

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/07/2024
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NAME OF PROVIDER OR SUPPLIER ASPEN REHAB & HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1403 9TH AVENUE SILVIS, IL 61282
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(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 Investigation: 2424857/IL174618 Investigation of Facility Reported Incident of 06-17-2024/IL174714	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 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.	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
07/31/24

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S9999	<p>Continued From page 1</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>d) 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:</p> <p>3) 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>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to notify the physician of a diabetic resident receiving a nutritionally- inadequate clear liquid diet tray for most meals or not eating at all during the span of five days, while continuing to receive the ordered oral and injectable diabetic medications. This failure resulted in R1 being</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>hospitalized for Hypoglycemia and Altered Mental status.</p> <p>FINDINGS INCLUDE:</p> <p>R1's facility Profile Face Sheet documents that R1 was admitted to the facility on 01/26/2018 with the following diagnoses: Diabetes Mellitus, type 2; Morbid Obesity; Vitamin D Deficiency; Anemia; Depression; Mood Disorder, Gastric Esophageal Reflux Disorder and Morbid Obesity.</p> <p>R1's Medication Administration Sheet, dated June 2024 includes the following medications: Jardiance (Sodium- Glucose Co- Transporter 2 Inhibitor) 25 MG (Milligrams) one tablet daily at Noon; Tresiba (Long- Acting Human Insulin) 48 Units subcutaneous daily at Noon; Metformin (Antihyperglycemic) 500 MG one tablet twice daily; Novolin R Insulin 4 Units at 7:30 A.M. and 7 Units with Lunch and Dinner. This same form documents from the period of June 10 through June 15, 2024, staff continued to administer all scheduled doses of Jardiance, Tresiba, Metformin, and the Noon dose of Novolin R Insulin and the 5:00 P.M. dose of Novolin R Insulin on June 13, 14, 15, 2024 even though R1 either refused most meals or only drank liquids.</p> <p>R1's current Care Plan, dated 7/18/23 documents, "(R1) has a long history of obesity. (R1) consumes more than 75% of meals. (R1) is able to feed himself after with tray set up by staff. (R1) is alert and able to make his needs known. Provide diet as ordered."</p> <p>A review of R1's medical record, including physician orders documents that R1's physician was notified on 6/12/24 of R1's sore throat and productive cough. No documentation that R1's</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>physician was notified of R1's refusal to eat or facility staff only providing liquids, when R1 refused to get out of bed, for the five days preceding R1's hospitalization for hypoglycemia, is available.</p> <p>R1's Ambulance Sheet, dated 6/16/24 at 6:36 A.M. documents, "Dispatched for complaints of a sick person at (facility). Upon arrival, (R1) was in bed. (R1) was very confused. Once (R1) was in the back of the ambulance, we evaluated (R1's) blood sugar. (R1) was hypoglycemic at 42 (normal range 70-100)."</p> <p>R1's Hospital Discharge Summary, dated 6/21/24 documents, "(R1) admitted to hospital from (facility) with Altered Mental Status and Hypoglycemia from 6/16/24 through 6/21/24. History of Present Illness: (R1) presents with altered mental status. (R1) is coming from (facility). (R1) is able to remember this morning, including nursing staff coming into his room but notes he was unable to understand what they were saying. (R1) has had a cold for the past 2 weeks and has been given Robitussin. (R1) states he did not eat breakfast or dinner yesterday. (R1) last had his long-acting insulin at 0800 yesterday and short acting insulin at 1700 yesterday. Differential Diagnosis: General Hypoglycemia. Rationale: Last dose of insulin yesterday evening. Last dose of oral Jardiance yesterday morning. Missed breakfast and dinner last night but still given his dm (diabetes mellitus) type 2 medications. With a half an amp (ampule) of dextrose given in the emergency room, sugars improved to 70's and confusion improved. (R1) denies any starvation or new diet but missed meals while given his medications, dangerous practice. Notes: (R1) is agreeable to admission if accepted, at least observation status to the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>medical service since (R1) hypoglycemic from recently not given his full meals at (facility), but still given his diabetic insulin including oral Jardiance, regular insulin and ultralong acting insulin."</p> <p>On 7/5/24 at 2:09 P.M., V5/Registered Nurse stated, "Residents are not supposed to eat in their rooms, but (R2) is allowed to. I'm not sure why (R2) can. (R1) had been sick for about a week with a head cold. (R1) wasn't eating much. (R1) requested to eat in bed. (R1) can have a sick tray, if (R1) is in bed. A sick tray is only fluids. No, I didn't call his doctor (V11/Medical Doctor) about (R1) not eating." At that time, V5/RN verified she worked the evening (2 PM-10 PM) of June 13, 14 15 (2024). R5/RN also confirmed she administered R1's scheduled dose of Novolin R Insulin on the evening (5 PM) of 6/15/24, even though R1 did not eat breakfast or supper that day.</p> <p>On 7/6/24 at 6:29 P.M., (V11/R1's Medical Doctor) stated, "I wasn't notified of (R1) missing meals or only receiving a liquid diet for the days preceding his hospitalization (for hypoglycemia). If I had been notified, I would have changed (R1's) plan of treatment. (R1) could have avoided a hospitalization."</p> <p>(A)</p>	S9999		