

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 05/10/2023
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on interview and record review the facility failed to ensure the dignity of residents when staff yelled at each other with residents present. This failure affects two of three residents (R3, R9) reviewed for dignity in a sample list of 11 residents.</p> <p>Findings include:</p> <p>R3's Minimum Data Set (MDS) dated [DATE] documents R3 as moderately cognitively impaired.</p> <p>R3's Initial Incident Report to Illinois Department of Public Health (IDPH) dated 5/9/23 documents alleged Verbal Abuse to R3 by V1 Administrator and V5 Certified Nurse Aide (CNA). This same report documents date of incident as 5/4/23.</p> <p>On 5/6/23 at 1:30 PM R3 stated Those girls were yelling while I was sitting at the table. I didn't like it. It made me feel sad.</p> <p>R9's Minimum Data Set (MDS) dated [DATE] documents R9 as moderately cognitively impaired.</p> <p>R9's Initial Incident Report to Illinois Department of Public Health (IDPH) dated 5/9/23 documents alleged Verbal Abuse to R9 by V1 Administrator and V5 Certified Nurse Aide (CNA). This same report documents date of incident as 5/4/23.</p> <p>On 5/5/23 at 2:30 PM V1 Administrator stated The morning of 5/4/23 I had a heated discussion with (V5) Certified Nurse Aide (CNA). (V5) was sitting at one of the dining room tables with (R3) and (R9) was sitting directly behind that table. I did raise my voice when speaking with (V5). (V5) was also yelling at me about the placement sheets. There was no foul language used, but I should not have used that tone in front of (R3, R9). I was just very frustrated with (V5) CNA. (R3, R9) should never have to have been witness to that conversation. V1 Administrator stated I didn't think of that as abusing (R3, R9) but now I see how that could be considered verbal abuse.</p> <p>On 5/6/23 at 9:30 AM V5 CNA stated (V1) Administrator was screaming at me because of the staffing sheets. I just wanted to know where to go for the day so I could get started. (V1) was yelling and yes, I yelled back. I was just so mad. I feel bad now that I think about (R3, R9) sitting there having to listen to all that. It was not very nice.</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

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 05/10/2023
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility Long Term Care Ombudsman Program pamphlet titled 'Residents' Rights for People in Long Term Care Facilities' documents the facility must treat residents with dignity and respect and must care for residents in a manner that promotes quality of life.</p>		

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 05/10/2023
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>41970</p> <p>Keep residents' personal and medical records private and confidential.</p> <p>Based on interview and record review the facility failed to ensure four residents (R4, R5, R6, R7) health information was protected out of four residents reviewed for confidentiality of records in a sample list of 11 residents.</p> <p>Findings include:</p> <p>R4's Weekly Wound Tracking Sheets dated 5/2/23 document R4's name. These same sheets document Left Plantar First Toe Diabetic Wound measuring 0.8 centimeters (cm) by 1.0 cm with 0.1 cm depth with moderate drainage and Left Plantar Foot Diabetic Wound measuring 2.2 centimeters (cm) by 1.7 cm with 0.1 cm depth with moderate drainage.</p> <p>R5's Weekly Wound Tracking Sheet dated 5/2/23 documents R5's name. These same sheets document R5's Right Upper Back Stage 3 Pressure Ulcer measuring 3.5 cm long by 4.5 cm wide by 0.1 cm deep with moderate amount of drainage.</p> <p>R6's Weekly Wound Tracking Sheet dated 5/2/23 documents R6's name. These same sheets document R6's Right Upper Medial Ischium Stage 4 Pressure Ulcer measuring 6.5 cm long by 6.0 cm wide by 0.3 cm deep with moderate amount of drainage, Left Buttock Stage 4 Pressure Ulcer measuring 0.8 cm long by 2.5 cm wide by 0.1 cm deep with light serous drainage, Right Posterior Upper Thigh Stage 3 Pressure Ulcer measuring 6.0 cm long by 6.5 cm wide by 0.1 cm deep with moderate amount of drainage, Right Lateral Calf Stage 3 Pressure Ulcer measuring 13.0 cm by 0.5 cm by not measurable depth with no drainage, Left Upper Lateral Calf Stage 3 Pressure Ulcer measuring 2.8 cm long by 2.0 cm wide by 0.1 cm deep with moderate drainage, Left Lower Lateral Calf Stage 3 Pressure Ulcer measuring 1.0 cm long by 0.5 cm wide by 0.1 cm deep with moderate drainage and Right Lower Buttock Stage 3 Pressure Ulcer measuring 2.0 cm long by 2.3 cm wide by 0.1 cm deep with moderate drainage.