagon given. 7:30am., (R1) sitting in bed eating. 8:00am., (R1) ate 100% of breakfast, blood sugar 196." E4, (LPN)'s 2-29-2012 Warning Notice is, "Termination. (E4 failed to check on (R1) when	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145011	A. BUILDING _____ B. WING _____	C 04/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF EVANSTON	**500 ASBURY STREET EVANSTON, IL 60202**

(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) COMPLETION DATE
F9999	Continued From page 15 (Z3/Family Member) called in asking (E4) to please check on (R1). (E4) gave Insulin too early and (R1) had a hypoglycemic reaction." On 4-3-2012 at 12:15pm., E2, (Director of Nursing) stated, "Dangerous glucose levels would be anything under 40. 26 is extremely low and I would be extremely concerned." The Revised 3-2008 Medication Administration Policy and Procedure is: 2. " The nurse is responsible for the preparation, administering accuracy and supporting documentation of all medications being administered." and, 11. "Any and all medication errors and/or drug reactions should be reported to the attending physician and pharmacist immediately. The error/reaction must be noted in the resident's clinical record and the episode explained on an Incident Report." B	F9999		