

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

PRINTED: 06/13/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145347	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/09/2016
NAME OF PROVIDER OR SUPPLIER GILMAN HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1390 SOUTH CRESCENT STREET, BOX 307 GILMAN, IL 60938		
(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 000	INITIAL COMMENTS	F 000			
F 157 SS=D	<p>Complaint #1663074/ IL86004</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 interview and record review the facility failed to notify the physician of a high blood sugar for one of three residents (R1) in the sample reviewed for diabetic management.</p> <p>Findings include:</p> <p>The facility's Change in a Resident's Condition or Status policy, dated April 2014, documents the nurse will notify the resident's Attending Physician or On-Call Physician when there has been a significant change in the resident's physical condition.</p> <p>The Physician Order Sheet dated 6/3/16 documents R1 is diagnosed with Diabetes Mellitus, Chronic Kidney Disease, Down's Syndrome, and Severe Intellectual Disability. R1's blood glucose is ordered to be checked once daily at 3:00 AM.</p> <p>The Medication Administration Record documents on 6/2/16 E2 (Assistant Director of Nurses) ADON documented at 4:00 AM that R1's blood glucose level registered as 'HI'.</p> <p>On 6/8/16 at 3:10 PM E2 ADON stated that when a blood glucose registers as 'HI' on the meter it means that the residents blood glucose is over 500 mg/dL(milligrams per deciliter). E2 stated she took R1's blood glucose at 4:00 AM on 6/2/16 and the meter read 'HI'. E2 stated she considers a blood glucose result over 500 mg/dL to be a change in resident condition however did not notify the physician concerning the elevated result.</p> <p>On 6/9/16 at 9:40 AM Z2 NP (Nurse Practitioner)</p>	F 157			

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F 157	Continued From page 2	F 157			
F 514 SS=D	<p>stated she would have expected to have been notified of R1's elevated blood sugar result on 6/2/16.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to document blood glucose results for one of three (R2) residents in the sample reviewed for diabetic management.</p> <p>Findings include:</p> <p>The facility's Obtaining a Fingerstick Glucose Level Policy, dated December 2011 documents the person who performs the procedure should record the blood sugar results in the resident's medical record.</p> <p>R2's Physician Order Sheet (POS), dated 6/2016, documents R2's diagnoses as Diabetes Mellitus</p>	F 514			

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F 514	<p>Continued From page 3 Type II and Dysphagia.</p> <p>R2's Medication Administration Record (MAR), dated 6/2016, documents an order for insulin sliding scale to be administered three time a day after obtaining and documenting R2's blood glucose finger stick result. R2's MAR, dated 5/2016, has no blood glucose readings documented on 5/21/16 at 4:00 PM and 5/21/16 at 8:00 PM.</p> <p>On 6/9/16 at 10:00 AM, Z2, Nurse Practitioner for R2, stated the staff should be doing a blood glucose finger stick so they know how much insulin to give a resident.</p> <p>On 6/9/16 at 10:15 AM, E2 Assistant Director of Nursing (ADON) stated the staff could not give insulin without having a blood glucose reading first. E2 also stated that if R2's blood glucose results were not documented, the facility's policy was not followed.</p>	F 514			