</p> <p>On 5/9/23 at 12:00 PM R6 stated If the staff want to share information about my wounds that is okay with me but I don't think anyone else needs to know.</p> <p>R7's Weekly Wound Tracking Sheet dated 5/3/23 documents R7's name. These same sheets document R7's Lymphadema wound on Left Inferior Lateral leg as resolved, Lymphadema wound on Left Anterior Leg as resolved, Lymphadema wound on Right Anterior Leg as resolved, Lymphadema wound on Right Leg measuring 40 cm long by 16.5 cm wide by non-measurable length with no drainage, no odor as new wound and Lymphadema wound on Left Leg measuring 40 cm long by 17 cm wide by not measurable with no drainage, no odor as new wound.</p> <p>On 5/9/23 at 12:45 PM R7 stated I don't know why anyone would send pictures of my wound information to each other. That doesn't seem right to me. Only the staff are supposed to have that information. I didn't think that should ever leave this facility unless another doctor requests it or something. What is wrong with people nowadays? That isn't supposed to happen.</p> <p>(continued on next page)</p>		

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 05/10/2023
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/6/23 at 10:45 AM printed copies of pictures taken of R4, R5, R6 and R7's Weekly Wound Tracking sheets, that included resident identifying information, were reviewed. These same pictures showed both of V14's (Regional Clinical Nurse) hands holding the Weekly Wound Tracking sheets individually while V18, V14's non-employee family member took the pictures.</p> <p>On 5/6/23 at 10:40 AM V1 Administrator stated (V14) Regional Clinical Nurse took all of the wound logs home with her to ensure they were complete. (V14) became ill this morning and is now hospitalized . But (V14) Regional Clinical Nurse sent me pictures from her cellular phone of the information requested and I was able to print those pictures out.</p> <p>On 5/6/23 at 10:50 AM (V14) Regional Clinical Nurse stated I was holding the wound logs. Those are my hands you see in the pictures. (V18) (V14's) family member took the pictures. (V18) is not an employee of the facility and does not work at facility through agency pool. (V18) is a family member who does not provide care for those residents (R4, R5, R6, R7) in any way. I should not have allowed (V18) to see those documents. That is a breach of confidentiality. I was just trying to get the documents to the facility. I realize now that was not a good idea and could put our residents at risk. I know (V18) would never say anything but resident information shouldn't be shared. That is breaking Health Insurance Portability and Accountability Act of 1996 (HIPAA) laws.</p>		

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 05/10/2023
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on observation, interview and record review the facility failed to transcribe and implement physician orders for wound treatments for one of four residents (R7) reviewed for wound care in a sample list of 11 residents. These failures resulted in R7's wounds deteriorating and R7 experiencing increased swelling and severe pain when staff failed to follow physician orders to wrap R7's legs/wounds.</p> <p>Findings include:</p> <p>R7's Medical Record documents medical diagnoses of Morbid Obesity, Diabetes Mellitus Type II, Chronic Kidney Disease, Macular Degeneration, Neuropathy, Lymphademic wounds of Right Lower Leg and Left Lower Leg.</p> <p>R7's Minimum Data Set (MDS) dated [DATE] documents R7 as moderately cognitively impaired. This same MDS documents R7 as requiring limited assistance of one person for bed mobility, transfers, and extensive assistance of one person for dressing, toileting and personal hygiene.</p> <p>R7's Care Plan documents an intervention dated 9/18/22 that instructs staff to treat Lymphademic wounds as ordered.