

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>FINAL OBSERVATIONS</p> <p>Complaint #0560511/IL15157 THE FOLLOWING VIOLATIONS ARE ASSOCIATED WITH THIS SURVEY:</p> <p>300.610 a) 300.650 c) 300.1010 h) 300.1210 a) 300.1210 b) 2) 300.1210 b) 3)</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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 23 300.1220b)4) 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 there under. 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. Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file. Facility staff shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 24</p> <p>well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Personal Care, as defined in section 300.330, is assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual (Section 1-120 of the Act)</p> <p>General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>The DON shall supervise and oversee the nursing services of the facility, including: Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection and recommending termination of employment when necessary.</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 25</p> <p>These regulations were not met based on record review, observation and interviews, wherein it was determined that the facility failed to:</p> <ul style="list-style-type: none"> (1) provide prompt and competent medical interventions for one of five residents sampled with a diagnosis of Diabetes (R18) following a finger stick (blood glucose (sugar) level) of 49; (2) follow the facility protocol for HYPOGLYCEMIC REACTIONS; (3) failed to be knowledgeable of the action of an oral blood glucose-lowering drug and administering it; (4) failed to monitor the blood glucose level in a timely manner; (5) failed to recognize a hypoglycemic reaction; (6) failed to monitor meal intake; (7) failed to document and accurately report a hypoglycemic reaction to the oncoming Nursing staff and Nurse Supervisor; (8) failed to be aware of individuals with diagnosis of Diabetes; and, (9) failed to ensure that all Nurses employed at the facility are licensed in the State of Illinois. <p>Findings are:</p> <p>R18's assessment, dated 11/15/04, shows R18's cognitive skills to be moderately impaired, needing supervision, and requiring monitoring by the facility for an acute medical condition. In section I - Disease Diagnoses, Diabetes Mellitus was not checked as a disease that would have a relationship to the current medical treatments, nursing monitoring, or risk of death. In section K - Oral/ Nutritional Status: therapeutic diet and mechanically altered diet were checked as well as leaves 25% or more of food uneaten at most meals.</p> <p>R18's Care Plan, dated 12/27/04, lists R18</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 26</p> <p>as having Diabetes. Three of the seven listed approaches are: "Monitor blood sugars by fingerstick as ordered and PRN (as necessary); observe and record signs of Hyperglycemia; and observe and record signs of Hypoglycemia." The care plan then lists the signs of each condition. The care plan also lists: "alteration of nutritional status: (R18) leaves 25% uneaten at most meals ." One of the five approaches says: "Monitor food intake."</p> <p>On 01/03/05, these four approaches were not followed for R18 by E18, RN (11:00PM to 7:00 AM); E5, RN (7:00AM to 3:00PM); and E4, LPN (7:00AM to 3:00PM).</p> <p>R18's hospital records, (Clinical Consultation and History and Physical) dated 11/15/04, shows Severe Chronic Obstructive Pulmonary Disease, Organic Brain Syndrome, and Diabetes. The Consultation of 11/15/04, states that he was receiving Glyburide as one of his medications. R 18's Physician's Order Sheet, for January 2005, shows several diagnoses including Hyperglycemia. A hospital transfer form dated 12/16/04, shows that Hyperglycemia was one of R18's current diagnoses. The same transfer form lists Glyburide 2.5 mgs. to be given every morning before breakfast and blood glucose level (fingerstick) twice a day. R18's January 2005 Medication Administration Record (MAR), shows a blood glucose level (finger stick) scheduled to be done at 6:00AM and 4:00PM, and an order for Glyburide 2.5 mgs. scheduled to be given every morning at 6:30a.m.