	TMENT OF HEALTH RS FOR MEDICARE							F	ORM /	08/25/2 \PPRO\ 0938-0;	/ED
	OF DEFICIENCIES	(X1) PROVIDER/SUPP IDENTIFICATION		(X2) N A. BUI		PLE CONSTRUCTIO	N		ATE SU OMPLET	ED	
		1458	18	B. WI	NG				05/25	; 5/2005	
	ROVIDER OR SUPPLIER	CKFORD			70	EET ADDRESS, CIT 07 WEST RIVERSI OCKFORD, IL (DE BOULEVA				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEEDEI SC IDENTIFYING INFO	D BY FULL	ID PREF TAG		PROVIDE (EACH CORREC REFERENCED T		HOULD BE CRO		(X5) COMPLET DATE	ION
F9999	FINAL OBSERVAT	IONS		F99	999						
	STATE VIOLATION INVESTIGATION C OCCURRING ON (300.610 a)	OF AN INCIDENT									
	300.1210 a) 300.1210 b) 300.1210b)1) 300.1210 b) 2) 300.1220 b) 300.1220b)1) 300.1220b)6)										
	The facility shall ha procedures, govern the facility which sh Resident Care Poli least the administra the medical advisor representatives of n the facility. These with the Act and all . These written pol operating the facilit least annually by th written, signed and	ning all services p nall be formulated cy Committee cor ator, the advisory ry committee and nursing and other policies shall be in rules promulgate icies shall be follo y and shall be rev is committee, as	rovided by by a nsisting of at physician, or services in n compliance d thereunder owed in riewed at evidenced by								
FORM CMS-2	567(02-99) Previous Version:	s Obsolete	Event ID: BLE711	I Fa	acility I	D: IL6008049		If continuation	sheet F	Page 14 o	of 24

CENTER STATEMENT	S FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) M	IULT	IPLE CONSTRUCTION	FORM OMB NO. (X3) DATE SU		
AND PLAN C	FCORRECTION	IDENTIFICATION NUMBER:	A. BU	LDIN	\G	COMPLE		
		145818	B. WI	NG _		C 05/25/2005		
NAME OF P	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	00/20		
ASTA CA	RE CENTER OF ROC	KFORD			707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	Continued From pa	ge 14	F9:	999				
	meeting.							
	services to attain or practicable physical well-being of the re- each resident's com- plan of care. Adequinursing care and pe- to each resident to personal care need Personal Care, as of assistance with me- bathing or other per- or general supervisis physical and menta- who is incapable of independent reside managing his perso- has been appointed -120 of the Act) General nursing ca- the following and shiseven day a week to Medications ind hypodermic, intrave- be properly adminis - All treatments a administered as ord The DON shall sup- nursing services of - Assigning and of nursing services of objectives, standard	defined in section 300.330, is als, dressing, movement, rsonal needs or maintenance, ion and oversight of the I well-being of an individual maintaining a private, nce or who is incapable of on, whether or not a guardian d for such individual (Section 1 re shall include at a minimum hall be practiced on a 24-hour, basis: cluding oral, rectal, enous, and intramuscular shall stered. and procedures shall be dered by the physician. ervise and oversee the the facility, including: directing the activities of						

Facility ID: IL6008049

If continuation sheet Page 15 of 24

		I AND HUMAN SERVICES				FORM	08/25/2005 APPROVED 0938-0391	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145818	B. WI	NG _			C 5/2005	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	•		
ASTA CA	ARE CENTER OF ROO	CKFORD			707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	Continued From pa	ige 15	F99	999				
	descriptions for eac	ch level of nursing personnel.						
	observation, intervi revealed that the fa Check R2's blo units of Humalog in 5/14/05. Check blood su Give sliding sca Have a system residents that requi Make sure resi insulin eat before th This is for 1 of 3 res 12 outside of the sa , R9, R10, R11, R1 The examples inclu The nursing notes fa AM documented, "I lying in bed unresp sugar. Blood suga Glucagon R2 stopp Cardiopulmonary res started. I instructed assistant (CNA) to ambulance and par CPR and care of R The Physician Order for R2 documented inject 5 units subcu	od sugar level before giving 5 isulin subcutaneously on ugar levels as ordered. ale insulin as ordered. to monitor bedtime snacks for re insulin. dents who receive short acting ne medication peaks. sidents in the sample (R2) and ample (R1, R4, R5, R6, R7, R8 2, R13, R14, R15). ide: for R2, dated 5/14/05 at 6:50 (11-7 nurse) saw resident onsive to call. Checked blood r was 30. As I was injecting bed breathing. esuscitation (CPR) was d the certified nursing call 911. At 6:55AM the ramedics arrived and took over						

