



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

January 24, 2020

Thomas Winter, Registered Agent
Generations at Riverview, LLC
6840 N. Lincoln Avenue
Lincolnwood, Illinois 60712

RE: Complaint #: IL 116797
Survey Date: October 29, 2019
Docket #: 19-C0571
Violation Type: AA Violation with Fine

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Generations at Riverview.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Aimee Isham
Bureau Chief, Long Term Care
Office of Health Care Regulation

Enclosure

cc: Administrator
File

Generations at Riverview/October 29, 2019/19-C0571/RegAgent/kk

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

COMPLAINT DETERMINATION FORM

FAC. NAME: GENERATIONS AT RIVERVIEW

COMPLAINT #: 0116797

LIC. ID #: 0055103

DATE COMPLAINT RECEIVED: 10/18/19 09:34:00

IDPH Code	Allegation Summary	Determination
-----	-----	-----
105	IMPROPER NURSING CARE	<u>1</u>

☒ The facility has committed violations as indicated in the attached*
☐ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

-
- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
 - 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
 - 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.
- RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS,
Complainant,

v.

GENERATIONS AT RIVERVIEW, LLC,
D/B/A, GENERATIONS AT RIVERVIEW,
Respondent.

) Docket No. NH 19-C0571
)
)
)
)
)
)
)
)
)

NOTICE OF TYPE "AA" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE; NOTICE OF
PLAN OF CORRECTION REQUIRED; NOTICE OF CONDITIONAL LICENSE; NOTICE OF FINE
ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.)
(hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "AA" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint Investigation, IL 116797, conducted by the Department on October 29, 2019, at Generations at Riverview, 500 Centennial Drive, East Peoria, Illinois 61611. On January 23, 2020, the Department determined that such violations constitute one or more Type "AA" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "AA" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unrestricted license issued to Generations at Riverview, 500 Centennial Drive, East Peoria, Illinois 61611, on November 1, 2019. The Facility's current license number is 0055103. The term of the conditional license shall be from February 23, 2020 to August 21, 2020. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON FEBRUARY 23, 2020.

The Conditional License will be withdrawn and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License, provided Respondent substantially complies with their Plan of Correction.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **\$50,000.00**, as follows:

- **Type AA violation** of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b), 300.1210d)3) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
Attn: Sammye Geer
525 West Jefferson, 5th Floor, QA
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department;
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license, the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "AA" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section of this notice on where to send your fine payment).

Plan of Correction, Hearing and Waiver Requests can be emailed to the following email address: DPH.LTCOA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Aimee Isham
Bureau Chief, Long Term Care
Office of Health Care Regulation

Dated this 24th day of January, 2020.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

Complainant,

v.

GENERATIONS AT RIVERVIEW, LLC ,
D/B/A, GENERATIONS AT RIVERVIEW,
Respondent.

)
)
)
)
)
)
)
)
)
)
)

Docket No. NH 19-C0571

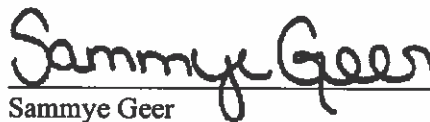
PROOF OF SERVICE

The Conditional License will follow under a separate cover letter.

The undersigned certifies that a true and correct copy of the attached Notice of Type "AA" Violation(s) and Order to Abate or Eliminate; Notice of Plan of Correction Required; Notice of Conditional License; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Thomas Winter
Licensee Info:	Generations at Riverview, LLC
Address:	6840 N. Lincoln Avenue Lincolnwood, Illinois 60712

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the
24th day of January, 2020.



Sammye Geer
Administrative Assistant I – Long Term Care
Quality Assurance
Office of Health Care Regulations

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/29/2019
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GENERATIONS AT RIVERVIEW

**500 CENTENNIAL DRIVE
EAST PEORIA, IL 61611**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint #1927741/IL116797 An Extended Survey was conducted with this complaint	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h)The facility shall notify the resident's physician of any accident, injury, or significant change in a	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/08/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/29/2019
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 1 resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met evidenced by: Based on observation, interview, and record review the facility failed to monitor an insulin dependent resident (R1) with a history of unstable	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/29/2019
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GENERATIONS AT RIVERVIEW