</p> <p>R7's Wound Evaluation and Management Summary dated 5/3/23 documents R7's Lymphademic wound of Right Leg with partial thickness measuring 40 centimeters (cm) long by 16.5 cm wide by not measurable depth and Lymphademic wound of Left leg partial thickness measuring 40 cm long by 17 cm wide by not measurable depth. This same Summary documents physician orders to wrap both Right and Left leg Lymphademic wounds from ankles to knees with gauze wrap and elastic wrap twice per week for 30 days.</p> <p>R7's Weekly Wound Tracking Sheet dated 5/3/23 documents R7's Lymphadema wound on Right Leg measuring 40 cm long by 16.5 cm wide by non-measurable length with no drainage, no odor as new wound and Lymphadema wound on Left Leg measuring 40 cm long by 17 cm wide by not measurable with no drainage, no odor as new wound.</p> <p>R7's Physician Order Sheet (POS) dated May 1-31, 2023 does not document V22 Wound Physician orders to apply gauze wraps from ankles to knees and cover with elastic gauze wraps twice per week.</p> <p>R7's Treatment Administration Record (TAR) dated May 1-31, 2023 does not document V22 Wound Physician orders to apply gauze wraps from ankles to knees and cover with elastic gauze wraps twice per week.</p> <p>R7's Nurse Progress Notes do not document R7's Lymphadema wound dressings to Right and Left Lower Legs. These same progress notes do not document notification to Physician of treatments not being completed as ordered.</p> <p>On 5/6/23 at 1:00 PM R7's bilateral lower legs and feet had no dressings in place. R7's Right and Left Lower legs had open areas with a moderate amount of yellow drainage. R7's wound drainage was observed on R7's legs and on R7's bed sheets.</p> <p>(continued on next page)</p>		

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 05/10/2023
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/7/23 at 9:30 AM R7's bilateral lower legs and feet had no dressings in place. R7's Right and Left Lower legs had open areas with a moderate amount of yellow/brown drainage.</p> <p>On 5/9/23 at 1:15 PM R7's bilateral lower legs and feet had no dressings in place. R7's Right and Left Lower legs had open areas with a moderate amount of yellow/brown drainage. R7's wound drainage was observed on R7's legs and on R7's bed sheets.</p> <p>On 5/6/23 at 1:05 PM R7 stated A week ago Friday (4/28/23) was the last day I was asked to get a shower. Someone cut off my dressings that day but then I didn't get my shower because I started not feeling well. No one has even offered to put them on since then (4/28/23) except (V22) Wound Physician. I know (V22) Wound Physician gave orders for them (staff) to wrap my legs because of my Lymphadema in both lower legs. My legs have been so swollen and painful since they (facility) are not doing their job. I ask the nurses to wrap them and they (staff) say they will but it never gets done. The pain isn't quite so bad when they are wrapped due to the compression. I just can't stand the pain.</p> <p>On 5/10/23 at 10:00 AM V22 Wound Physician stated This facility definitely caused harm to (R7) by not dressing her Lymphademic wounds as ordered. There is no continuity in staffing so the orders never get processed. There have been several Administrators here and a few Director of Nurses (DON). One time I am here (facility) and talk to one person about the wound program and the next time it is someone else. No one knows what is going on here (facility) because no one wants to take responsibility for the care of the residents. I even asked the floor nurse one day if she wanted access to the online wound program physician notes so the orders could be printed off and she told me she 'didn't want to do all that'. It is that attitude that I see here (facility). (R7's) wounds could have been doing better but there is no continuity in care. V22 Wound Physician stated R7 has voiced to V22 that V22 is the only person who changes the resident dressings. V22 stated (R7) has these wounds that come and go. When I was here on 5/3/23, I resolved (R7's) other wounds and found two more. Now this week those two have gotten worse. I have seen (R7) before without the dressings in place. If the facility would stay on top of the treatment orders and complete the dressings (R7's) Lymphademic wounds on her lower legs might heal up and stay healed. (R7) has a lot going against her but it certainly doesn't help when the facility isn't completing the treatments I order.</p> <p>The facility policy titled 'Conformance with Physician Orders' reviewed 9/27/17 documents the facility must maintain a complete and accurate listing of current orders on the resident's Physician Order Sheet (POS).</p> <p>The facility policy titled 'Dressing Change' reviewed 3/16/23 documents Licensed Personnel should document dressing changes in nurse progress notes.</p>		

