

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/19/2024
NAME OF PROVIDER OR SUPPLIER  Hillsboro Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 East Tremont Street Hillsboro, IL 62049	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>42636</p> <p>Based on interview and record review, the facility failed to notify the physician of abnormal blood sugars as ordered in 1 of 8 residents (R2), reviewed for pharmacy services in the sample of 8.</p> <p>Findings Include:</p> <p>R2's Medical Diagnosis Listing, undated, documents R2 has a diagnosis of Type 2 Diabetes Mellitus.</p> <p>R2's Physician Order Sheet documents the following order, dated 12/13/24 through 12/15/24, Novolin 70/30 Subcutaneous Suspension (70-30) 100 Units/ML (Milliliter). Inject as per sliding scale: if 80 - 100 = 7; 101 - 150 = 9; 151 - 200 = 11. Call MD (Medical Doctor) if blood sugar is greater than 200, subcutaneously in the morning. Inject as per sliding scale: if 80 - 100 = 7; 101 - 150 = 6; 151 - 200 = 8 Notify MD greater than 200, subcutaneously in the evening.</p> <p>R2's Blood Sugar Record documents the following: 12/14/24 at 11:08 AM, blood sugar of 215; 12/14/24 at 4:03 PM, blood sugar of 235; 12/14/24 at 8:18 PM; 12/14/24 at 9:00 PM, and 12/15/24 at 7:04 AM, blood sugar of 205. R2's record was reviewed with no documentation that R2's Physician was notified of the blood sugars greater than 200 as ordered.</p> <p>On 12/18/24 at 12:20 PM, V9, Licensed Practical Nurse, stated R2's family wants the physician notified if his blood sugar is above 200 because he is a brittle diabetic.</p> <p>On 12/18/24 at 2:10 PM, V9 stated when the MD is notified on blood sugar levels, it is documented in the nurses notes.</p> <p>On 12/19/24 at 10:00 AM, V2, Director of Nurses, stated she was unable to find any documentation that R2's physician was notified of R2's blood sugars on 12/14/24 or 12/15/24.</p> <p>The Significant Condition Change and Notification policy documents the following: The purpose of the policy is to ensure that a resident's family and/or representative and medical practitioner are notified of resident changes such as those listed below: abnormal blood glucose results, or above or below set parameters.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER  Hillsboro Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 East Tremont Street Hillsboro, IL 62049	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>42636</p> <p>Based on observation, interview, and record review, the facility failed to perform wound care on 1 of 3 residents (R2), reviewed for quality of care in the sample of 8.</p> <p>Findings Include:</p> <p>R2's Medical Diagnosis Listing, undated, documents R2 was admitted to the facility with a diagnosis of Orthopedic Aftercare following a Right Femur Fracture.</p> <p>On 12/18/24 at 9:30 AM, wound care was observed with V3, ADON(Assistant Director of Nurses)/Wound Nurse/IPC (Infection Control Preventionist) . R2 has 3 incisions to the right hip. There was a dressing, dated 12/18/24, covering the two lower incisions. There was no dressing in place to the upper incision. All incision areas had staples in place.</p> <p>On 12/18/24 at 8:30 AM, R2 stated he thinks the nurses look at his hip incision, but don't put a dressing on it every day.</p> <p>R2's TAR (Treatment Administration Record), dated 12/2024, documents R2 has a physician's order, dated 12/12/24, to cleanse the surgical incision sites to the right hip with wound cleanser, pat dry and apply a dry dressing every shift. The TAR fails to show documentation the treatment was administered on 12/16/24, night shift, and 12/17/24, day shift.</p> <p>On 9/19/24 at 11:20 AM, V13, Regional Nurse, stated the nurses are to document when treatments are administered in the TAR.</p> <p>The Wound Prevention Policy, with a review date of 8/2023, documents the following: Create personalized service plans for residents with specific wound needs. Document all wound prevention measures, assessments, and interventions in the resident's service plan and medical records.</p>		