</p> <p>According to the Physician's Desk Reference of 2004; "Glyburide is an oral blood-glucose lowering drug. Significant absorption is within one hour, peak drug levels at about four hours, and low but detectable levels at 24 hours. The</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 27</p> <p>blood glucose lowering effect persists for 24 hours following single morning doses. Precautions: Hypoglycemia is more likely to occur when caloric intake is deficient. All of these types of drugs are capable of producing severe hypoglycemia. Overdosage: Overdosage of Glyburide can produce hypoglycemia. Severe hypoglycemic reactions with coma constitute medical emergencies requiring immediate hospitalization. Patients should be closely monitored for a minimum of 24 hours to 48 hours since hypoglycemia may recur after apparent clinical recovery."</p> <p>The facility's Nursing Department Daily Staffing Sheet, dated 01/02/05, lists E18, Registered Nurse (RN), to have worked the night shift (11:00PM on 01/02/05 to 7:00AM on 01/03/05) on "D" section. E18 was the only nurse on that section. The Department of Nursing Schedule for December 26, 2004 through January 8, 2005 lists E5, RN and E4, LPN to have worked 01/03/05 from 7:00AM to 3:00PM on "D" section. R18 was residing on "D" section, on 01/02/05 and 01/03/05, according to facility records.</p> <p>The facility's Supervisor Report dated 01/02/05, identified by staff as the facility log for a 24 hour period (running from 7:00AM on 01/02/05 to 7:00AM on 01/03/05), shows that on 01/03/05, R18's 6:00AM fingerstick blood glucose level was 49 mg/dl. The normal range for blood glucose is 70 - 110 mg/dl. No further documentation was available in the log or in R18's nurse's notes as to interventions used to address this blood glucose level. During interview on 02/17/05, at 2:10PM, with E18, he said, "I gave orange juice and sugar (to R18) at 6:00AM . . . (R18) was talking and alert at that time."</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 28</p> <p>R18's January 2005 medication administration record shows that at 6:30AM, on 01/03/05, E18 administered Glyburide 2.5 mgs. to R18. During interview on 02/18/05, at 1:36PM, E18 said, "If I initialed it (Glyburide), I gave it." During an interview on 02/22/05, at 2:00PM, E18 said, "I work at (another facility) full time. I get out of here as quick as I can to get to the (other facility). I had problems with getting to work on time. I verbally reported to the nurses that were coming on at 7:00AM (01/03/05) about R18. I didn't do a follow up (blood glucose level) on R18 ." E18 was again interviewed on 02/24/05, at 2:16PM. At this time E18 was asked if he knew the actions of the drug, Glyburide. E18 stated, "I thought it was a long acting (drug). I guess I didn't realize the actions until we discussed them the other day."</p> <p>A facility transfer form, dated 01/03/05, and signed by E4, shows that R18 had been transported to the hospital Emergency Room. The "pertinent information regarding condition" section showed the following: "Awake, yelling loudly at 7:00AM today. Had been yelling/ disruptive on 11:00PM - 7:00AM shift, and was given 2.5 mgs. Valium at 2:30AM. At approximately 8:00AM, R18 was sleeping soundly and unable to awaken. Held 8:00AM medications and notified Z5 (LPN, office nurse for Z2, Physician of R18). VS - (Vital signs) this AM: (Temperature) - 97.5 degrees, (Pulse) - 74, (Respirations) - 22, (Blood Pressure) - 146/66, Oxygen saturation-93%. . . . 1:00PM - Respirations changed - Now irregular and gasping. Unresponsive to painful stimuli - VS - (Temperature) - 97.4 degrees - (Pulse) - 68 - (Respirations) - 20, (Blood Pressure) - 128/48. Unable to get Oxygen saturation to register.</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 29</p> <p>Notified Z2 and received T.O. (Telephone Order) to send to E.R. (Emergency Room) for evaluation ."</p> <p>The Ambulance Service record dated 01/03/05, shows that the Emergency Medical Technicians (EMT) received the call at 1354 (1:54PM), dispatched at 135406 (1:54.06seconds PM), arrived at the facility at 1401(2:01PM), departed at 1440 (2:40PM) and, arrived at destination at 1448 (2:48PM). This same document shows the following medical interventions were administered to R18: Advanced Life Support, Blood Sugar Test, intubation, Intravenous Medications, and Cardiopulmonary Resuscitation (CPR). Z11, EMT documented "(Patient) code blue." (Unresponsive-not breathing). The nature of the call was documented as: "S.O.B.