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 05/10/2023
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on observation, interview and record review the facility failed to transcribe and implement physician orders for pressure sore treatments and failed to update a pressure sore care plan for one of four residents (R6) reviewed for pressure sores in the sample list of 11 residents. These failures resulted in R6's pressure sores deteriorating.</p> <p>Findings include:</p> <p>R6's Medical Record documents medical diagnoses of Decubitus Ulcers, Multiple Sclerosis, Chronic Kidney Disease, Venous Insufficiency, Muscle Weakness, Obstructive Sleep Apnea and Needs Assistance with Personal Care.</p> <p>R6's Minimum Data Set (MDS) dated [DATE] documents R6 as cognitively intact. This same MDS documents R6 requires limited assistance of one person for bed mobility, extensive assistance of one person for dressing, toileting and personal hygiene and total dependence of two people for transfers.</p> <p>R6's Pressure Ulcer Risk assessment dated [DATE] documents R6 as high risk for pressure ulcers.</p> <p>R6's Care Plan did not include updated pressure ulcer interventions for R6's Pressure Ulcers.</p> <p>R6's Wound Evaluation and Management Summary (WEMS) dated 5/3/23 documents physician orders of Calcium Alginate covered with absorbent pad twice daily for R6's Right Upper Medial Ischium Stage 4 Pressure Ulcer, Left Buttock Stage 4 Pressure Ulcer, Right Upper Thigh Stage 3 Pressure Ulcer, Right Buttock Stage 3 Pressure Ulcer, and Calcium Alginate with absorbent pad twice weekly for R6's Right Calf Stage 3 Pressure Ulcer, Left Upper Calf Stage 3 Pressure Ulcer and Left Lower Calf Stage 3 Pressure Ulcer.</p> <p>R6's Physician Order Sheet (POS) dated May 1-31, 2023 does not document V22 Wound Physician ordered treatments for R6's Pressure Ulcers to Right Ischium, Left Buttock, Right Upper Thigh, Right Buttock, Right Calf, Left Upper Calf and Left Lower Calf.</p> <p>R6's Treatment Administration Record (TAR) dated May 1-31, 2023 does not document V22 Wound Physician ordered treatments for R6's Pressure Ulcers to Right Ischium, Left Buttock, Right Upper Thigh, Right Buttock, Right Calf, Left Upper Calf and Left Lower Calf.</p> <p>(continued on next page)</p>		

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 05/10/2023
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/9/23 at 11:35 PM V21 Licensed Practical Nurse (LPN) provided wound care for R6's Pressure Ulcers. R6's Right Upper Medial Ischium Stage 4 Pressure Ulcer was open with approximately 50% covered with black soft tissue. R6's dressing was saturated with a moderate amount of yellow and brown foul-smelling drainage. The peri-wound area was dark red and non-blanchable. R6's Left Buttock Stage 4 Pressure Ulcer had soft black center with yellow soft edges surrounded by open dark red tissue with moderate yellow and brown drainage. R6's Left Upper Lateral Calf Stage 3 Pressure Ulcer was dark brown with red soft tissue with copious amount of very foul, dark brown drainage. R6's prior dressing of Calcium Alginate and bordered foam was black, slimy and slid off of R6's leg as V21 LPN removed the outer drainage soaked gauze wrap. R6's room had foul odor from infected wounds throughout dressing changes. R6's Sacrum had a softball sized, open, dark brown and red wound with moderate amount of brown and yellow drainage. This same wound was dressed with Calcium Alginate covered by silk tape that was adhered to R6's Sacrum, covered by an absorbent pad. R6's Coccyx had been packed with gauze. R6's coccyx was open with approximately an inch of depth revealing muscle tissue and a dime sized white firm area in the center.