

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Illini Heritage Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Curt Drive, Suite B Champaign, IL 61821	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Failures at this level require more than one deficient practice statement.</p> <p>These failures resulted in an Immediate Jeopardy.</p> <p>A. Based on observation, interview and record review the facility failed to provide targeted interventions to prevent repetitive burn injuries for R1, a resident with a history of tremors and burns from hot liquids. This failure resulted in a second degree burn on R1's left forearm. This failure affects one (R1) of three residents reviewed for accidents and supervision in a sample list of 9 residents.</p> <p>The Immediate Jeopardy began on 1/6/23 when the facility failed to implement interventions to prevent R1 from burning himself. V1 Regional Director of Clinical Operations was notified of the Immediate Jeopardy on 1/25/23 at 12:55PM. The surveyor confirmed by observation, interview and record review that the Immediate Jeopardy was removed on 1/25/23, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training.</p> <p>Findings include:</p> <p>a) R1's diagnoses include: Parkinson's disease, Dementia, Schizophrenia, Congestive Heart Failure, Benign Prostatic Hypertension, Severe Bipolar Affective Disorder with Psychosis, and Dysphasia.</p> <p>R1's physician order for medications for tremors include: Carbi-Levodopa 25/100 four times daily and Rasaginine Mesylate 1 milligram daily (both taken since 8/29/22)</p> <p>On 1/24/23 at 12:05 PM, V7 Certified Nursing Assistant stated, Oh yes, (R1) has tremors when he eats and drinks.</p> <p>R1's Minimum Data Set, dated dated [DATE] documents R1 as moderately cognitively intact, requiring set up and supervision for meals.</p> <p>(continued on next page)</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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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 1/5/23 at 2:45 PM, R1's change of condition report documents R1 spilled hot chocolate on his clothing resulting in reddened skin on his right arm and pain. On 1/6/23, the facility quality committee minutes document that R1 is having tremors and recommended interventions including using reusable cups, ice to cool drink and a sipping cup lid.</p> <p>R1's care plan dated 1/6/23 documents interventions of a sipping cup lid for drinks, a regular coffee cup and ice to cool down the drinks.</p> <p>On 1/24/23 at 9:30 AM, V2 Wound Nurse stated, On 1/10/23 early in the morning, R1 showed me the burn on his arm. He told me that he got burned from the hot chocolate at dinner but that he couldn't remember if anyone was around when it happened. He could not tell me if he told anyone. He just kept saying the Parkinson's, the Parkinson's. No one would [NAME] up to knowing when it happened. It had to have happened at supper (on 1/9/23). I didn't talk to the nurse on duty that night and I didn't document my interviews. I got an order from the doctor for treatment and had the medicine in hand 4 hours after I was made aware of the burn. I was horrified by the size and tissue damage. I know that they temperature checked the hot liquids that morning after they heard about the burn.</p> <p>On 1/10/23 at 6:55 AM, R1's change of condition report documents that R1 presented to V2 wound nurse with a burn on his left forearm measuring 8.2 centimeters by 2.8 centimeters with an unknown depth. The physician was notified and orders were received to cleanse the wound with normal saline, apply Silvadene ointment and cover daily.</p> <p>On 1/10/23 V6 Nurse Practitioner made an urgent visit to evaluate R1's burn. V6 Nurse Practitioner's Note documents that R1 has a partial thickness burn covered in eschar with a few blisters. The Note documents (R1) does have some tremors, this could have been how he spilled the hot chocolate. Spoke with nursing staff about more safety measure regarding hot liquids due to his tremor and high risk of injury.</p> <p>On 1/24/23 at 9:25 AM, R1 received wound care to his left forearm burn. The area was observed to have a burn pattern splatter mark approximately 8 centimeters in length by 3 centimeters in width with a deep purple and red coloring surrounding the open scab area that was the size of half a dime. The wound was cleansed by V2 wound nurse and then Silvadene ointment was applied and covered. R1 stated, It hurt but it doesn't now. It was hot!</p> <p>On 1/24/23 at 12:00 PM, V2 wound nurse stated, We ordered a sipping lid, but there weren't any available in the facility. So no, on 1/9/23 and 1/10/23, R1 didn't have the lid yet. I can't say if they put ice in his drink that night, but it still burned him.</p> <p>On 1/24/23 at 9:50 AM. V5 Dietary Manager stated, I tempted the water for the hot chocolate that morning of the (second) burn (1/10/23) and it was 176 degrees (Fahrenheit).</p> <p>On 1/30/23 at 1:00 PM, V11 Regional Administrator stated that hot drinks should be served at no more than 140 degrees Fahrenheit for safety.</p> <p>On 1/24/22 at 9:55 AM, the hot chocolate water was temperature checked by facility staff measuring 172.6 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 1/24/23 at 12:00 PM, R1 was sitting in the dining room at a table by himself, across the room from the nurse's station.</p> <p>On 1/24/23 at 12:06 PM, V2 wound nurse/director of nursing stated, (R1's) interventions weren't put into place like they should have been and I really don't like (R1) sitting so far from the nurse's station when he eats.</p> <p>On 1/24/23 at 2:42PM, V4 Physician stated, I was not aware of the first burn. They should have told me about it. I was aware of the second burn and the way it was described to me, it was a second degree burn. They should have implemented interventions to prevent another burn. It was potentially preventable.