

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145610	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Bloomington Rehabilitation & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 1925 South Main Street Bloomington, IL 61701	

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 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>34058</p> <p>Based on interview and record review, the facility failed to clarify conflicting medication orders, failed to accurately transcribe physician orders, and failed to obtain physician orders for medication regimens. These failures affect one resident (R2) out of six reviewed for medications on the sample list of 12.</p> <p>Findings include:</p> <p>R2's Nursing Admission Assessment, dated 6/8/24, documents R2 was admitted to the facility on this date at 7:00 PM.</p> <p>R2's Hospital Post Acute Care Transition Document and Hospital After Visit Summary, both dated 6/8/24, listed R2's medication orders for Atorvastatin (cholesterol lowering) 40 milligrams (mg) every evening, Carvedilol (blood pressure lowering) 6.25 mg twice daily, Darbepoetin (treats anemia in kidney disease) 60 microgram injection every Friday, Duloxetine (antidepressant) 60 mg every morning, Vitamin D 50,000 units every Monday, Ferrous Sulfate (iron) 325 mg every morning, Folic Acid 1 mg every morning, Glargine (long acting insulin) 20 units injection every morning for 30 days, lispro (short acting insulin) injection delivered through a pump according to blood glucose levels, Midodrine (blood pressure raising) 10 mg with instructions for twice daily but checkmarks listed for morning, noon, and evening (three times daily), Probiotic Capsule twice daily, Psyllium Husk Powder (cholesterol lowering laxative) one teaspoon daily, Trulicity (diabetes) 3 mg weekly, and Sevelamer (treats elevated phosphates in kidney disease) 1,600 mg three times daily with meals. Additional hospital discharge orders included in these documents included to check R2's blood glucose levels four times daily.</p> <p>R2's Medication Administration Record (MAR), included in R2's Physician Order Sheets (POS), both dated for June 2024, do not include the Glargine insulin injections, nor the order for the blood glucose checks four times daily. There was an order transcribed for a 6:00 AM blood glucose check to be conducted daily, which was not any part of the hospital discharge orders, and there was no supporting document from the facility to indicate the order for blood glucose checks had been changed from four times daily to once daily at 6:00 AM. These same MAR and POS document the order for Midodrine was transcribed in the facility as twice daily, even though the hospital record instructions were twice daily, but the checkmarks to indicate the timing was listed with three checkmarks for morning, noon, and evening, indicating three times daily.</p> <p>(continued on next page)</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 Bloomington Rehabilitation & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 1925 South Main Street Bloomington, IL 61701	
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/18/24 at 3:40 PM, V3, Licensed Practical Nurse, stated, I think there is plenty of finger pointing to be done with cases like this, from the hospital who want to keep people late so they get paid for that day, to nursing homes who want to fill beds so they let people get admitted at late times and over weekends without making sure everything is in place before they get admitted .</p> <p>On 6/20/24, V3 stated, Our nurses should have clarified the insulin orders and accuchecks (blood glucose checks) when (R2's) wife started trying to dictate when we were going to do the accuchecks and insulin pump doses. We can't just take medication orders from family members, and the Midodrine should have been clarified.</p> <p>On 6/20/24 at 11:40 AM, V2, Director of Nursing, stated, The accuchecks (glucose level check) four times daily did not get done because (R2's) wife (V12) applied the insulin pump to (R2) and dictated how the blood glucose levels should be obtained from his glucose reader and cell phone, and how the pump was to be operated. (V12) said she usually checked (R2's) glucose level with the finger stick (accucheck) in the morning to make sure the reader and cell phone matched up with the accucheck, so that is what (V12) dictated. (V12) also didn't want any insulin, including the long acting insulin, to be given except for what was given through the pump. V2 also stated, Obviously we can't take medication orders from families and all of this should have been clarified with the physician by our nurses. There was the Midodrine to maintain (R2's) blood pressure which was written as BID (twice daily) but had the checkmarks for TID (three times daily) which should have been clarified with the physician. V2 concluded by stating, Part of the problem was I had 2 agency nurses in a row on duty that didn't ask any questions and didn't clarify anything, then one of my staff nurses didn't ask the questions or clarify anything, so the whole process basically just fell apart.