

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/06/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145985</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSITY NURSING &amp; REHABILITATION</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>UNIVERSITY DRIVE</b> <b>EDWARDSVILLE, IL 62025</b>			
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F 000	INITIAL COMMENTS			F 000			
F 157 SS=D	<p>Complaint 1642235/IL85037</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>			F 157			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>by: Based on record review and interview the facility failed to notify the physician of abnormal laboratory results for 1 of 3 residents (R3) reviewed for physician notifications.</p> <p>Findings include:</p> <p>R3's Discharge Summary for an outlying hospital, dated 2/5/16 at 2:13 PM documented R3 was being discharged from the hospital with diagnoses to include Rib Fracture, History of Urinary Tract Infection (UTI), Confusion and Diabetes Mellitus Type II.</p> <p>R3's Progress Notes, dated 2/5/16 at 10:46 PM, written by E8, Licensed Practical Nurse (LPN), documented R3 was admitted to the facility at approximated 9:30 PM. This same Progress Note documents that R3 was confused. R3's Physician Order Sheet (POS), dated 2/5/16, documented R3 was admitted to the facility with diagnoses to include rib fracture, History of UTI, Confusion and Diabetes Mellitus Type II. R3's POS also documented an order for "insulin detemir 100 units/ML (milliliter), 20 units by subcutaneous route Nightly for 4 days." The facility hand written Medication Administration Record (MAR), dated 2/5/16, documented the insulin order was transcribed on admit. An untimed Telephone Order, dated 2/6/16, from Z4, Discharging Physician from Hospital, documents an order to discontinue R3's insulin.</p> <p>R3's Physician Progress Notes, dated 2/24/16, documented R3 was seen by Z1, (Medical Director), and Z1 ordered lab work to be done. The facility Lab Draw Log documents labs were drawn on R3 on 2/25/16 at 4:40 AM. R3's Lab</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>results, dated 2/25/16 at 12:52 PM, document R3 had a glucose of 403 with normal being 65-99 mg/dL (milligrams per deciliter). On the bottom of the lab result sheet a hand written note documents, "2/25/16, (Z1) notified (E9) LPN." There is no documentation in R3's Progress Notes about the doctor being notified of abnormal results or any orders received. R3's Physician Progress Notes, dated 3/1/16, documented R3 was seen by Z1 with no orders written. The Physician Progress Note does not address the abnormal blood sugar.</p> <p>The facility's Policy and Procedure Change in a Resident's Condition or Status, documents in part "1. the Nurse Supervisor/Charge Nurse will notify the residents Attending Physician or On-Call Physician when there had been: d) Abnormal lab results that require physician intervention."</p> <p>E1, Director of Nursing (DON) stated on 4/28/16 at 2:00 PM that the facility does not have a written procedure for ensuring the physician has been notified of abnormal labs. E1 stated that she would hope that if the doctor had not addressed an abnormal lab that the nurse would notify the oncoming nurse to follow up. E1 also stated that Z1 was following R3 while she was at the facility because her Primary Care Doctor would not come to the facility.</p> <p>Z3, (Z1's Office Manager), stated on 4/28/16 at 1:40 PM that Z1's office had not received any labs from the facility on 2/25/16. Z3 stated the only labs reviewed in reference to R3 were dated 3/2/16 from an outlying hospital.</p> <p>R3's Discharge Summary, from an outlying hospital, dated 3/21/16 and untimed, documented</p>	F 157			

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F 157	Continued From page 3 in part, "Discharge Diagnosis: 1. Confusion multifactorial related to hyperglycemia, pneumonia and dementia."	F 157			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to adequately monitor and provide necessary services for a resident with the diagnosis of Diabetes Mellitus Type II for 1 of 4 residents (R3) reviewed for change of condition in the sample of 7.  Findings Include:  R3's Physician Orders Sheet (POS) documents R2 was admitted to the facility on 2/5/16 at 9:30 PM with a diagnosis of Diabetes Mellitus Type II. R2's POS also documents R3 had an order for "insulin detemir (LEVEMIR) 100 unit/ML (milliliter) injection, 20 units by subcutaneous route nightly for 4 days."  R3's Discharge Summary, dated 2/5/16, untimed, documents R3 had been receiving blood glucose monitoring and insulin while in the hospital.	F 309			

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F 309	<p>Continued From page 4</p> <p>A Telephone Order, dated 2/6/16, untimed, from Z3, (Outlying Hospital Discharging Physician), documented an order "DC (discontinue) Levemir." This Telephone Order was signed by Z1, (Medical Director and R3's treating Physician). Physician Orders dated 2/5/16 - 3/1/16 did not document any order for blood glucose monitoring.</p> <p>R3's Medication Administration Record, did not document any blood glucose monitoring done from 2/5/16 - 3/1/16.</p> <p>R3's laboratory results, ordered by Z1, dated 2/25/16, documented an abnormal blood glucose of 403 with a normal range of 65-99 mg/dL (milligrams per deciliter).</p> <p>R3's Nurses Notes, dated 3/1/16, document that R3 was sent out to the hospital for observation on 3/1/16.</p> <p>R3's Discharge Summary, from an outlying hospital, dated 3/21/16 and untimed, documented in part, "Discharge Diagnosis: 1. Confusion multifactorial related to hyperglycemia, pneumonia and dementia." The same Discharge Summary documented "On arrival, her (R3) BLOOD SUGAR WAS FOUND TO BE 641."</p> <p>E1, Director of Nursing (DON) stated on 4/28/16 at 2:00 PM that the facility did not clarify discontinued insulin orders or monitor R3's blood sugar. E1 stated there was not an order for blood glucose monitoring.</p> <p>E1 verified that R3 did not receive blood glucose monitoring or insulin during her stay at the facility.</p>	F 309			