FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING; _ C B. WING IL6005193 02/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **820 WEST LAWRENCE** ALDEN LAKELAND REHAB & HCC CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 238O091/IL154973 S9999 Final Observations S9999 Statement of Licesnure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3) Section 300.610 Resident Care Policies 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 The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

PRINTED: 03/21/2023

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6005193 02/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **820 WEST LAWRENCE** ALDEN LAKELAND REHAB & HCC CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary b) 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. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 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. These requirements are not met as evidenced by: Based on interview and record review the facility failed to follow doctor's orders and failed to follow the facility's Hypoglycemic Policy for one resident (R2) in a sample of 3. This failure affected one resident (R2) and resulted in R2 being sent to the

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a blood sugar of 29.

local hospital with diagnosis of Hypoglycemia with

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6005193 02/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **820 WEST LAWRENCE** ALDEN LAKELAND REHAB & HCC CHICAGO, IL 60840 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 Findings include: R2 was reviewed as a closed record. R2 expired on 1/11/2023. R2's face sheet dated 9/30/22 documents, in part: R2 was admitted on 9/30/2022. R2 is a 46-year-old man with a diagnosis of but not limited to: End Stage Renal Disease, Hypertensive Heart and Chronic Kidney Disease with Heart Failure and Stage 5 Chronic Kidney Disease, Type 2 Diabetes Mellitus with Severe Nonproliferative Diabetic Retinopathy without Macular Edema, Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease. R2's BIMS (Brief Interview of Mental Status) dated 11/22/2022 documents score of 15 (cognitively intact). Local Fire Department Patient Care Report dated 12/30/2022 documents in part: Unit Notified by 12/30/2023, Dispatch: 05:14:00 (5:14am) Scene: Complaint Reported: Person (R2) Unconscious Breathing. Vital Signs: 05:25am (5:25am) heart rate 84, blood pressure 205/100, blood glucose of 29, respiration of 20 with no eye movement when assessed, no verbal/vocal response and no motor response. Patient Care Report Narrative documents, Upon arrival patient lying supine in the hospital bed at the nursing home with staff and the scene. Upon exam patient is unresponsive in a very diaphoretic, staff states that the patient is a known diabetic and has a blood sugar of 29 (obtained by EMS), ALS (Advance Life Support) care established patient given D10 (Dextrose) IV (Intravenously), And

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become alert and oriented X 3. Local Hospital notified on telemetry, patient. Transported

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(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED C 02/04/2023	
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NAME OF PROVIDER OR SUPPLIER STREET ADDR				STATE, ZIP CODE	1 02/0	7412023	
ALDEN LAKELAND REHAB & HCC 820 WEST LAWRENCE CHICAGO, IL 60640							
(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	
S9999	Continued From page 3		S9999				
	Department Patient	ncy room. R2's Local Fire Care Report documents that to local hospital at 5:51am on		28	E)	×	
5.0	states, in part, R2 be Department from fa- hypoglycemia 29 mg	Report dated 12/30/2022 rought in by Local Fire cility with a complaint of g/dl and unresponsiveness. ver questions upon arriving partment).					
ght	V25 (LPN) states Lo information that R2	l 12/30/2022 at 10:15am by cal Hospital ER, provided is admitted for abnormal SRD (End Stage Renal	* 7	# # # # # # # # # # # # # # # # # # #	ş.a		
	dated 12/30/2022 at Assessment/Plan R; hospital because of and R2 was transfer random blood glucos	ory and Physical Reports 12:30pm documents under 2 was admitted to local insulin induced hypoglycemia red from the facility after his se level was 29 mg/dl and fter he received insulin this	8	38 S	5 81		
	that writer (V26) obs hypertensive, around responding to stimuli Hypoglycemic at the Paramedics came qu	lickly to facility.	3	N N W		:= :::"	
# 1	"Between 4:30am an (V26) entered R2's re scheduled 6:00am m unresponsive to me	Sam V26 (LPN) stated, d 5:00am on 12/30/2022 com to give R2 his corning meds. R2 was calling his name, but he stimuli". V26 stated, "I	:			¥	