(Short of Breath)." In the "comments" section of this record Z11 wrote: "Blood sugar was 11. Pt. (patient) given one ampoule Dextrose IVP (Intravenous Push) without change. Pt. blood sugar 324. Pt. monitor showed sinus bradycardia. Pt. given Atropine and Narcan IVP without change. Pt. intubated, and bagged. Monitor showed asystole and pulses were lost. CPR began." The "narrative" section of this record reads: "(Nursing Home) staff stated pt. was quiet today which is not normal. Found pt. in bed. Pulse - 81. Pt. unresponsive, pupils fixed and midpositional. Pt. has no movement."</p> <p>During interview on 03/01/05, at 11:06AM, with Z11, Emergency Medical Technician (EMT), he stated, "Staff said that (R18) had been quiet all day and that was not normal for him. He was breathing, shallow, but unresponsive. If patients are unresponsive, we always do a finger stick. When we did blood sugar, it was 11 at the facility.</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 30</p> <p>He never responded. His heart rate kept going down. At the facility, his pulse was 80ish. We intubated him, gave Dextrose and Atropine. He went into Cardiac Arrest in the ambulance out in the facility parking lot. The facility staff did not mention that he was Diabetic. That's an important piece of information for us. The nurses may not have been in the room with us."</p> <p>During interviews on 02/17/05 at 1:00PM and on 03/02/05, at 12:50PM, with Z7, EMT, he stated, "(R18) had a blood sugar of 11. We gave him 1 ampoule of Dextrose with no response. Rechecked blood sugar and it was 324. But, he did not respond. We gave Atropine and Narcan with no response. He went into Cardiac Arrest. Facility staff told us that he had been quiet and that was not normal for him. They did not tell us that he was Diabetic or that his 6:00AM blood sugar was 49. We figured out on our own that he was Diabetic. We asked staff what he had had to eat. Staff didn't know."</p> <p>The Emergency Room record, dated 01/03/05, at 1452 (2:52PM), shows that R18's chief complaint as unresponsiveness. This same record states that Emergency Room findings were: "unresponsiveness, no spontaneous respirations or pulse. Resuscitation unsuccessful, terminated at 1500 (3:00PM). Physician's diagnosis: Asystole, Cardio Respiratory Failure." On 02/22/05, at 3:40PM surveyor attempted to interview Z10, Emergency Room physician. He was unable to remember R 18. The State of Illinois Medical Examiner's-Coroner's Certificate of Death, dated 02/10/05, shows that the final disease or condition resulting in R18's death was "Chronic Obstructive Pulmonary Disease."</p> <p>During interview with E4, LPN, on 02/17/05,</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 31</p> <p>at approximately 1:00PM, she stated, "(E18) gave (R18) Valium 2.5 mgs. during the night (01/03/05) for yelling and hollering. (R18) was yelling at 7:00AM when I came on. At 8:00AM, or maybe it was 10:00AM, (R18) was sleeping and unresponsive. I checked his vitals and called (Z2), his Physician. At 1:00PM he was still sleeping, non-responsive, breathing irregular-gasping. - I called (Z2) and sent (R18) to the Emergency Room. I had over heard the paramedics say his blood sugar was low. They did a finger stick before taking (R18) to the hospital. --- The night nurse (E18), did the (6:00AM blood glucose levels) and didn't tell me that (R18's) was 49. I heard from other staff that he gave (R18) orange juice and sugar. He (E18) was in a hurry to get out of the facility. I didn't do another (blood glucose) check. (E18) documented on the 24 hour sheets that the blood (glucose) was 49." On 02/22/05, at 3:45PM, during further interview with E4, she stated, "I didn't know (R18) was a Diabetic. I had taken care of (R18) a long time ago and then, I went to another section."</p> <p>During interview with E2, Director of Nursing, on 02-18-05, at 10:30AM, she stated, "(E4) held (R18's) medications on 01/03/05. (R18) wasn't responsive enough to eat the meal at lunch time. I can't find (R18's) meal intake sheet." Review of R18's January 2005 MAR shows that E4 did hold R18's 8:00AM medications on 01/03/05. One of R18's care plan approaches was to monitor his food intake.</p> <p>During a confidential interview, with a member of the Nursing Staff, on 02/18/05, at 11:07AM, the individual stated, "I'm sure (R18) didn't eat lunch. I don't think he ate breakfast, either. (R18) was out of it. They couldn't wake him up. I tried to wake him. (R18) didn't respond</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 32</p> <p>. I heard (E4) ask (E5) on 01/03/05 if she should do a (finger stick) and (E5) said no. We don't report things to (E5) because she doesn't do anything about it."