Illinois: D, F

CMS Survey

Failure to Administer Emergency Medication for Hypoglycemia Leads to Hospitalization

Overview[1]

Centers for Medicare & Medicaid Services (CMS) Inspection Survey

Level of harm

D, F: Minimal harm or potential for actual harm

Setting

- **112** certified beds[2]
- **95** residents/day, on average[2]
- **2.78** nurse hours/resident/day[2]

Facility star rating

Before survey (3/28/2024)[3]

Post (as of 10/30/2024)[4]

Patient history[1]

- Diagnosed with type 2 diabetes, metabolic encephalopathy, and hemiplegia (paralysis) following a cerebral infarction (stroke).
- Insulin given on a **sliding scale** with meals.
- Physician orders document **BG checks 3x per day**.
- Care plan documents the patient is **at risk for hypo/hyperglycemia** related to type 2 diabetes.
- Instructions in the medication order document to notify the physician and initiate the hypoglycemia protocol if blood sugar is less than 70 mg/dL.
- Staff to monitor/document/report any signs or symptoms of hypoglycemia.*

Timeline of events[1]

Incident date **1/23/2024**

Incident timeline (7:30 AM – 9:37 AM)

7:30 AM
BG check 45. BG was noted to be low, but no further intervention was taken.

~9:03 AM
CNA found resident unresponsive and alerted Nurse. Nurse responded, BG (40s), Code Blue initiated, and 911 called. No glucagon administered.

9:13 AM
EMS arrived. **Resident was unresponsive. Paramedics found granulated sugar in the resident's mouth that staff had confirmed pouring in earlier.** BG was 20.

9:16 AM
EMS administered intramuscular glucagon en route to the ER. BG was 48, and the resident showed slight improvement in responsiveness.

9:37 AM
Resident arrived at the ER. BG dropped to the 20s. Hospital administered D50 (dextrose). Resident became responsive and was admitted with a diagnosis of hypoglycemia.

Standard survey completion date **4/19/2024**

BG, blood glucose; CNA, certified nursing assistant; EMS, emergency medical services; ER, emergency room.
*Hypoglycemia is defined as blood glucose <70 mg/dL.[1]

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Investigation findings[1]

Deficiencies in emergency hypoglycemia treatment: Failure to follow protocol

The facility failed to follow physician orders by not administering glucose or glucagon to an unresponsive resident with critically low blood sugar (40s). The facility's hypoglycemia protocol requires glucagon injections for unconscious residents when blood sugar falls below 70 mg/dL if there is no IV access.

Improper intervention

- Nurse denied giving resident glucagon because it wasn't in the medication cart and did not check the emergency medication box. Two glucagon syringes were found in the emergency medication box during the survey.
- Staff poured granulated sugar into the mouth of the resident, a choking hazard not supported by protocol.

Associated deficiency: Expired emergency medication

During the investigation, the Director of Nursing showed the surveyor the emergency medication box. It contained two glucagon syringes that expired in the time frame between the hypoglycemic event and the survey. The Director of Nursing admitted these should have been discarded and replaced by the pharmacy.

Outcomes[1]

For the resident

Significant medical emergency, with a prolonged period of critical hypoglycemia (BG 20), EMS intervention for respiratory arrest symptoms, and hospital admission for hypoglycemia.

For the LTC facility

Issued two citations and a financial penalty; since the incident, the overall star rating has declined by three stars, adversely affecting the institution's clinical reputation.

Financial burden: $10,036 fine

While not all specific costs were documented, adverse events may often be associated with broader financial consequences.

F 0684: Quality of life and care delivery[1,2,5]

The facility failed to follow their hypoglycemia protocol by not administering glucagon to the resident (low blood sugar; unresponsive).

Severity	Scope	Seriousness
No actual harm, with a potential for more than minimal harm	Few people affected	D

F 0761: Label/store drugs & biologicals[1,2,5]

The facility failed to ensure emergency medications were unexpired and properly labeled. This deficiency had the potential to affect all 13 residents with diabetes in the facility.

Severity	Scope	Seriousness
No actual harm, with a potential for more than minimal harm	Many people affected	F

Scan to explore more public records on severe hypoglycemic events and emergency preparedness across long-term care facilities.

For additional guidance on best practices, connect with your LTC Territory Managers.

References: 1. Centers for Medicare & Medicaid Services. Nursing home complaint inspection report. Medicare.gov. April 19, 2024. Accessed January 31, 2026. medicare.gov/care-compare/inspections/pdf/nursing-home/145898/health/complaint-inspection?date=2024-04-19. **2.** ProPublica. Nursing home inspection report. January 2026. Accessed February 18, 2026. projects.propublica.org/nursing-homes/homes/h-145898. **3.** Centers for Medicare & Medicaid Services. Nursing homes including rehab services archived data snapshots. March 2024. Accessed February 3, 2026. data.cms.gov/provider-data/archived-data/nursing-homes. **4.** Centers for Medicare & Medicaid Services. Nursing homes including rehab services archived data snapshots. October 30, 2024. Accessed February 20, 2026. data.cms.gov/provider-data/archived-data/nursing-homes. **5.** Centers for Medicare & Medicaid Services. List of revised F-Tags. April 2025. Accessed January 27, 2026. cmscompliancegroup.com/wp-content/uploads/2025/05/List-of-Revised-FTags-04282025.pdf.