(X2) MULTIPLE CONSTRUCTION

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stated, "I think V26 notified the doctor and the family". V1 stated that she expects the nurse, in

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6005193 B. WING 02/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **820 WEST LAWRENCE** ALDEN LAKELAND REHAB & HCC CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 case of an emergency, to call 911 first than notify the doctor. Surveyor asked the expectation of the nurse if a resident's blood glucose drops below normal. V1 stated, "It depends on the blood glucose level. V26 made the decision to administer glucagon due to the blood glucose being low. Surveyor asked, in this situation, did you expect the nurse to obtain vital signs and blood glucose, and would you expect the nurse to document the residents' vital signs and blood sugar results? V1 stated, "I expect the nurse to document everything that is done for the patient. If the blood sugar is low, I would expect them to administer glucagon. Vitals should be documented in the vitals section, in progress note or the assessment". V1 stated, "For diabetes management it would include the nurse checking the blood glucose, and that the blood glucose should be checked before administering insulin". Surveyor asked V1 if there was an order for glucagon. V1 said, "I do not see an order for glucagon." Surveyor asked if vitals were in PCC (electronic medical record). V1 said, "Not that I can identify in the computer". V1 further stated, "Diabetic residents do get evening snacks, but I don't know if R2 had one on 12/30/2023". On 2/02/2023 at 4:45pm V1 confirmed that V26 was the nurse on the second floor and that V28 (CNA) and V29 (CNA) were the CNA's on 12/30/2023 that worked on the second floor. On 2/03/2023 at 7:27am V28 (CNA) stated, "It was early in the morning about 4:30am or 5:00am." V28 stated, "When I (V28) saw him he (R2) was real sweaty and he was not moving". V28 stated that V26 was calling his (R2) name and touching him. She (V26) was taking his vitals and checking his blood glucose. V28 stated,

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"V26 called 911 and there was something that

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level of glucose. I (V34) checked R2's glucose and it was 29. The facility did not make us aware of R2's blood sugar. We (paramedics) did not give glucagon. We checked R2's blood sugar and it was 29, we took a set of vitals, and we started an IV and gave R2 D10. We rechecked the blood sugar and got another set of vitals. V34 stated,

Illimois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6005193 02/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **820 WEST LAWRENCE** ALDEN LAKELAND REHAB & HCC CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES (X4)10PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 8 S9999 there was problems with how the nursing staff was answering our questions. The facility (nurse) did not give us any blood sugar level or vitals for R2. V26 told us she (V26) did not give glucagon to R2. If we were unable to give D10 via IV, we would have given glucagon IM. I do not recall the nurse saying what happened to R2. R2 was unresponsive when we got there and did not respond to painful stimuli when the IV was inserted. Surveyor reviewed R2's progress notes dated 12/30/2022 and there was no documentation from the physician (facility unable to provide name of physician) on call regarding R2's change of condition. Progress note dated 12/30/2023 by V26 does not include any documentation of vital signs, blood glucose level. Nursing assessment of R2 was limited when R2 had a change in condition. The last blood glucose level documented by V26 for R2 was on 12/29/2022 which showed R2's blood glucose level was 207 at 10:28pm. Resident Council Meeting minutes dated 12/28/2022 concern documented Nursing: don't take blood glucose from residents before giving medication or food. Policy titled Hypoglycemia Management dated 9/2020 states, in part, caring for a resident with low blood sugar, when an abnormally low finger stick for glucose is obtained with or without symptoms the test should be repeated and if resident cannot drink, confused, unconscious, unable to follow directions, resists help, extreme lethargy or coma or has a seizure: a. give glucagon IM or SQ (available in Emergency C box) or Cubex, b. call 911 (if applicable), if

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