</p> <p>On 5/9/23 at 12:00 PM V21 Licensed Practical Nurse (LPN) stated (R6) has two new wounds on his Sacrum and Coccyx that are not documented in (V22's) Wound Physician notes from 5/3/23. Those wounds must be new. (R6's) wounds smelled horrible. I about had to leave the room. They have really gotten bad. I didn't know they were that bad. I checked the orders before changing the dressings but (R6's) wound orders were not on the POS or TAR so I just followed the orders on (V22's) Wound Physician progress notes. Those orders should be written on the POS and the TAR so the nurses know to change the dressings. It is no wonder they smelled so bad.</p> <p>On 5/9/23 at 2:00 PM V1 Administrator stated (R6's) physician orders from (V22) Wound Physician should have been transcribed to (R6's) POS and TAR. I am saddened to see that my staff has failed so terribly. (R6) deserves to have the best care possible and he did not receive that here (facility). It breaks my heart to know that (R6) now has more significant Pressure Ulcers beyond those that were already there. We (facility) did not do the treatments, we failed to transcribe the orders, didn't update the careplan and most of all we failed (R6). My facility has to do better than that or we (facility) will never survive.</p> <p>On 5/10/23 at 10:00 AM V22 Wound Physician stated This facility definitely caused harm to (R6) by not dressing all of his wounds as ordered. There is no continuity in staffing so the orders never get processed. There have been several Administrators here and a few Director of Nurses (DON). One time I am here (facility) and talk to one person about the wound program and the next time it is someone else. No one knows what is going on here (facility) because no one want to take responsibility for the care of the residents. I even asked the floor nurse one day if she wanted access to the online wound program physician notes so the orders could be printed off and she told me she 'didn't want to do all that'. It is that attitude that I see here (facility). (R6's) wounds could have been doing better but there is no continuity in care. V22 Wound Physician stated residents have voiced to V22 that V22 is the only person who changes the resident dressings. V22 stated (R6) has had pressure ulcers that have healed. (R6) definitely has the ability to heal. If the facility would start doing the treatments as ordered then maybe new wounds wouldn't keep showing up.</p> <p>The facility policy titled 'Conformance with Physician Orders' reviewed 9/27/17 documents the facility must maintain a complete and accurate listing of current orders on the resident's Physician Order Sheet (POS).</p>		

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 05/10/2023
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 - Minimal harm or potential for actual harm</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** 41970</p> <p>Based on observation, interview and record review the facility failed to complete a fall investigation, develop and implement fall interventions, and ensure a resident was transferred to the hospital in a timely manner after an unwitnessed fall with a head injury for one of three residents (R2) reviewed for falls in a sample list of 11 residents.</p> <p>Findings include:</p> <p>R2's Medical Record documents medical diagnoses of Multiple Falls, Generalized weakness, Memory Difficulties, Osteoarthritis of Multiple Joints, Parkinson's Disease, Chronic Pain, Dementia and Cardiovascular Accident (CVA).</p> <p>R2's Minimum Data Set (MDS) dated [DATE] documents R2 as severely cognitively impaired. This same MDS documents R2 as requiring extensive assistance of one person for bed mobility, dressing, personal hygiene, total assistance of two people for transfers, total assistance of one person for toileting and supervision with eating.</p> <p>R2's Care Plan documents all fall interventions starting on 11/9/21. R2's Care Plan does not document updated fall interventions with each recent fall on 3/15/23 and 5/1/23.</p> <p>R2's Fall Risk assessment dated [DATE] documents R2 as a high fall risk.</p> <p>R2's Physician Order Sheet (POS) dated May 1-31, 2023 documents a physician order for Clopidogrel (antiplatelet) 75 milligrams (mg) daily.</p> <p>R2's Nurse Progress Notes dated 5/1/23 at 11:40 PM document (V19) Physician called at 8:25 PM regarding (R2's) fall on morning shift. (V19) Physician gave orders to send to emergency room for evaluation/treatment. Ambulance arrived at 8:40 PM. No bleeding noted from head wound.