

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Heartland Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Trowbridge Road Neoga, IL 62447	

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>42702</p> <p>Based on interview and record review the facility failed to follow physician orders for one (R10) of three residents reviewed for medication administration from a total sample list of 11 residents.</p> <p>Findings include:</p> <p>R1's undated diagnosis sheet documents the following diagnoses including Insomnia, Hyperlipidemia, Chronic Kidney Disease, Pulmonary Hypertension, Dysphasia, Urinary Tract Infection, Congestive Heart Failure, Asthma, Depression, Cognitive Communication Deficit, Anxiety, Gastroesophageal Reflux Disease, Myelodysplastic Syndrome, and Type II Diabetes Mellitus.</p> <p>The facility Medication Administration Policy dated March 2014 documents that drugs will be administered in accordance with orders of licensed medical practitioners of the State in which the facility operates.</p> <p>The facility Insulin Administration policy dated April 2007 documents the purpose is the safe administration of insulin to residents with diabetes. Equipment and supplies include a glucose monitoring device and insulin and the blood sugar is to be checked per physician order.</p> <p>R1's physician order dated 6/6/24 document an order for Insulin Lispro to administer four units subcutaneously at 10:00AM within ten minutes of eating a meal. Hold if blood sugar is less than 90 and notify the endocrinologist if blood sugars are lower than 70 three times consecutively.</p> <p>R1's June 2024 medication administration record documents that 4 units of Lispro Insulin was administered to R1 from July 6, 2024 through June 23, 2024 and no blood sugars were checked before the 10:00AM administration of insulin.</p> <p>On 7/1/24 at 2:45PM, V2 Director of Nursing said that R1 was a brittle diabetic and that her insulin orders were changed multiple time during her stay.</p> <p>On 7/1/24 at 3:00PM, V2 said that R1's blood sugars should have been documented before each 10:00AM insulin administration per the physician order.</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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