Facility ID: IL6008049

If continuation sheet Page 16 of 24

		HAND HUMAN SERVICES E & MEDICAID SERVICES				FORM	08/25/2005 APPROVED 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		/ULTI ILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145818	B. WI	NG _			C 5/2005
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ASTA CA	ARE CENTER OF ROC	CKFORD			707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	age 16	F9	999			
	dated 5/14/05 for R	Monitoring & Insulin record R2 documented, "Time - 6:00; e recorded; Insulin Given - 5					
	Sugar Monitoring d • "1. Blood suga the physician. " and • "12. Document	ar monitorings are ordered by d, it results in the Medication cord (MAR) and provide results					
	Diabetes mellitus. monitoring as order	R2, dated 4/26/05, blem - Insulin Dependent Approach - Blood sugar red. Insulin as ordered. nd symptoms of hypo/					
	for the day before 5 05 the 6AM blood s	Monitoring and Insulin record 5/14/05 for R2 show on 5/13/ sugar was 232; 11AM blood M blood sugar was 216; and 9 as 261.					
	AM, E2 (Director of blood sugars are ch and at bedtime." E Blood Sugar Monito 14/05, E2 stated, "E LPN) documented t Humalog insulin su on 5/14/05." E2 als second setting. Th are 8:00AM, noon,	v conducted on 5/18/05 at 9:30 f Nursing - DON) stated, " hecked at 6AM, 11AM, 5AM 2 reviewed R2's MAR and oring & Insulin record dated 5/ E3 (Licensed Practical Nurse - that she gave 5 units of ubcutaneously (sub q) at 6AM so stated, "R2 eats at the ne meal times for that setting and 6:00PM." E2 was shown POS dated 5/1/05 that					

Facility ID: IL6008049

If continuation sheet Page 17 of 24

		I AND HUMAN SERVICES				FORM	08/25/2005 APPROVED 0938-0391	
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED	
		145818	B. WI	NG _		C 05/25/2005		
NAME OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
ASTA CA	ARE CENTER OF ROO	CKFORD			707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	Continued From pa	ige 17	F99	999	9			
	documents that 5 u injected sub q three stated, "That's not g the MARS for our d need bedtime snac During an interview AM, E3 (LPN) state days. I went in and and found it was lov . I saw R2 wasn't b no pulse. I started 2 Glucagon 1mg. F orange juice and su alternative. I gave not on the protocol ." When E3 was as for Humalog insulin The hospital emerg dated 5/14/05 for R complaint - unrespon note - Breathless, r Emergency Medica combination tube a and gave epinephri ampoule of dextros R2 arrives via Adva CPR in progress. T airway with bilatera currently pulseless Intermittent CPR he resumed with pulse pain. Pupils are fix Blood Sugar 350 an	nits of Humalog was to be e times daily with meals she good." E2 stated, "We put on liabetic residents that they ks. It's not on R2's MAR." r conducted on 5/19/05 at 7:40 ed, "I worked with R2 for 18 I checked R2's blood sugar w, so I gave him the Glucagon oreathing and then there was CPR and called 911. I gave R R2 was unable to swallow ugar. I had no other it to him in the left deltoid. It's but R2 was unable to swallow sked to tell what the onset was o she stated, "I don't know."						

Facility ID: IL6008049

		I AND HUMAN SERVICES				FORM	08/25/2005 APPROVED 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		145818	B. WI	NG			5/2005	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
ASTA CA	RE CENTER OF ROO	CKFORD			07 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	Continued From pa	ge 18	F9	999				
F 9999	The hospital emerg 5/14/05 for R2 lists Cardiopulmonary A The hospital Physic 14/05 for R2 docum hypoglycemia at sk subsequent cardiad was found at the nu pulseless and not s Blood glucose was It is not entirely clea or following Glucag the patient was me the nursing home th event. He recently amputation and wa rehab from this surg General - Unrespor pupils fixed and not	ency department record dated admitting diagnoses as rrest and Hypoglycemia. cian Progress Record dated 5/ nented, "58 year old male with illed nursing facility and carrest with asystole. Patient ursing home this AM to be pontaneously breathing. checked and found to be low. ar to me if he arrested before on administration. Per family ntating and breathing fine at ne day prior to this morning 's had a left below the knee s at the nursing home for gery. Physical Exam: nsive; Gaze fixed, Doll eyes, n reactive."	F9	999				
	metabolic encepha reversible cause su which I doubt. Plan poor." The hospital neurol	ession: Anoxic more than lopathy Need to rule out ich a subclinical seizures, n: At this time prognosis is ogy progress note for R2 mented, "Functional						
	neurology progress The hospital pulmo dated 5/18/05 docu encephalopathy, cc On 5/18/05 at 10:30	is poor." nology progress note for R2						