</p> <p>R2's Hospital Records dated 5/1/23 document R2's Encounter Diagnosis as Primary Diagnosis-Unwitnessed Fall.</p> <p>R2's undated Post Fall Root Cause Worksheet documents R2 had an unwitnessed fall in R2's room. This same Worksheet includes areas of 'Root Cause', 'What interventions to prevent another fall need to be implemented today', 'Why this intervention?', 'Safety Measures and Interventions' and 'Were all care plan interventions carried out' that were all blank.</p> <p>On 5/6/23 at 8:30 AM Observed R2's posterior skull to have a nickel sized fading bruise.</p> <p>(continued on next page)</p>		

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 05/10/2023
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/7/23 at 10:15 AM V8 Certified Nurse Aide (CNA) stated I was (R2's) CNA on 5/1/23. I was on break from 10:00 AM-10:30 AM that morning. When I left for break, (R2) was sitting in his wheelchair in his room. V8 stated When I came back from my lunch break, the other staff told me (R2) had fallen. (R2) was already back in bed so I didn't see how he was laying when he fell . (R2) had a cut on the Right side of the back of his head that was bleeding and he was complaining of pain. I told (V20) Licensed Practical Nurse (LPN) (R2) needed to be sent out to the emergency room but (V20) said (R2) was ok. That was a very busy day. (V20) LPN was the only nurse that day and was already behind on her meds for all the residents. I watched (R2) closely the rest of the day. I did (R2's) vital signs every 15 minutes. Normally (R2) eats 100% for all meals and he refused his lunch that day so I told (V20) again there was something wrong with (R2). (R2) was complaining of his head hurting the whole day but (V20) wouldn't send him to the emergency room . (R2) should have gone to the ER as soon as he fell but (V20) wouldn't send him. I am only a CNA but can tell you when something is wrong with my residents and something was not right with (R2). (R2) was so tired that day too. I tried to keep (R2) awake because I heard that if someone hits their head they shouldn't go to sleep for awhile. That was another reason I knew something was wrong. (R2) doesn't usually get that tired. (R2) slides down in his wheelchair all the time. I don't know why they (facility) don't put some of that non skid material in (R2's) chair.</p> <p>On 5/7/23 at 10:25 AM V23 Certified Nurse Aide (CNA) stated One of the housekeepers yelled at me that (R2) was on the floor on 5/1/23. When I got to (R2's) room, he was on the floor in front of his wheelchair. (V20) LPN assessed (R2) before we (staff) got him back up and put him to bed. (R2) had a nickel sized scrape on the Right side of the back of his head that was bleeding. I told (V20) LPN (R2) needed to be sent to the emergency room but she said no. I went up front and told (V1) Administrator about the fall. They (facility) waited until later that evening to send (R2) into the emergency room . I don't know why they (facility) waited because they should have sent (R2) in right after he fell because he hit his head and it was bleeding and he wasn't acting right.</p> <p>On 5/7/23 at 8:00 AM V1 stated I am not able to provide a fall investigation for (R2's) fall on 5/1/23. The only documentation I have is the 'Post Fall Root Cause Worksheet' and the 'Resident Transfer Form.' There doesn't appear to have been an investigation done. I know they (staff) notified me around 10:00 AM 5/1/23 of (R2's) fall but I was not able to determine why (R2) fell or why (R2) was not sent to the emergency room timely. I am very frustrated with my staff right now for not doing their job. The fall careplan should have been updated, the full investigation should have been done and (R2) should have been sent out to the emergency room directly after his fall. There are no excuses. This should have all been taken care of on 5/1/23. We (facility) have to do better.</p> <p>The facility policy titled 'Fall Prevention' revised 11/10/18 documents the nurse will place documentation of the circumstances of a fall in the nurses notes or on an Aim for Wellness form along with any new intervention deemed to be appropriate at the time. The unit nurse will also place any new intervention on the Certified Nurse Aide (CNA) assignment worksheet. All falls will be discussed in the Morning Quality Assurance meeting and any new interventions will be written on the care plan.</p>		

