

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145563</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PRESENCE ST ANNE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4405 HIGHCREST ROAD ROCKFORD, IL 61107</b>	
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)		
F 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to administer insulin to a resident with diabetes for 1 of 5 residents (R3) reviewed for medications in the sample of 5. The finding include: On 10/5/2020 at 2:31 PM, R3 was in his room on isolation precautions on the Covid-19 unit. R3 said he arrived to the facility on [DATE] around 2:30 PM. R3 said he did not receive any insulin on the day he was admitted to the facility. R3 said it was on his discharge instructions from the hospital, and showed a copy of those orders. R3's Face Sheet shows he was admitted to the facility on [DATE] at 2 PM, and his [DIAGNOSES REDACTED]. [MEDICATION NAME] (a rapid acting insulin) was to be given three times a day before meals and [MEDICATION NAME], also known as [MEDICATION NAME], a long acting insulin) was to be given once a day. R3's Medication Administration Record [REDACTED]. R3's Physician order [REDACTED]. According to R3's MAR, the [MEDICATION NAME] and the [MEDICATION NAME] were scheduled at 8 AM on 9/29/20 and 9/30/20, and were not discontinued until 9:52 AM on 9/30/20. On 10/5/20 at 2:08 PM, V2, Director of Nursing (DON), said residents being admitted from the hospital come with discharge instructions including their medications. The nurse enters the medications from the discharge orders into the computer for the resident to continue taking upon admission to the facility. The orders go to the facility's pharmacy electronically and a courier delivers the medications to the facility within four hours of receiving the orders. V2 said the facility keeps insulin in a box in the refrigerator, so it is always available. On 10/5/20 at 9:51 AM, V6, Registered Nurse (RN), and at 3:24 PM, V3, RN, both said residents being admitted from the hospital come with discharge instructions including their medications. The nurse enters the medications from the discharge orders into the computer for the resident to continue taking upon admission to the facility. The orders go to the facility's pharmacy electronically and a courier delivers the medications to the facility within four hours of receiving the orders. On 10/5/20 at 9:51 AM, V6, Registered Nurse (RN), said there is always insulin available in the facility. The facility's Clinical Protocol: Reconciliation of Medication of Admission, last approved 09/2018, shows medication reconciliation is the process of generating a master list of the resident's current medications and the discharge summary from the referring community is needed to reconcile the resident's medication list. The facility (nurse) should refer to the medication orders when a resident has transferred from another medical facility. The nurse contacts the attending physician to verify the orders.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.