Facility ID: IL6008049

If continuation sheet Page 19 of 24

		I AND HUMAN SERVICES				FORM	08/25/2005 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145818	B. WI	NG .			C 5/2005
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
ASTA CA	RE CENTER OF ROO	CKFORD			707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ĪΧ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE
F9999	attached to a ventile During an interview 15AM Z2 (R2's broch his own for the last diabetes since he w consistent with che taking his insulin. F for rehabilitation aft planned to return to During an interview 15AM Z3 (R2's sist ventilator. Two out what happened. Th have elevated enzy heart attack. The m to check R2's blood him unresponsive. lunch and then they his blood sugar."	al tube in his mouth that was ator to help him breathe. conducted on 5/18/05 at 10: ther) stated, "R2 has lived on 15 years. R2 has had vas 4 years old. R2 has been cking his blood sugars and R2 went to the nursing home per his leg amputation and	F9	99:	9		
	45AM Z1 (hospital nursing home gave checking his blood hypoglycemic. The seizure or profound caused respiratory arrest. Humalog ha is still intubated bed decreased mentation and the fear is that endotracheal tube I his secretions beca	physician) stated, "If the R2 Humalog without sugar he became hypoglycemia led to either a a latered mental status which depression and led to cardiac as an onset of 15 minutes. R2 cause we are contending with on. R2 has copious secretions					
FORM CMS-25	567(02-99) Previous Versions	s Obsolete Event ID: BLE711	Fa	acilit	ity ID: IL6008049 If contin	uation sheet	Page 20 of 24

If continuation sheet Page 20 of 24

		I AND HUMAN SERVICES				FORM	08/25/2005 APPROVED 0938-0391	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145818	B. WI	NG _			C 5/2005	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
ASTA CA	ARE CENTER OF ROO	CKFORD			707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	Continued From pa	ge 20	F9	999)			
	facility were review, R7, R8, R9, R10, R of the 25 residents management of the blood sugar monito given, insulin not gi all. R1's POS dated 5/7 Sugar Monitoring for Insulin according to units, 221-260 = 3 of 340 = 5 units, 341-5 MD." The Blood So Record dated 5/11/7 blood sugar of 204, given. R4's Blood Sugar M dated 5/15/05 docut of 197. The POS for documented he is t per sliding scale for 200. There is no do dose. The only ins given at that time w R5's Blood Sugar M dated 5/6/05 docum of 177. Seven units Novolin R were give dated 5/1/05 docum Humalog per sliding sugar between 150 documentation sho Humalog.	ed. Twelve (R1, R4, R5, R6, 11, R12, R13, R14, R15) out had problems with the sir diabetes related to missing ring, wrong doses of insulin ven as ordered or not given at 1/05 documented, "Blood our times a day. Regular o sliding scale 180-220 = 2 units, 261-300 = 4 units, 301- 380 = 7 units, over 380 call ugar Monitoring and Insulin 05 for R1 documented a 5PM no sliding scale insulin was Monitoring and Insulin record mented a 6:00AM blood sugar or R4 dated 5/1/05 o receive 2 units of Novolin R r a blood sugar between 150- ocumentation R4 received this ulin documented as being ras 20 units of Novolin N. Monitoring and Insulin record mented a 5:00PM blood sugar s of Novolin N and 7 units of en as scheduled. The POS nented R5 is to receive g scale, 2 units for a blood						