</p> <p>The immediate jeopardy that began on 1/6/23 was removed on 1/25/23 when the facility took the following actions to remove the immediacy.</p> <ol style="list-style-type: none"> 1. On 1/10/2023 all staff were in-serviced on emergency care for burns, food temperatures, and newly acquired skin conditions by V1 Regional Director of Clinical Operations. 2. Residents no longer allowed drinking coffee/hot chocolate in their rooms when in bed. They must be upright at an over bed table or dining room table. Confirmed by V1, V12 Regional Administrator and direct care staff. 3. All residents will be supervised while consuming a meal on a hall tray, room tray or dining room tray. Confirmed by V1, V12 and direct care staff. 4. On 1/25/2023 all staff were in-serviced on emergency care of burns, food temperatures, staff expectations on room/hall trays, and notification of change in conditions, newly acquired skin conditions, comprehensive care planning, and the care needs notice by V1 Regional Director of Clinical Operations. 5. On 1/25/23, V2 Director of Nursing and V12 Regional Administrator were in-serviced on Incident Investigations by V1 Regional Director of Clinical Operations. 6. R1's orders and care plan were updated to include lidded cups for all drinks for safety. Completed on 1/10/23. 7. The facility initiated the use of the Care Need notice for care plan revisions to better communicate changes to the care plan to direct care staff. Completed on 1/10/23 and ongoing. 8. The quality assurance team will conduct random rounds to ensure residents and staff are following the room tray/hall tray and dining room observations. Confirmed by V1 and V12. Daily meetings will be held. 9. V12 Regional Administrator or designee will educate new staff members and new residents on the room tray/hall and dining room tray expectations. As needed. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>10. V12 Regional Administrator or designee will in-service staff on emergency care of burns, food temperatures, staff expectations on room/hall/dining room trays, newly acquired skin conditions and notification of change in conditions weekly x 4 weeks and then monthly times 3 months starting 1/31/2023</p> <p>11. As part of ongoing quality improvement V12 Administrator and/or V2 Director of Nursing will conduct random temperature audits of hot drinks being served from the dietary department to determine if hot beverages are being served in the normal range. To begin on January 31, 2023.</p> <p>12. Dietary staff will be randomly testing hot liquid temperatures and using ice to decrease the temperature in liquids found hotter than 140 degrees. Started on 1/30/23.</p> <p>B. Based on observation, interview and record review the facility failed to prevent a burn for R2, a resident with known hand weakness, resulting in a burn on R2's hand. These failures affect one (R2) of three residents reviewed for accidents and supervision from a total sample list of 9 residents.</p> <p>Findings include:</p> <p>b) R2's undated face sheet documents diagnoses including: Chronic Obstructive Pulmonary Disease, Weakness, Chronic Embolism and Thrombosis of deep veins, End Stage Renal Disease requiring Hemodialysis, Non-Hodgkin's Lymphoma, Anemia, Vitamin D deficiency, Peripheral Vascular Disease, Coronary Artery Disease, and Hypertension.</p> <p>R2's Minimum Data Set, dated dated dated [DATE] documents R2 as cognitively intact requiring supervision for eating and drinking.</p> <p>R2's admission prescreen for violence dated 11/22/22 documents, Resident is weak in the hands and arms. He does have weakness in his legs and can't stand for long period of time. He has to use the left hand to control his right hand to eat. He can't write.</p> <p>R2's Dietary Notes dated 12/14/22 document, Family talked with administrator. At home, (R2) worked with cups with handles. They also asked for grips to be added to his silverware like he had in the hospital. Occupational Therapy agrees and also recommended an edged plate to help keep food from hitting the floor.</p> <p>No interventions to prevent burns were put into place from admission until 1/6/23.</p> <p>R2's quality meeting note dated 1/6/23 documents that on 1/5/23 R2 was drinking hot coffee from a foam cup and put a finger through the cup.</p> <p>R2's physician order dated 1/5/23 documents an order for triple antibiotic ointment and bordered gauze for the wound.</p> <p>R2's wound tracking documents on 1/5/23 a 1.4 centimeter by 1.1 centimeter by .1 centimeter right index finger burn.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 1/25/23 at 2:40 PM, R2 stated that he put his finger through the foam cup and the coffee burned his right index finger leaving it with a blister. R2 said that he has neuropathy and that the coffee also spilled on his lap but it didn't burn him through his clothes. R2 stated that this happened in the dining room and that he usually reminded staff that he used a regular cup, but that they gave him the foam and he didn't want to complain.</p> <p>On 1/25/23 at 2:45 PM, R2 demonstrated where the burn occurred on the right index finger. A scab the size of a dime was seen with redness around the area of the scab.</p> <p>R2's care plan, dated 1/9/23 documents interventions to prevent future burns including using a mug with a handle.</p> <p>Occupational therapy documented an order for R2's coffee cups to have a lid with a straw for all drinks on 1/20/23.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>42702</p> <p>Based on interview and record review the facility failed to provide the services of registered nurses 7 days in the month of January 2023. This failure has the potential to affect all 53 residents in the facility.</p> <p>Findings include:</p> <p>On 1/24/23 at 11:00 AM, the facility daily nursing sheets were reviewed for registered nursing coverage from January 1, 2023 to January 23, 2023.</p> <p>The facility provided January nursing schedule, documents no registered nursing coverage on January 1, 7, 8, 14, 15, 21, 22.</p> <p>On 1/25/23 at 12:55 PM, V9 New Director of Nursing stated, I don't see any registered nurses on the staffing sheets We don't have the coverage.</p> <p>The facility provided census dated 1/24/23 documents 53 residents residing in the facility.</p>

