DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM							
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB N	<u>O. 0938-0391</u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(2) MULTIPLE CONSTRUCTION . BUILDING		E SURVEY IPLETED	
		145655	B. WING		03	C 8/11/2016	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
INTEGRIT	Y HC OF WOOD RIVER			393 EDWARDSVILLE ROAD			
				WOOD RIVER, IL 62095			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION SHOULD BE COMPLETIC THE APPROPRIATE DATE		
F 000	INITIAL COMMENTS		F 00	00			
F 425 SS=D			F 42	25		3/25/16	
	The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.						
	A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.						
	a licensed pharmacis	loy or obtain the services of t who provides consultation provision of pharmacy					
	by: Based on interview a failed to timely provid timely manner for 1 o	is not met as evidenced ind record review, the facility e medication as ordered in a f 3 (R2) residents reviewed stration in the sample of 3.					
	Findings include:						
	On 3/11/16 at 9:05 AM problem that I didn't g	N, R2 stated "I had a let my medicine a couple of					
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	

03/25/2016

PRINTED: 04/20/2016

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.

	-	ID HUMAN SERVICES				FORM): 04/20/2016 1 APPROVED
CENTERS FOR MEDICARE & I STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
145655		145655	B. WING			C 03/11/2016	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
INTEGRIT	Y HC OF WOOD RIVER			93 EDWARDSVILLE ROA NOOD RIVER, IL 6209			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 425	weeks ago. She (E6, not give me my insulin time. I usually get it (i is a nurse I have had past. She (E6) never into my room and I thi on purpose." R2's March 2016 Phy documents (in part) d Mellitus and medication (insulin) Sliding Scale sugar) at 7:00 AM, 11 PM, if (fingerstick blood 151-200 = 6 units, 20 12 units, 301-350 = 1 greater than 400 = 20 doctor." R2's progress notes, document, "Late Entry called for clarification dosing time. Awaiting R2's progress notes, document, "2nd and 3 doctor. (Z2, Nurse Pr Order received and no of 20 units of Humalo sugar in 1 hour. Do n blood sugar is below blood sugars as order insulin) and (fingerstic medical doctor if any (fingerstick blood sug sliding scale insulin. through night, (fingerstic	Registered Nurse, RN) did n shot and pills at lunch nsulin) at every meal. (E6) a lot of trouble with in the knocks when she comes ink she missed my insulin sician's Order Sheet iagnosis of Diabetes on order for "Humalog e and (fingerstick blood :00 AM, 4:00 PM, and 8:00 od sugar) 0-150 = 3 units, 1-250= 9 units, 251-300 = 5 units, 351-400 = 15 units, 0 units and notify the medical dated 3/2/16 at 2:45 PM, y. MD (Medical Doctor) on sliding scale insulin g return call." dated 3/2/16 at 3:45 PM, Brd call placed to reach ractitioner) returned call. oted to give one time dose g insulin and recheck blood not hold further insulin unless 350. Continue to monitor red with (sliding scale ck blood sugar). Call changes. Bedtime ar) if less than 200 hold Monitor and check on him	F 425				

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FO	ED: 04/20/2016 RM APPROVED NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	TE SURVEY MPLETED	
		145655	B. WING			C 03/11/2016	
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZI			
			3	93 EDWARDSVILLE ROAD			
INTEGRIT	Y HC OF WOOD RIVER		WOOD RIVER, IL 62095				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 425	Continued From page	2	F 425				
	Continued From page 2 R2's progress notes document on 3/2/16 at 9:31 PM "No signs or symptoms of hypoglycemia noted. Resident has no complaint at this time. 8:00 PM (fingerstick blood sugar) was 397." On 3/11/16 at 10:18 AM, E6 stated "If a dose of medicine is missed depending on the time frame if it is longer than one hour, we have to make the doctor aware of the missed dose and proceed with his recommendation. I have not missed medicine, but I missed a fingerstick. Once the fingerstick was done, it guided to the (insulin) sliding scale dose. When the finger stick was gotten, I think (R2's) blood sugar was over 400. I think the order was to give 20 units Humalog insulin and inform the doctor. This happened about two weeks ago on a Monday. It was for the noon fingerstick which was supposed to be done at 11:00 AM. The fingerstick was done about two hours after. Someone else (E7, Director of Nursing, DON), then got it for me. I think I remembered about 1:30 PM. (R2) and I have had a couple of misunderstandings. I did not feel comfortable with him, so I had the nurse from hall 100 (E7) give him his morning medicines, because I didn't feel comfortable going in his room. The hall 100 nurse went into his room and got his fingerstick that morning, it was over 300. It caused (R2) some mental and emotional suffering, but not physical. I would never intentionally cause him any harm. I did get written up and warned about it. He (R2) might not have needed extra insulin if he had gotten the fingerstick before the meal. About 1:30 PM was when I realized the situation. (E7) went into his room and got his fingerstick and she gave him 20 units Humalog insulin. Then we called the doctor.						

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	0: 04/20/2016 APPROVED 0: 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
145655		B. WING				C 03/11/2016		
NAME OF PI	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STAT	E, ZIP CODE		
INTEGRIT	Y HC OF WOOD RIVER				EDWARDSVILLE ROAD OD RIVER, IL 62095			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	K	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD B ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
F 425	Continued From page gone, so I don't know or not." Medication Error Rep documents at 11:00 A glucose level. Insulin manner." The physic on 3/2/16. "The effect unknown." The facility's Drug Adt Guidelines, dated 12/ "2. Medications are at with written orders of Includes (fingerstick to documents, "9. Medic	e 3 if he got any more (insulin) ort, dated 3/2/16, M "failed to get sliding scale not provided in timely ian was notified at 2:45 PM its of the medication error is ministration - General 31/14, documents (in part), dministered in accordance the attending physician. blood sugar) /Insulin." It also cations are administered scheduled time, except orders, which are	F 4	125				

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