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 05/10/2023
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on observation, interview and record review the facility failed to provide a Registered Nurse (RN) at least eight hours per day and failed to employ a Full Time Director of Nurses (DON). These failures have the potential to affect all 54 residents residing in facility.</p> <p>Findings include:</p> <p>The Facility Daily Census Roster dated 5/5/23 documents 54 residents residing in facility.</p> <p>The Facility assessment dated [DATE] documents the facility should have 44 hours of licensed nurses for each 24 hour period which should include an RN at least eight of the 24 hours. This same assessment documents the facility is to employ a Full Time Director of Nurses.</p> <p>Facility Daily Placement sheets do not document a registered nurse scheduled on 4/27/23, 4/29/23, 5/1/23, 5/3/23, 5/4/23, 5/6/23 and 5/7/23.</p> <p>On 5/5/23 during the survey no Director of Nurses was observed on duty at the facility.</p> <p>On 5/6/23 no Registered Nurses were observed working day shift at facility.</p> <p>On 5/7/23 no Registered Nurses were observed working day shift at facility.</p> <p>On 5/5/23 at 2:00 PM V14 Regional Clinical Nurse stated I am not the DON for this facility. I have been coming in one day a week when I can to help keep things organized but I am not even the interim DON. We (facility) have hired a DON but that person doesn't start until 6/17/23. We (facility) are going to ask V2 RN if she would be willing to be a temporary interim DON so wish us luck!</p> <p>On 5/7/23 at 1:00 PM V1 Administrator stated the facility did not have a DON until 5/6/23. V1 stated V2 RN accepted the role of interim DON on 5/6/23. V1 Administrator stated V2 RN is the only RN that works at facility. V1 stated the facility is actively trying to hire new staff and that there has been 'major staffing changes lately' that are being addressed.</p>		

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 05/10/2023
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>41970</p> <p>Post nurse staffing information every day.</p> <p>Based on observation, interview and record review the facility failed to post daily Nursing staffing. This failure has the potential to affect all 54 residents residing in facility.</p> <p>Findings include:</p> <p>The Facility Daily Census Roster dated 5/5/23 documents 54 residents residing in facility.</p> <p>On 5/5/23, 5/6/23 and 5/7/23 no observations were made of posted daily nursing staffing.</p> <p>On 5/7/23 at 2:30 PM V1 Administrator stated There have not been any daily nurse staffing posted since I started three months ago. I did not know that it was supposed to be posted. I will get it posted today.</p>		

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 05/10/2023
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on observation, interview and record review the facility failed to administer multiple doses of antibiotic and antianxiety medication as ordered by the physician for two of three residents (R6 and R4) reviewed for medication administration in a sample list of 11 residents. Failing to administer R6's antibiotic therapy resulted in R6's stage four Ischium pressure sore deteriorating.</p> <p>1.) R6's Minimum Data Set (MDS) dated [DATE] documents R6 as cognitively intact.</p> <p>R6's Wound Evaluation and Management Summary (WEMS) dated 5/3/23 documents a physician order for Levofloxacin (Levaquin) 750 milligrams (mg) daily for fourteen days starting 5/3/23 and Clindamycin 300 mg three times per day for fourteen days starting 5/3/23 for a Right Upper Medial Ischium Stage 4 Pressure Ulcer infection.</p> <p>R6's Physician Order Sheet (POS) and Medication Administration Record (MAR) dated May 2023 does not document R6's physician orders for Levaquin or Clindamycin.</p> <p>R6's Medical Record documents a total of eight missed doses of Levaquin and 20 missed doses of Clindamycin.