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on interview and record review the facility failed to have qualified staff providing nursing care in the facility. The failure has the potential to affect all 53 residents residing in the facility.</p> <p>Findings include:</p> <p>V11's (Licensed Practical Nurse) personnel file documents that on [DATE], V13 Administrator in Training hired V11 to work as a licensed practical nurse at the facility.</p> <p>V11 LPN's personnel file contains a copy of the Illinois Department of Financial and Professional Regulation license look up dated [DATE], 3:00 PM. This lookup identifies V11's license as expired on [DATE].</p> <p>V11 LPN's personnel file contains an additional copy of the Illinois Department of Financial and Professional Regulation license look up dated [DATE], 8:26 AM. This lookup identifies V11's license as expired on [DATE].</p> <p>On [DATE] at 12:58 PM, the facility ran V11 LPN's license lookup through the Illinois Department of Financial and Professional Regulation. This lookup identifies V11's license as expired on [DATE].</p> <p>V11's facility provided time cards document from [DATE] to [DATE] V11 LPN worked 73 shifts as a licensed practical nurse in the facility.</p> <p>On [DATE] at 3:15 PM, V2 Wound Nurse/Director of Nursing stated, V11 LPN would have definitely been taking care of all residents in the building because she was a night nurse and many nights we only staff with one nurse for the entire building.</p> <p>The undated, facility provided, Licensed Practical Nurse job description documents that the Licensed Practical Nurse is a member of the health care team who contributes to the implementation of the nursing process by providing care to residents in non-complex situations and assisting in the care of residents who are extremely ill. Qualifications include: A current license in good standing in the state in which the facility is located. Responsibilities include but are not limited to providing basic physical care to assigned residents, administering medications with knowledge and understanding, utilizing techniques of infection control, reviewing physician orders, and providing nursing interventions such as dressings, treatments, feedings, suctioning, etcetera.</p> <p>On [DATE] at 10:30 AM, V12 Regional Administrator stated, We have taken V11 LPN off of the schedule.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>42702</p> <p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on interview and record review the facility failed to implement a quality assurance program within the facility. This failure has the potential to affect all 53 residents residing in the facility.</p> <p>Findings include:</p> <p>On 1/26/23 at 4:00 PM, V2 Wound Nurse/Director of Nursing stated, I've been here since August and I can't say that there has been a quality meeting with everyone like the Medical Director, Administrator, and all of the people who should be there. We started in January and V1 Regional Clinical Nurse taught us what the quality meetings should be like. We haven't had any (performance improvement projects) PIPs where we've been able to really analyze data. We just aren't there.</p> <p>On 1/30/22 at 2:30 PM, V12 Regional Administrator stated, I didn't find any performance improvement projects or sign in sheets for quarterly meetings since January of 2022. Our first one moving forward will be related to these tags and then after that it will be all department heads bringing their ideas to the meetings to get the program up and moving.</p> <p>The undated facility provided Quality Improvement (QI) policy documents, Quality Indicator reports can be used for several things. We have been using them to help identify residents that may be reviewed during the survey. The QI reports should also be used to assist the facility in making quality improvement decisions. These reports can help direct the Quality Improvement team toward areas of resident care that may require attention and change. These reports can help to analyze and determine where changes need to occur in the processes of resident care.</p> <p>The facility provided midnight census dated 1/24/23 documents 53 residents residing in the facility.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>42702</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review the facility failed to have quarterly quality assurance meetings. This failure has the potential to affect all 53 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's undated Quality Assurance Plan documents that the quality assurance committee will conduct quarterly meetings at a minimum and other quality assurance meetings as identified.</p> <p>On 1/26/23 at 4:00 PM, V2 Wound Nurse/Director of Nursing stated, I've been here since August and I can't say that there has been a quality meeting with everyone like the Medical Director, Administrator, and all of the people who should be there. We started in January and V1 Regional Clinical Nurse taught us what the quality meetings should be like.</p> <p>On 1/27/23 at 3:00 PM, V12 Regional Administrator stated, I can't find any quarterly quality assurance sign in sheets since January 2022.</p> <p>The facility provided midnight census dated 1/24/23 documents 53 residents residing in the facility.</p>