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HERITAGE MANOR SOUTH-BEARDSTWN	8306 ST LUKES DRIVE BEARDSTOWN, IL 62618

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F 426	Continued From page 22 Monday, Wednesday, Friday and Sunday, and 4 milligrams on Tuesday, Thurs, and Saturdays. The nurses's notes indicate that R1 was sent to the hospital on 2/1/06 at 5:30 pm. The noon dose of Coumadin for 2/1/06 is not signed as given. E5, LPN was interviewed on 2/10/06 at 1:20 pm regarding how much if any Coumadin R1 was given at noon on 2/1/06. E5 stated, "I did give her the one dose at noon. I forgot to sign it off but I'm sure I gave it".	F 426		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS Section 300.610a)c)2) Section 300.1010h) Section 300.1030a)5) Section 300.3240a) Section 300.610 Resident Care Policies a) 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 thereunder . 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.	F9999		

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F9999	Continued From page 23 c) These written policies shall include, at a minimum the following provisions: 2) Resident care services including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic service (including laboratory and x-ray). Section 300.1010 Medical Care Policies h) The facility 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. Section 300.1030 Medical Emergencies a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as: 5) Other medical emergencies (for example, convulsions and shock).	F9999		

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F9999	Continued From page 24 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. Based on observation, record review and interviews, 1) The facility failed to immediately notify the physician when 1 of 8 residents with Insulin Dependent Diabetes (R3) presented with blood sugars as low as 39 and 32, and failed to give complete information to the physician when he was notified. 2) The facility failed to respond to and treat signs and symptoms of Hypoglycemia and failed to have policies and procedures established for staff to follow regarding hypoglycemia for 1 of 8 residents with Insulin Dependent Diabetes residents (R3). Findings include: Review of R3's medical record face sheet indicates that she was a 69 year old female who was admitted to the facility on 7/11/05. Her diagnoses included Hypoglycemia, Insulin Dependent Diabetes Mellitus, and End Stage Renal Disease. Her Minimum Data Set (MDS) assessment dated 1/14/06 documents she was independent for cognitive skills for daily decision making, required only supervision for transfers and hygiene, was independent for eating, used a walker, wheeled self in wheelchair, and required limited assist for toileting. R3's nurses' notes documented on 1/20/06 at 3:	F9999		

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F9999	Continued From page 25 10 am, "(R3) yelling for family members." The next note is at 4:00 am, "(blood glucose check) 39, supplement given. 4:15 am, blood glucose checked, 32, jelly and supplement given. 4:30 am, blood glucose checked, 118. 5:15 am, staff got resident up to the bathroom. She went unresponsive. Vital signs 153/97, pulse 101, respirations 22 and temperature 97. 5:30 am blood glucose checked, 49, jelly given, family called, arrived and wants resident direct admit to the hospital. 5:45 am, (Z1, resident's Medical Doctor) called, states whatever family wants. 5: 50 am ambulance called. 6:00 am, res states, complain back hurting/ feels like going to pass out. 6:35 am, ambulance arrived." On 2/10/06 at 2:10 pm, E1, Adm. (Administrator.) , E2, D.O.N. (Director of Nursing) and E3, Care Plan Coordinator were interviewed regarding their policy for treatment of Hypoglycemia at levels of 39 and 32. E2, DON stated, "We give supplement as a quick nutrition." E1 stated, "I think they told us not to use sugar and orange juice anymore." A facility policy dated 7/5/05 titled, Blood Sugar Treatment - Hypoglycemia was provided and reviewed. It stated, "If range is low, give 'instant glucose' or juice with sugar. E1 stated, "That policy should have been changed a long time ago." On 2/14/06 at 8:30 am, E2 stated, "I found out how much supplement (E4) gave R3. She gave her 2 ounces." Review of a memo dated 2/13/06 from the facility Registered Dietitian, E13, indicates that a four ounce serving has 24.6 grams of carbohydrates. Per interview with E2 above, E4 gave 2 ounces, which would therefore be only 12.3 grams of carbohydrates.	F9999		

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Z1 (R3's Medical Doctor), was interviewed on 2/14/06 at 10:05 am, regarding the supplement given for a blood sugar of 39 which resulted in an even lower sugar of 32, Z1 stated, "She needed more sugar. Under 50 they should have given glucose." Z1 was interviewed regarding the 1/20/06 low blood sugars at 4:10 am and at 4:15 am and the fact that the facility did not call him until 5:45 am on 1/20/06. Z1 stated, "I don't think I got all that information."