</p> <p>On 5/9/23 at 11:35 AM V21 Licensed Practical Nurse (LPN) provided wound care to R6's Pressure Ulcers. R6's Right Ischium Pressure Ulcer was open with approximately 50% covered with black soft tissue. R6's dressing was saturated with moderate amount of yellow and brown foul-smelling drainage. The peri-wound of this area was dark red and non-blanchable. R6's Left Buttock Stage 4 Pressure Ulcer had soft black center with yellow soft edges surrounded by open dark red tissue with moderate yellow and brown drainage. R6's Left Upper Lateral Calf Stage 3 Pressure Ulcer was dark brown and red soft tissue with copious amount of very foul, dark brown drainage. R6's prior dressing of Calcium Alginate and bordered foam was black, slimy and slid off of R6's leg as V21 LPN removed outer gauze wrap. R6's room had foul odor from infected wounds throughout dressing changes.</p> <p>On 5/9/23 at 2:30 PM R6's medication supply was observed and did not include Levaquin nor Clindamycin.</p> <p>On 5/9/23 at 2:35 PM the facility Emergency Kit (E-Kit) was observed to contain Levaquin and Clindamycin.</p> <p>On 5/9/23 at 12:00 PM V21 Licensed Practical Nurse (LPN) stated (R6's) wounds smelled horrible. I about had to leave the room. They have really gotten bad. I didn't know they were that bad. You can tell they are really infected.</p> <p>On 5/9/23 at 3:00 PM V25 Pharmacist stated the pharmacy has not received any physician orders for R6's Levaquin and Clindamycin antibiotics.</p> <p>(continued on next page)</p>

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 05/10/2023
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/10/23 at 10:00 AM V22 Wound Physician stated the facility caused harm to R6 by not providing antibiotic therapy due to R6's Right Ischium Pressure Ulcer had deteriorated. V22 stated No one knows what is going on here (facility) because no one wants to take responsibility for the care of the residents. Unfortunately it is the residents that suffer for the lack of care.</p> <p>2.) R4's Minimum Data Set (MDS) dated [DATE] documents R4 as moderately cognitively impaired.</p> <p>R4's Physician Order Sheet (POS) dated May 1-31, 2023 documents a physician order of Xanax 1.0 milligram (MG) twice daily for Anxiety.</p> <p>R4's Medication Administration Record (MAR) dated May 1-31, 2023 documents R4's Xanax was not administered from 5/2/23-5/10/23 for a total of 14 missed doses.</p> <p>R4's Medical Record does not document notification to (V26) Physician from 5/2/23-5/10/23 for R4's missed doses of Xanax.</p> <p>On 5/6/23 at 9:20 AM the medication cart locked medication storage area did not have R4's Xanax nor Narcotic Administration count sheet to match.</p> <p>On 5/5/23 at 3:15 PM R4 stated with tears rolling down her cheeks Please help them (facility) get me my Xanax. I have terrible Anxiety. I just cry all the time if I don't have it. They (facility) were giving it to me and now they aren't. I really need it.</p> <p>On 5/6/23 at 9:30 AM V17 Licensed Practical Nurse (LPN) stated I don't have any Xanax for (R4). I don't know where it is but it is not in the cart. I will have to call pharmacy to find out what happened to it. (R4) has been asking me repeatedly for it. I know (R4's) anxiety is worse because she isn't getting it.</p> <p>On 5/9/23 at 3:00 PM V25 stated the pharmacy dispensed a 30 day supply of (R4's) Xanax on 3/31/23. We (pharmacy) can not provide (R4's) Xanax again without a current prescription.</p> <p>On 5/9/23 at 3:30 PM V1 Administrator stated We (facility) have been working today on getting (R4's) Xanax. (R4) has been very upset and crying more since she hasn't had it. We (facility) reached out to (V26) Physician today to ask for a renewed prescription. We (facility) haven't heard back yet. I don't know what took so long for us to attempt to contact (V26) Physician but (R4) should not have had any missed doses because of our (facility) error.</p> <p>The facility policy titled 'Medication Administration' revised 11/18/17 documents the facility is to document any medications not administered for any reason by circling initials and documenting on the back of the MAR the date, time, the medication and dosage, reason for omission and initials. If the medication is not available for a resident, call the pharmacy and notify the physician when the drug is expected to be available. Notify the physician as soon as practical when a scheduled dose of a medication has not been administered for any reason.</p>		