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

PRINTED: 04/25/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
							С
		145488	B. WING _			04/	20/2016
NAME OF PROVIDER OR SUPPLIER				S	STREET ADDRESS, CITY, STATE, ZIP CODE		
BUSHAILI	LE NURSING & REHAB O	TR		1	35 SOUTH MORGAN STREET		
KOOIIVILI	LE NOROINO & REHAD C			F	RUSHVILLE, IL 62681		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI: TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		COMPLETION DATE
IAG	REGULATORT ORT	100 IDENTIFY THE INFORMATION	IAG		DEFICIENCY)	\\L	
F 000	INITIAL COMMENTS		F	000			
1 000	INTINCE GOMINIENTO		' '	000			
	Complaint Investigati	ion #1622041/IL84828					
F 333	483.25(m)(2) RESIDE			333			
SS=D	SIGNIFICANT MED E		Γ,	333			
33-0							
	The facility must ensu	ure that residents are free of					
	any significant medica	ation errors.					
	This DECLUDEMENT	- :					
	· ·	is not met as evidenced					
	by: Resed on record revi	iew and interview, the facility					
		sidents received the correct					
		dose of Insulin, for one of					
	· · ·	reviewed with Diabetes					
	Mellitus, in a sample	of three.					
	Findings include:						
	A facility policy titled	"Insulin Administration					
	(4/2007)", documents						
		, strength, and method of					
	administration must b						
		ure that is corresponds with					
	the order on the medi	ication sheet and the					
	physician's order."						
	A Physician's Order	dated 4/11/16, instructs staff					
	-	Insulin on a "sliding scale"					
		s per day, based on R1's					
		as follows: for blood sugar					
		(milligrams per deciliter) give					
	5 units of Novolog Ins						
	·	/dL give 8 units of Novolog					
		ar between 201-250 mg/dL					
		Insulin, and for blood sugar					
	between 251-350 mg   Insulin.	/dL give 12 units Novolog					
	moulin.						
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	1		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.

Facility ID: IL6008684

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			7. BOILDI	_		(	C
		145488	B. WING _			04/	20/2016
NAME OF PROVIDER OR SUPPLIER  RUSHVILLE NURSING & REHAB CTR			1:	TREET ADDRESS, CITY, STATE, ZIP CODE 35 SOUTH MORGAN STREET CUSHVILLE, IL 62681			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 333	sugar reading as 275		F:	333			
F 425 SS=D	On 4/20/16 at 12:19 p.m. E1 (Administrator) and E2 (Director of Nursing) verified that the 4:30 p.m. dose of Novolog Insulin given on 4/13/16 should have been 12 units instead of 10 units, based on the current physician's order (4/11/16). 483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH		F 4	425			
	drugs and biologicals them under an agree §483.75(h) of this par	rt. The facility may permit I to administer drugs if State under the general					
	(including procedures acquiring, receiving, o	rugs and biologicals) to meet					
	a licensed pharmacis	oloy or obtain the services of the who provides consultation provision of pharmacy					
	This REQUIREMENT by:	is not met as evidenced					

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` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	CX3) DATE SURVEY COMPLETED	
		145488	B. WING		04/20/2016	
	NAME OF PROVIDER OR SUPPLIER  RUSHVILLE NURSING & REHAB CTR  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681	1 04/20/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION	
F 425	failed to obtain a te medication according three residents (R1 Mellitus, in a sample Findings include:  A facility policy, title Order Policy (2/201 non-legend drug on writing or verbally, I licensed practitione prescribe medication which the facility verbal orders must by the licensed persensure the informat correctly transcribe another intervention has been reviewed Director, then a lice order for a situation protocol. Otherwise orders or sign a phy is not based on a corract afaxed order."  A handwritten Telep Nurse), dated 4/14/R1's Lantus Insulin check (blood sugar (Novolog) minutes in the sample.	deview and interview, the facility dephone order for prescription ong to facility policy, for one of previewed with Diabetes e of three.  de "Medication and Treatment 4)", documents "Legend and ders, either communicated in may only be accepted from a r, who is permitted to ons under the law of the State residesAll telephone and/or be read back to the physician sonnel taking the order to dion is clearly understood and deIf a treatment, test, or in is included in a protocol that and approved by the Medical ansed nurse may write a verbal of that is covered by the end, no one should write verbal dysician's name to an order that conversation with the Physician of the protocol of the physician with the Physician of the physicia	F 42			
	check (blood sugar (Novolog) minutes of as follows: for blood (milligrams per dec Insulin, for blood sugive 12 units of Novologies) between 200-250 m	) and give "sliding scale insulin				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		145488	B. WING _			04/20/2016	
NAME OF PROVIDER OR SUPPLIER  RUSHVILLE NURSING & REHAB CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681	<u> </u>	04/20/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 425	mg/dL give 16 units handwritten Telepho documents "Please scale order is (with)  The Medication Adm documents on 4/14/ sugar reading was 1 Nurse) administered R1. Nursing Notes 4/14/16 at 9:30 p.m. resident's room, it w diaphoretic(blood (mg/dL). Resident v stay awake. Reside she didn't feel well. milk (and) 1/2 of a h appearing to be mor retakennoted to be diaphoresis noted (amonitor."  On 4/20/16 at 9:09 a stated she obtained 4/14/16 through a te with Z2 (Endocrinological with Z2 (Endocrinological with Z2 (Endocrinological with X2)	Novolog Insulin. Another ne Order dated 4/15/16, ensure the above sliding meals only."	F	125			
	to ensure the order order back to Z2 to ecorrect. E3 stated s shorter acting insulir and questioned the but not verbally."  On 4/19/16 at 4:50 p verbal order to E3 o Insulin regimen. Z2	sk Z3 for a faxed written order was correct, but read the ensure she had R1's order he is aware that Novolog is a n (normally given with food) evening dose "in my head,  o.m., Z2 stated she gave a n 4/14/16 to change R1's stated she was not asked to signed by Z3 at that time, nor					

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 425	did E3 ask to speak to regarding the order. Inever ordered Novolc a sliding scale, Novolc 22 verified that the cogiven on 4/14/16, was every morning, check "sliding scale insulin (follows: for blood sug (milligrams per decilit Insulin, for blood suggive 12 units of Novolbetween 200-250 mg. Insulin, and for blood mg/dL give 16 units Novolc and the confirmed that, accordacility policy, staff are prescribing licensed prescribing	o the prescribing physician Z2 stated, "we would have go to be given at bedtime on og is a pre-meal insulin." brect Insulin order for R1, as a Lantus Insulin 40 units (blood sugar) and give Novolog)" before meals, as gar less than 150 mg/dL er) give 10 units of Novolog ar between 150-200 mg/dL og Insulin, for blood sugar /dL give 14 units Novolog sugar between 250-350	F	225			