The nurses notes for January were again reviewed. There was no documentation after 1/17/06 at 11:30 pm until the above entry dated 1/20/06 at 3:10 am. The 1/17/06 at 11:30 pm entry indicates that (R3) complained that she felt like her blood sugar was low. It was checked and was 100. She also complained of a headache and general malaise.

E8, Certified Nurse Aide (CNA) was interviewed on 2/14/06 at 11:42 am. E8 stated, "I didn't care for (R3) on that night but I did take care of her the night before, the 19th. She wasn't very good that night. I couldn't get her to stand up."

At 2:30 pm, E4, Licensed Practical Nurse (LPN) was interviewed regarding R3. E4 stated, "I gave her supplement because that is what the nurses told me to give for low blood sugars. There were no instructions on the Medication Administration Record (MAR) as to when or what to give. I don't know what the policy is. I looked at (Z1's) standing orders and there weren't any parameters as to when to call the Doctor." When asked why she didn't call the Doctor until 5:45 am for the sugars of 39 and 32, she stated, "I had to

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call the family to find out if (R3) was a DNR (Do Not Resuscitate) or not."

On 2/14/06 at 3:15 pm, E2, D.O.N., was was interviewed regarding why the 6:00 am Insulin was held on the 17th through the 19th. E2 replied, "I don't know, but since it isn't in the nurses notes, it would just be on the MAR. We do not keep a nursing 24 hour communication log. (R3) did refuse her Insulin a lot."

Z6, R3's daughter was interviewed on 2/15/06 at 9:25 am. Z6 stated, "They called me at 5:30 that morning and my Aunt and I came right in. We asked if they were sending (R3) out. E2, DON told us no, because she was doing better. When we saw her (R3), her eyes were barely open, with a stare. She barely knew me and acted like she didn't know where she was. Kind of talking off the wall. They didn't call the Doctor until we insisted she be sent out. The nurse said she did give her morning medicine. The ambulance took her to (nearby rural hospital) and then she was sent on to the city medical center. We stayed with her. About 9:30 pm that same night I started home to get clothes and the hospital called me and said that her heart had stopped. They worked on her for about 20 minutes and then placed her on a respirator. The next day the doctors told us she couldn't make it without the respirator and she had no response to pain. They took her off and she died about 1:00 pm that day."

The DON, E2 was interviewed at 10:15 am regarding the morning R3 was sent out. E2 stated, "I was here at the time it occurred. I saw her when I got here some time after 5:30 am. She was better. She was talking to me. The

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family was here." E2 was asked if it was the family's idea to send her out, E2 replied, "Yes it was."

E4, LPN was again interviewed at 1:55 pm, 2/15/06 regarding R3 getting her 6:00 am medications including insulin because review of the MAR indicated that all 6:00 am meds were signed off as given. E4 stated, "Yes I did give her medications." When asked if that included her 30 units of insulin and her 10 milligrams of Glipizide (an oral blood sugar lowering medication), E4 stated, "I gave her everything but the insulin injection. I sign off the medications before I give them. I must have forgotten to go back and circle the insulin injection. I gave them right after her sugar came back up. It was 110 or 118 or whatever it went to. Then it was later that she went unresponsive."

Review of the Emergency Medical Services record dated 1/20/06 at 6:45 am, states, "Staff had on going problem since 3:10 am today with patient's sugar being too low and patient unresponsive. Sugar in ambulance 93 at 6:54 am, given instant Glucose orally." The record reports that between 7:04 am and 7:12 am sugar went down to 63.

Review of the Emergency Department Nursing Record at the nearby rural hospital, dated 1/20/06 at 7:20 am, documents the following: "Family states that the nursing home staff notified them that patient had a syncopal episode in the bathroom this morning and has not been eating well for several days. Nursing notes show that patient has been awake and restless since 3 am ." 7:45 am (blood sugar check) 41. It is

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documented, mental status changes. R3 was transferred from here to the nearest city medical center.