</p> <p>During interview with E5 (RN and the Charge Nurse 01/03/05 on "D" section) on 02/22/05, at 11:20AM, she stated, "When (E4) told me about (R18), we discussed his condition. I told her to call the Doctor. (R18) was slow to respond. We monitored him. Then, I went to care plans. I did not get any report from (E18) about my hall. I had to read it from the daily log. (E18) was in a hurry to go to his second job. He is only a PRN nurse for us. I was unaware that (E18) gave (R18) Glyburide at 6:30AM on 01/03/05. I thought (R18) was not responding due to the Valium he got at 2:30AM that morning. I was unaware that (R18) was hyperglycemic. He wasn't a diabetic when I had him over here a number of weeks ago . He went to the hospital for problems with chronic obstructive pulmonary disease. I never thought that he was diabetic. I'm not sure (E4) knew he was diabetic. I wasn't his nurse." On 02/22/05, at 2:30PM, when questioned about her knowledge of the facility's Protocol for Hypoglycemic Reactions, she said, "There are standing orders. One is in each chart. The ward clerk puts them in the charts. I would have called the Doctor for a Glucagon order had I known (R18) was Diabetic, had low blood sugar, and was unresponsive."</p> <p>Review of a facility policy and procedure titled: CHARGE NURSE ORIENTATION; section titled Shift Reports, says that shift reports should be written legibly, and verbal report is exchanged between shift nurses. One of the many conditions listed to be reported includes: "Any changes, concerns, or suggestions regarding</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 33</p> <p>medications; any PRNs given."</p> <p>On 02/22/05, at 2:30PM, when surveyor showed E5, and E21, the protocol for hypoglycemic reactions, they both stated, "I've never seen that protocol." On 02/22/05, at 2:00 PM, surveyor asked E18, if he had any knowledge of protocol for hypoglycemic reactions. He stated, "I don't know anything about the low sugar protocol." On 02/22/05, at 3:45PM, when questioned about the protocol for hypoglycemic reactions, E4, stated, "If the (blood glucose) is under 40, give Glucagon and give orange juice and etc. Call the Doctor and do follow up (finger sticks)."</p> <p>The facility's Protocol for Hypoglycemic Reactions, as of 02/22/05, reads as follows: "(1) Perform finger-stick blood glucose level, if 40-60, repeat finger stick, if still low; (a) Hold insulin. (b) Administer 120 cc of juice. (c) Give 3 graham crackers and 2 tablespoons of peanut butter; if on pureed diet 1/4 cup of pureed cottage cheese. (2) If blood sugar level below 60 and resident is unresponsive, give 1 mg. (1 ampoule) Glucagon intramuscular (IM). (3). Recheck blood sugar in 15-20 minutes, if no improvement, notify Doctor." This document was signed by Z2, R18's attending Physician, and dated 03/05/02.</p> <p>According to the facility's list of residents that are Diabetic, there are a total of 51 in the facility. According to the 24 hour log for "D" section, of these 51, 11 reside on "D" section. Of the 11, only 1 resident has a diagnosis of Diabetes, Uncontrolled type. All 11 residents are listed on the 24 hour log to have blood glucose levels done every day. Review of the 11 medical records, on 02/22/05, shows that 7 of the 11 records do NOT have a copy of the Protocol for Hypoglycemic Reactions in their chart. E5, E21,</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 34</p> <p>and E18, were all unaware of the above stated protocol and E4, only knew parts of the protocol. On 01/03/05, these four individuals worked on "D" section.</p> <p>At 2:40PM on 02/22/05, surveyor accompanied E5 as she opened the Emergency Drug box and observed two ampoules of Glucagon accessible if needed.</p> <p>R18's nurse's notes for January 2005 show a note on 01/01/05, at 9:30PM and the next note is dated 01/03/05, at 10:00AM stating that all of (R 18's) 8:00AM medications were held due to him sleeping soundly. There is no documentation between those 2 dates showing his blood glucose as 49 at 6:00AM or being given orange juice and sugar. The nurse's note of 01/03/05 (E 4 stated that she thinks this was at 10:00AM) goes on to say that "R18 was non-responsive to verbal stimuli. Respirations even and unlabored. Reported to Doctor's office Nurse (Z5), at this time. Monitoring." At 1:00PM, on 01/03/05, the note says "Continues to sleep soundly and is non-responsive to verbal and painful stimuli. Respirations changed, are irregular and gasping at this time. Notified (Z2). Received (telephone order) to send to (Emergency Room) for evaluation."