**500 CENTENNIAL DRIVE
EAST PEORIA, IL 61611**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 blood sugar levels after giving his scheduled insulin, failed to monitor his food and fluid intake after the insulin was administered, failed to monitor for signs and symptoms of Hypoglycemia (blood sugar below 60 milligrams per deciliter (mg/dl), and failed to locate and utilize glucagon per facility policy for one of seven residents (R1) reviewed for diabetic monitoring in the sample of seven. This failure resulted in R1's lack of food/fluid intake and hypoglycemic symptoms not being recognized, monitored and reported to the nurse/physician, and R1 being treated with oral interventions of sugar and orange juice while R1 was in an unresponsive state. Findings include: The facility undated policy for "Managing Hyperglycemia/Hypoglycemia" documents, "It is the policy of this facility to manage Diabetic residents who experience episodes of hypo and hyperglycemia." "Symptoms of Hypoglycemia may include: Perspiring or sweating excessively, weakness, dizziness or fatigue, hunger or excessive eating, nervousness, blurred vision, trembling, headache, not able to wake up, appears to be in a coma, unconscious or partially unconscious. The onset of hypoglycemia is sudden. In the event of hypoglycemia and the resident is responsive orange juice, packets of sugar or sweetened candy, should be administered to the resident immediately. If improvement does not occur or if administration of a carbohydrate is impossible (unconscious resident), Glucagon may be administered, 911 should be called and the physician should be notified."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/29/2019
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 3 Medical-Surgical Nursing, Clinical Reasoning in Patient Care, 6th Edition by LeMone, Burke, Bauldoff and Guru documents, The manifestations of hypoglycemia results in a compensatory autonomic nervous system response and from impaired cerebral function due to a decrease in the glucose available for use by the brain. The manifestations vary, particularly in older adults. The onset is sudden, and blood glucose is usually less than 60mg/dl. Severe hypoglycemia may cause death. Severe Hypoglycemia: People with DM (Diabetes Mellitus) who have severe hypoglycemia should seek medical attention. The following criteria for hospitalization are one or more of the following: Blood Glucose is less than 50 mg/dl and the prompt treatment of hypoglycemia has not resulted in recovery sensorium." "If the patient is conscious and alert, 10 to 15 grams of an oral carbohydrate may be given. If the patient has altered levels of consciousness, parenteral dose of glucose or Glucagon is administered." On 10/18/19 at 3:15PM V3 Advanced Practice Nurse (APN) stated R1 had a hypoglycemic event at 4:00 AM that day (10/9/19). They sent an SBAR (Situation, Background, Assessment, Recommendation/Physician notification form). R1 did have unstable blood sugars generally higher rather than lower. Normal protocol for Hypoglycemia is: if the resident is alert, food can be given. If unresponsive the Glucagon." There is no evidence in R1's clinical record on 10/9/19 that R1 had a low blood sugar at 4:00AM of 62 or the APN or Physician was notified. On 10/9/19 V3 APN examined R1. V3 documented in her progress note, " (R1) was concerned he had a low (blood sugar) reading of	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/29/2019
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 4 62 this a.m." reassured patient that there are orders in place to obtain Accu-checks with each meal, bedtime, midnight and at 4:00AM. Did also request that patient have a (bedtime) snack and will continue to monitor." On 10/9/19 at 4:00 PM R1's Medication Administration Record (MAR) documents R1 received a scheduled dose of Novolog insulin 10 Units. On 10/19/19 at 11:10 PM V14 Certified Nurse Aide (C.N.A.) stated, "I took (R1's) order for supper and he seemed his usual self. I had to wake up (R1) when I took his tray to his room. I went back to (R1's) room approximately at 6:30PM and woke him up again. He had not eaten anything on his tray. I decided to leave his tray in case he woke up and wanted to eat it. I did not report any of this to the nurse. Not sure but around 8:00 PM the nurse (V9 RN) found R1 unresponsive and called for help." On 10/9/19 at 6:33PM V14 charted R1 had an intake of 0-25% intake and "the resident refused to eat." R1's current Care Plan documents, "(R1) has Diabetes Mellitus and receives insulin. Interventions: Diabetes medication as ordered by the doctor. Monitor/document for side effects and effectiveness. Offer substitutes for foods not eaten." On 10/18/19 at 5:10 PM V9 stated, "I am new to this facility. I did not know (R1). I started the evening med pass a little after 7:00 PM. I did a few people before him. (R1) appeared to be asleep and snoring when I entered the room. I knew he was a Diabetic and liked to have his	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/29/2019
---	---	--	--