The History and Physical from the medical center's attending Physician, (Z2) dated 1/20/06 was reviewed. Under the History of present Illness it states, "Patient was taken to (a nearby) emergency room and a (Blood Sugar Check) showed a blood glucose of 30. Glucose was given, and blood pressure was subsequently checked and was found to be low, so a fluid bolus was also given. Glucose and blood pressure normalized." The Assessment and Plan documents; "I believe that the patient had initially became impacted with stool, which led to abdominal pain and decreased P.O. (oral) intake as well as nausea and vomiting, which caused her to be somewhat hypotensive. I also believe she continued to receive her oral hypoglycemic medications and insulin, which caused her to be hypoglycemic."

The nutritional intake flow sheet for January 2006 on the three days prior to the blood sugars of 39 and 32 on 1/20/06, shows that of those 9 meals she only ate 25% for 6 meals and 50 % for 2 of those meals. There are no higher percentages marked. The Dietary Quarterly Progress note dated 10/10/05 (the last available dietary note in the record documenting her intake), indicates that she usually eats 50 to 75% of her meals.

R3's careplan dated 10/21/05 (current upon her discharge date) indicates she is at risk for fluctuating blood glucose levels R/T (related to) diagnosis of Diabetes. The approaches include: Monitor (blood glucose checks) QID (four times a

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day) and give sliding scale insulin according to results. The MAR's and Physician Order Sheets (POS) were reviewed for January 2006 and November and December 2005. There were no orders for sliding scale insulin found since November 2005 MAR and POS. The November POS did have sliding scale orders with parameters as to when to notify the Doctor dated 11/16/05. It noted: Call for (blood sugar checks) under 60 or over 350. The (Blood sugar Checks) for 11/16/05 through 11/31/05 were reviewed and by verification of the nurses notes during this time frame. Review of these records and the nurses notes indicate there was no notification to the Doctor on 11/18/05 blood sugar of 58 at 6:00 am, no notification on 11/23/05 blood sugar of 47 at 6:00 am, no notification on 11/25/05 for blood sugar of 389 at 9:00 pm and no notification 11/30 /05 of a blood sugar of 413 at 9:00 pm.

Interview with E1, Administrator and E2, D.O.N. on 2/17/06 at 11:20 am indicates that the 11/16/ 05 physician order for sliding scale with parameters to notify the physician was not carried over to the December MAR or POS. E2 stated, "It just got lost. We could not find where or why it got dropped."

Nurses' notes from 10/1/05 through 1/20/06 were reviewed. On 10/27/05 at 2:00 pm, the nurse E2 documents, "(Resident) complains sweating, 'feeling hot'. Blood sugar taken results show 40. 120 cc of milk at this time." There is no follow up documentation to this. The next note is 10/28/05 at 12:45 pm ,the following day, "(blood sugar) 32, gave orange juice and lunch, res. ate about 50% with writer feeding and encouraging to chew and swallow, resident lethargic but still responding,

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F9999	Continued From page 31 just slowly. Rechecked at 1:15 pm, 38. Doctor called at this time." E5, LPN was interviewed at 11:10 am on 2/14/06 regarding the facility policy on treatment of low blood sugars for residents without written parameters on their medical records. E5, LPN, stated, "First I would call the Doctor if under 50 and give orange juice with sugar. E7, RN, was asked the same at 12:30 pm on 2/14/06 and responded, "If they are alert I'd give juice or protein and call if under 60." E10, LPN was also asked the same about the facility policy on 2/15/ 06 at 1:30 pm. E10 stated, "You could give (supplement) for low blood sugar. But if it is under 50, you would call the Doctor. If it is down in the 30's, I would definitely call the Doctor. They would usually order Glucagon for that low." On 2/14/06 at 11:10 am, E5 (LPN) opened the medication cart, the emergency box and the convenience box. There was no instant glucose found as required to be used for Hypoglycemic reactions per the facility policy. E5 stated, "We just have the Glucagon stuff."	F9999		