</p> <p>During interview with Z5, Z2's office Nurse, on 02/22/05, at 11:48AM, she stated, "I had two conversations with them on that day. The first call they told me that (R18's) vital signs were stable and that he had Valium in the morning. The facility nurse thought it snowed him and wanted to cut the Valium. There was no indication of urgency with this call. They did not mention the (blood glucose level) at 6:00AM, the orange juice and sugar or that the Glyburide had been given at 6:30AM. Had I known those</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 35</p> <p>issues, I would have paged (Z2) due to the information given by the facility nurse and knowing that (R18) had been given Glyburide. The second call had urgency about the condition. (Z2) sent him to the Emergency Room. Had issues with labored breathing and nonresponsiveness. They did not tell me about the (blood glucose) level of 49, that he was not eating, or that he had gotten the Glyburide."</p> <p>During interviews with Z2, R18's attending Physician, on 02/18/05, at 10:55AM, and 2:00 PM, he stated, "(R18) had very advanced chronic obstructive pulmonary disease (COPD) as his primary problem. He was in and out of the hospital with lung problems. His health was so poor from COPD that any insult to the body would have exacerbated the COPD. Respirations were decreased from the COPD and the low blood sugar. The low blood sugar would, also, affect his breathing. He was hypoglycemic and given sugar. He could have gone back into hypoglycemia, again. The intervention (orange juice and sugar) was not enough. A follow up (blood glucose check) would have been a good thing to have done to see what his blood sugar was doing." After informing Z2 that R18 had been given Glyburide 2.5 mgs. 30 minutes after receiving orange juice and sugar because of a blood glucose check of 49, Z2 said, "That probably made it low. The timing is right (referring to the absorption rate and peak period of Glyburide). It contributed to the low blood sugar and to the severe COPD."</p> <p>On 02/23/05, review of the credentials of certified and licensed personnel currently working at the facility showed that E18 was not at the time of the incident and still is not currently licensed to practice nursing in the State of Illinois. During</p>	F9999			

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

PRINTED: 05/23/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2005
NAME OF PROVIDER OR SUPPLIER VERMILION MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(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	<p>Continued From page 36</p> <p>interview with the Department of Professional Regulations on 02/24/05, at 1:27PM, surveyor was informed that there was no contact or activity available in their department regarding E18.</p> <p>During interview with E18 on 02/22/05, at 2:00PM, when asked to see his State of Illinois Professional Nurse's license, he stated, "I have been moving and it isn't accessible, I packed it somewhere." When told that the wallet size license would do, he said, "I don't have my wallet size copy. I'm filling out the paper work for reciprocity from Illinois. I should have it all mailed by Friday (02/25/05)." During interview with E18 on 02/24/05, at 2:16PM, he stated, "I haven't applied for an Illinois license, yet. I pulled the necessary papers off their website. I work here 50-60 hours every two weeks." E18's time card shows that he has worked 61 days since 11/20/04.</p> <p>E18's personnel file shows he was hired on 11/20/04 as a Registered Nurse and has been working in that capacity since then. During group interview with E2, Director of Nurses, E1, Administrator, and E3, Assistant Director of Nursing on 02/22/05, at 1:45PM, they informed surveyor that E2 asked E18 for his license and he couldn't find it because he had misplaced it while moving. He had told E2 that he did not have his pocket license, either. E2 stated that E18 didn't tell her that he did not have an Illinois License and that he had not requested reciprocity yet. E2 told E18 on 02/22/05 that he could not work at the facility without a State of Illinois license. E1 stated on 02/22/05, that E18 had been terminated as of 02/22/05, approximately three months after his date of hire. E18's time card shows that he has worked 61days since 11/20/05. This situation had the potential for</p>	F9999			