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 blood sugars taken a lot. The others said he had a history of Diabetic coma and was fearful it would happen again if it dropped below 100. I checked his blood sugar and it was 52 and he was unresponsive. I said I needed help and I went to get some Glucagon. It was not in my cart." R1's 10/9/19 Nursing Progress Notes document, "at 7:40 PM Entered patient room to give 2000 (8:00PM) medications and patient not responding to verbal stimuli. Sternal rub given and still no response. Called 911. First call notified. Sent to (hospital)." Documented by V9 RN. On 10/19/19 at 9:30 PM V10 CNA stated, "(V9 Registered Nurse [RN]) came to her med cart and said (R1) was not responsive. We went down to his room. (V11 RN) also came. (V9) left the room to get (R1's) chart and call 911. (V11) called for orange juice and sugar. V11 was doing a sternal rub trying to wake up R1. His eyes moved some but not that much. V11 took her finger and scooped up some sugar rubbing the sugar on his gums and the roof of his mouth. Then V11 tried to give him some orange juice and sugar but it just drained out of the sides of his mouth. I could not tell if he was swallowing or not. They were looking for the Glucagon, but it was not in the med cart or the emergency cart. V12 CNA took a syringe, drew up the orange juice and sugar and putting the syringe in his mouth, she gave him the sugar and juice. Everyone was working to get the sugar into the orange juice. There was sugar all over him and the floor. There must have been 30 packets of sugar." On 10/22/2019 at 2:55 PM V11 RN stated, "It has been awhile since this happened and I am kind of foggy on the details, but I can tell you what I	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/29/2019
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 6 remember. V9 came to the Nurse's Station and stated she could not wake up (R1). I am not sure of the time. She did not know what was wrong. I know he is a Diabetic with scheduled (blood glucose monitoring). He always talked about his blood sugar going up and down and worried about it a lot. When I entered the room, he was snoring like he was in a deep sleep. We tried to wake him up, but he did not respond. I did a sternal rub on him and he did not respond. Then I noticed he was sweating profusely. I knew then that he was hypoglycemic. We checked his blood sugar and it was 29-30. We went to find the Glucagon pen in the cart. We could not find one in the cart or in the Crash cart. I went back to (R1's) room and spread sugar packets out on the bed. I wanted to give him some sublingually. I made a "film" with the sugar and water to put inside his cheeks and gums too. He kind of came around but was still sleeping. We found the Glucagon in the (emergency medication box). His vitals were all ok. His Blood pressure was 110/73, Pulse 117, Oxygen saturation was at 93% with 2 liters of oxygen on. I was giving him the sugar and orange juice with a syringe. I was just giving him drops so it would continue to absorb and get his sugar up. I would have given him the Glucagon, but we were three nurses and we could not find it. We had the crash cart. I was afraid I needed an order to start an IV (intravenous line) so I didn't." The electronic Emergency box report for 10/9/19 documents the Glucagon was removed from the machine at 7:58 PM by V16 RN. On 10/19/19 at 10:30AM V12 CNA stated, "I was in another room when someone called for help. They said a patient was unresponsive. I went to (R1's) room and called for the nurses. (V9 and	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/29/2019
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 7 V11 RN's) came to the room. V9 left to check the chart and V11 remained in the room. V11 called for some orange juice and sugar. R1's eyes were closed. I checked to see if his pupils responded and I could not see them. His eyes were down (rolled down in the sockets). (V11) was talking to (R1) taking his blood sugar and his blood pressure. I don't remember any of the numbers, but they wrote it all down. They brought in the sugar and the orange juice and we were all working as a team tearing the sugar packets up and trying to get the sugar into the orange juice. (V11) was trying to get (R1) to drink and it was running out of his mouth. I thought about getting a little syringe. I went and got one and filled it with the orange juice mixture and gave him some. I was trying to get it in his cheek, on his gums so it would absorb. (V11) seemed to think this was a good idea. I used about three syringes full: Orange juice then water then juice. I did that because the orange juice was thick and grainy from the sugar. It just seemed it would thin it out. (R1) was snoring every now and again, not opening his eyes. We were all working on him until the EMTs arrived then they took over." On 10/19/19 at 11:10 PM. V12 CNA brought a 10-milliliter syringe full of saline and stated this was the same type of syringe she used to give R1 juice/sugar. On 10/18/2019 at 11:10 AM V17 Paramedic stated, "We walked into the room and 5-6 staff were working in the room. And it felt strange, like they had exhausted all options or something. The resident was wet from his collar of his shirt to the waist. The floor was sticky and there were multiple packets of sugar all over the floor. The staff stated they had been working for an extended period trying to get (R1's) sugar up with	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/29/2019
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 8 sugary fluid. We saw staff drawing up fluid out of the resident's mouth with the syringe. It was cloudy without color. We asked if they had given Glucagon, but they said it wasn't available. Just as the nurse was saying this, another person entered the room and announced they had the Glucagon. By that time, we had already started an IV and taken his blood sugar which, I think, was about 50. We then started some Dextrose, so we did not need the Glucagon. (R1) remained unresponsive until we got him into the ambulance. (R1) started to come around and have some involuntary movements. (R1) started to cough up some clear fluids. It appeared to be the fluids they were giving him then he went into respiratory arrest." The 10/9/19 "Prehospital Care Report" documents the emergency response team was notified by the facility at 7:46 PM and the Ambulance arrived on scene at 7:57 PM. At 7:59 PM R1's Vitals were documented as: pulse 60, respirations 16 and shallow, "level of consciousness was unresponsive." "Patient (pt) not able to answer questions or respond to EMS (Emergency Medical System) personnel." "IV started on patient immediately and Dextrose given without improvement in pt condition. Pt going into respiratory arrest while transferring pt to ambulance. Pt ventilated with deterioration into cardiac arrest upon arrival at ambulance. CPR (Cardio-Pulmonary Resuscitation) and ventilations continued throughout pt care. Pt unable to be intubated or have any other airway placed due to physiology of pt mouth and copious amounts of secretions in pt mouth/throat even after suctioning. No change in pt condition throughout transport."	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/29/2019
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 9 (AA)	S9999			