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>34058</p> <p>Based on interview and record review, the facility failed to obtain and administer physician ordered medications. This failure affects one resident (R2) out of six reviewed for medications on a sample list of 12.</p> <p>Findings include:</p> <p>R2's Nursing Admission Assessment, dated 6/8/24, documents R2 was admitted to the facility on this date at 7:00 PM.</p> <p>R2's Hospital Post Acute Care Transition Document and Hospital After Visit Summary, both dated 6/8/24, document R2 was experiencing End Stage Renal Disease due to a failed kidney transplant and subsequent removal, multi-drug resistant infections in the remaining kidney, Diabetes, was receiving dialysis three days per week, Hypotension, Immunosuppression, and Anemia. These same documents list R2's medication orders for Atorvastatin (cholesterol lowering) 40 milligrams (mg) every evening, Carvedilol (blood pressure lowering) 6.25 mg twice daily, Darbepoetin (treats anemia in kidney disease) 60 microgram injection every Friday, Duloxetine (antidepressant) 60 mg every morning, Vitamin D 50,000 units every Monday, Ferrous Sulfate (iron) 325 mg every morning, Folic Acid 1 mg every morning, Glargine (long acting insulin) 20 units injection every morning for 30 days, lispro (short acting insulin) injection delivered through a pump according to blood glucose levels, Midodrine (blood pressure raising) 10 mg with instructions for twice daily but checkmarks listed for morning, noon, and evening (three times daily), Probiotic Capsule twice daily, Psyllium Husk Powder (cholesterol lowering laxative) one teaspoon daily, Trulicity (diabetes) 3 mg weekly, and Sevelamer (treats elevated phosphates in kidney disease) 1,600 mg three times daily with meals.</p> <p>On 6/18/24 at 2:56 PM, V12, Spouse of R2 stated, The facility knew from the hospital Thursday (6/6/24) that (R2) was coming there and knew he was coming Saturday (6/8/24). I called there myself on Friday (6/7/24) to make sure they knew he was coming and coming Saturday. V12 continued, (R2) never got a single medication the whole time at the facility which lasted until (R2) went for his dialysis appointment on Monday (6/10/24).</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/18/24 at 3:40 PM, V3, Licensed Practical Nurse, stated, I met (R2) on Monday (6/10/24) when I came in to work. As far as I know, all of (R2's) medication orders got faxed to the pharmacy when (R2) was admitted here, but being at 7:00 PM on a Saturday, those medications are not going to make the pharmacy delivery for that night, and our pharmacy doesn't deliver on Sundays. V3 continued, The nurses on duty over the weekend could have pulled some of the medications like vitamins out of our convenience box, and could have called our backup pharmacy for a 'STAT' (immediate) delivery for the rest of his medications. V3 also stated, (R2) still didn't have any medications here when I came in to work Monday morning. V3 concluded by stating, I think there is plenty of finger pointing to be done with cases like this, from the hospitals who want to keep people late so they get paid for that day, to nursing homes who want to fill beds so they let people get admitted at late times and over weekends without making sure everything is in place before they get admitted, to nursing staff who don't have a passion and expect that everything is going to be provided for them when they get here and don't realize that sometimes you have to do something to obtain supplies and medications unless you take them by the hand and show them this is what we do and this is how we do it.</p> <p>R2's Medication Administration Record for June 2024 had no nurses initials to document any medications had been administered to R2 during his residency at the facility.</p> <p>On 6/20/24 at 11:40 AM, V2, Director of Nursing, stated, (R2's) wife (V12) did call here on Thursday (6/6/24) but at that time the hospital had not made a determination that (R2) was going to be discharged and sent here. We found out on Friday (6/7/24) just around 5:00 PM that (R2) would be coming Saturday (6/8/24). I asked the hospital not to do that because the staff here is limited on weekends but the hospital said they had to discharge (R2). V2 continued, I found out on Monday morning when I came in to work that (R2) did not have any medications here yet. V2 further stated, The admitting nurse (V11, LPN) should have followed up with the pharmacy to make sure (R2's) medications got here on time. Then we had 2 agency nurses on duty who didn't follow through, then one of my staff nurses on duty who also didn't follow through.</p>		