

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145872	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER Alden Long Grove Rehab &hc Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2308 Old Hicks Road Long Grove, IL 60047	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>22499</p> <p>Based on observation, interview and record review the facility failed to ensure insulin was administered at the ordered/scheduled time for 2 residents (R3 and R1) reviewed for medication administration in the sample of 4.</p> <p>The findings include:</p> <p>1. On 2/10/25 at 9:50AM V3 (RN) was observed passing medications to R3. V3 stated, I'm late with his insulin. V3 then stated that breakfast is served about 8:00 AM, sometimes a little earlier and sometimes a little later.</p> <p>R3's February Medication Administration Record shows that R3 has an order for Insulin Aspart (Fast acting insulin for treating diabetes) 20 units twice a day before meals at 8:30 AM and 4:00 PM.</p> <p>The facility policy entitled Medication Administration dated 9/2020 states, Drugs must be administered in accordance with written orders of the attending physician.</p> <p>2. On 2/10/25 at 1:00 PM R1 stated, About 1/2 the times I needed my insulin I would wheel myself to the nurse's station and ask for it, if I didn't then it was late. When I didn't get my insulin before my meal my blood sugars went up to 300-381. (R1 discharged from the facility on 2/8/25)</p> <p>R1's Medication Administration Records for January and February 2025 shows that R1 had orders for Insulin Aspart 8 units with meals scheduled at 8:00 AM, 12:00 PM and 5:00 PM.</p> <p>R1's Medication Administration Audit Report shows R1's insulin was administered at the following (late times):</p> <p>1/18/25 at 9:07 AM, 1/20/25 at 1:14 PM, 1/21/25 at 1:06 PM, 1/25/25 at 9:43 AM and 1:13 PM, 1/26/25 at 1:17 PM, 1/27/25 at 1:35 PM and 7:43 PM, 1/28/25 at 9:49 AM, 1/29/25 at 10:06 AM, 1/30/25 at 10:11 AM, 1/31/25 at 11:50AM, 3:02 PM and 6:35 PM, 2/4/25 at 1:00PM, and 2/6/25 at 10:30 AM.</p> <p>On 2/10/25 at 12:45 PM V2 (Director of Nursing) stated, If insulin is supposed to be given with meals then it would probably be 8 AM, 12 PM and 5 PM.</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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