Facility ID: IL6008049

If continuation sheet Page 21 of 24

CENTER		AND HUMAN SERVICES	(¥2) M	AL II TI	IPLE CONSTRUCTION	FORM	08/25/2005 APPROVED 0938-0391	
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	(A. BU			COMPLETED		
		145818	B. WI	NG _			5/2005	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
ASTA CA	ARE CENTER OF ROO	CKFORD			707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	Continued From pa	ge 21	F9	999				
	dated 5/3/05 docum 169 and that 4 units units should have b AM blood sugar wa units of Novolin R w been given). On 5/8 was documented at was given (4 units a POS dated 5/1/05 o units/ml vial - 150-2 units, 251-300 = 6 o 400 = 10 units, <60 R7's POS dated 5/7 sugar monitoring th 101-150 = 2 units, ² Blood sugar monito 5/11/05 for R7 had and documented th Novolin R was give sugar was docume insulin was docume R8's POS dated 5/7 sugar monitoring ev 200 = 2 units, 201-2 Sugar Monitoring a 05 for R8 documen no sliding scale ins the 6AM blood suga insulin was given. R9's POS dated 5/7 Sugar Monitoring th 151-200 = 2 units, 20 400 = call MD." Th	hented a 5PM blood sugar of s of Novolin R was given (2 been given). On 5/4/05 the 11 us documented as 303 and 10 vas given (8 units should have 9/05 the 11AM blood sugar s 228 and 2 units of Novolin R should have been given). The documented, "Novolin R 100 200 = 2 units, 201-250 = 4 units, 301-350 = 8 units, 351-						

Facility ID: IL6008049

If continuation sheet Page 22 of 24

CENTER	RS FOR MEDICARE	AND HUMAN SERVICES				FORM OMB NO.	08/25/2005 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		145818	B. WI	NG			_ 5/2005
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ASTA CA	RE CENTER OF ROO	CKFORD			07 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	ge 22	F9	999			
	scale insulin being	blood sugar at 5PM or sliding given. On 5/18/05 the 6AM 51, no sliding scale insulin was					
	Sugar Monitoring tw -200 = 2 units, 201- units" The Blood S record dated 5/6/05 blood sugar of 154, given. On 5/13/05	/1/05 documented, "Blood vo times a day. Novolin R 150 ·250 = 4 units, 251-300 = 6 ugar Monitoring and Insulin 5 for R10 documented a 6AM no sliding scale insulin was a 5PM blood sugar of 170 was units of Novolin R was given (been given).					
	Sugar Monitoring b Novolin R 151-200 251-300 = 6 units, 3 10 units." The Bloc Insulin record dated an 11AM blood sug Novolin R was give given). On 5/6/05 t and 4 units of Novo scale insulin should blood sugar was 24	/1/05 documented, "Blood efore meals and at bedtime. = 2 units, 201-250 = 4 units, 301-350 = 8 units, 351-400 = od Sugar Monitoring and d 5/3/05 for R11 documented par of 355 and 8 units of n (10 units should have been he 5PM blood sugar was 147 blin R was given (no sliding d have been given). The 9PM 44, no sliding scale insulin was the 6AM blood sugar was 252, ulin was given.					
	Sugar Monitoring tw 200 = 2 units, 201-2 units, >301 = call M Monitoring and Insu	/1/05 documented, "Blood vice a day. Novolin R 151- 250 = 4 units, 251-300 = 6 ID." The Blood Sugar Jlin record dated 5/12/05 for R PM blood sugar of 178, no was given.					

Facility ID: IL6008049

If continuation sheet Page 23 of 24

		H AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	08/25/2005 APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145818	B. WIN	1G			C 5/2005
NAME OF F	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
ASTA CA	ARE CENTER OF ROO	CKFORD			07 WEST RIVERSIDE BOULEVARD OCKFORD, IL 61103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	age 23	F99	999			
	R13's POS dated 5 Sugar Monitoring to 250 = 2 units, 251- Sugar Monitoring a 05 for R13 at 5PM 218, no sliding scal R14's POS dated 5 Sugar Monitoring th 151-200 = 2 units, 6 units." The Blood Record dated 5/2/0 sugar of 257, 2 unit should have given sugar was 200, 4 u no sliding scale ins R15's POS dated 5 Sugar Monitoring fo -200 = 2 units, 201 Sugar Monitoring a 05 documented a 9 sliding scale insulir	5/1/05 documented, "Blood wice a day. Novolin R 201- 300 = 4 units." The Blood and Insulin Record dated 5/9/ documented a blood sugar of le insulin was given. 5/1/05 documented, "Blood hree times a day. Novolin R 201-250 = 4 units, 251-300 = d Sugar Monitoring and Insulin 05 documented an 11AM blood ts of Novolin R was given (6 units). At 5PM the blood units of Novolin R was given (6 units). At 5PM the blood units of Novolin R was given (6 units). Novolin R 151 -250 = 4 units." The Blood and Insulin Record dated 5/4/ 9PM blood sugar of 188, no n was given. On 5/8/05 at 9PM as 198, no sliding scale insulin					

Facility ID: IL6008049

If continuation sheet Page 24 of 24