STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014401	A. BUILDING: _____ B. WING _____	C 01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING OF EDWARDSVILLE	6277 CENTER GROVE ROAD EDWARDSVILLE, IL 62025

(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) COMPLETE DATE
S 000	Initial Comments Complaint 2340055/IL154920	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. 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. These requirements were not met as evidenced by, Based on interview and record review, the facility failed to notify the physician of critical lab results for one of 14 residents (R7) reviewed for quality of care in the sample of 14. This failure resulted in R7 continuing to receive the same treatment for his diabetes despite multiple episodes of hypoglycemia, and R7 being admitted to the intensive care unit of local hospital with diagnosis of hypoglycemia. Findings include: R7's Face Sheet documents he was admitted to the facility on 12/15/22 with the diagnoses of Rhabdomyolysis, Cerebral Infarction Due to Unspecified Occlusion or Stenosis of Unspecified Vertebral Artery, Type 2 Diabetes Mellitus, Generalized Anxiety Disorder, Depression,	S9999		

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S9999	Continued From page 2 Gastro-Esophageal Reflux Disease Without Esophagitis, Primary Hypertension, Metabolic Encephalopathy, Acute Kidney Failure, Dysphagia Following Cerebral Infarction, and Cognitive, Social, or Emotional Deficit Following Cerebral Infarction. R7's Physician Order Summary includes an order dated 12/16/22 for lab testing including a CMP (Complete Metabolic Profile) and HgbA1C (a test that measures your average blood sugar levels over the past 3 months). Another order dated 12/21/22 documents an order for another CMP to be done. An order dated 12/16/22 documents, "Perform accucheck one time a day related to Diabetes Mellitus with Hyperglycemia." R7's medication orders dated 12/15/22 document orders for Glimepermide 2 milligrams (mg) once a day and Metformin 500 mg twice a day for diabetes mellitus. R7's results of his CMP dated 12/19/22 document his blood glucose level as 33 (normal limits are 65-99). There is a stop sign symbol on the lab indicating this is a critical level. R7's results of his CMP dated 12/22/22 document his blood glucose level as < 31 (less than 31). There is a stop sign symbol on the lab indicating this is a critical level. Review of R7's Progress Notes from 12/15/22 when he was admitted to the facility, through 12/23/22 when he was discharged to the hospital, do not include any documentation of R7's medical doctor being notified of R7's critical lab results. On 1/6/23 at 10:58 AM, V9, staff with the facility's contracted lab, stated the lab staff call any critical labs to the facility, and if there is no answer, they	S9999		

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S9999	Continued From page 3 continue to call the facility until someone confirms they received the critical lab results. V9 stated R7's critical glucose level of <31 was called to V2, Director of Nursing on 12/22/22 at 4:24 PM, and R7's critical glucose level of 33 was called to V17, Licensed Practical Nurse (LPN) on 12/19/22 at 5:32 PM. On 1/10/23 at 9:55 AM, V2, Director of Nursing (DON) stated she does not know why there is no documentation of R7's critical lab values being called to the doctor. She stated she took one of the calls from the lab about his low glucose level but by then the nurse had already taken action and corrected his blood sugar after his accucheck was low that morning. V2 stated the critical lab results should still have been called to the medical doctor. She stated on the day that R7 was sent to the hospital, V15, Nurse Practitioner, was on the phone with the nurse and was aware of R7's accucheck of 21 and V15 ordered Glucagon to be given and 911 to be called when R7's blood sugar was still 21 after Glucagon was administered. V2 stated again that all critical lab results should be called to the Medical Doctor (MD). V2 stated she thinks the MD also has access to the electronic medical record but should still be notified by the nurse to be sure it is not missed. V2 stated she was not aware until it was brought to her attention during the survey that R7 had two different critically low blood glucose results. On 1/10/23 at 11:15 AM, V15, Nurse Practitioner (NP), stated she saw R7 once while he was a resident in the facility. She stated she was not notified of R7 having any critical labs, and stated she would definitely have remembered a blood glucose of 33 or less than 31 being reported to her. V15 stated there was no documentation of	S9999		

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S9999	Continued From page 4 V16, Medical Doctor (MD), being notified of the critical lab results in their file on R7, which she stated is where V16 would have documented any communication with the facility regarding critical labs, V15 stated V16 did say the facility did report that R7 had a low accucheck result in the morning on the day V16 made rounds (Wednesday, 12/21/22) and that they had taken action to bring it back up, but they did not report R7's critical low glucose of 33 on 12/19/22 on his CMP to V16 or herself. V15 stated she was also not aware of R7's glucose of less than 31 on his CMP lab report on 12/22/22 when she was talking to the nurse about R7's accucheck result of 21 on 12/23/22 that ended up with him being sent to the hospital. V15 stated if she was aware of R7's critical lab results of low glucose levels, she would have held or discontinued his diabetic medications. V15 stated when R7's accuchecks were low on those other mornings, his diabetic medication should not have been given. V15 stated she would have held R7's Glimepermide (diabetic medication) after his first critically low blood glucose on 12/19/22, but because he continued to receive the same medications, he continued to have low blood glucose and ended up in the hospital with hypoglycemia (low blood glucose). On 1/11/23 at 3:55 PM, V1, Administrator, stated the facility does not have a policy regarding reporting critical labs. The facility's policy, "Standards and Guidelines: SG Change in Condition" revised 3/27/21 documents, "Standard: It will be the standard of this facility to notify the physician, family, and/or responsible party/resident representative (as is applicable) of significant changes in condition and providing treatment(s) according to the resident's	S9999		

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S9999	Continued From page 5 wishes and physician's orders." It continues, Guidelines: "7. Contact the primary physician to update him/her to the change in condition. In the event the primary physician cannot be notified, attempt to contact the facility's medical director." The facility's undated policy, "When to Call/Notify the Doctor" documents, "2. Change in Resident Condition:" "h. results of labs/xrays/diagnostic tests." (A)	S9999		