

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  03/02/2022
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>42702</p> <p>Based on observation, interview, and record review, the facility failed to provide reasonable accommodations for missing dentures, hearing aids, television remote and call lights in three (R19, R27 and R28) of 16 residents reviewed for reasonable accommodations in a sample list of 26.</p> <p>Findings include:</p> <p>1. On 2/28/22 at 2:50PM R28 was laying in bed with the television on, at a low volume. R28 appears edentulous and required a raised voice to hear a conversation.</p> <p>On 2/28/22 at 2:52 PM, R28 stated one of R28's hearing aids and R28's dentures had been lost when R28 was at the hospital, prior to admission. Since admission, R28 stated R28 had not been asked about hearing or dentures. R28 also stated R28 preferred watching television as an activity; however since admission, R28 had not had a remote control and because of that, R28 was only able to see one channel and couldn't adjust the sound so R28 could hear it. R28 stated no one had asked about hearing, dentures or about activities since admission.</p> <p>On 3/1/22 at 9:33AM V7 Certified Nursing Assistant stated, I don't think that (R28) has hearing aids or dentures.</p> <p>On 2/28/22 at 3:54PM V9 Maintenance Director stated the facility didn't have any television remotes and V9 Maintenance Director asked V1 Administrator to order remotes.</p> <p>On 3/2/22 at 12:30PM V1 Administrator state the facility is now working with the local hospital to help R28 get another hearing aid and dentures and facility corporation has been requested to send additional television remotes.</p> <p>37813</p> <p>2. R27's Care Plan last revised 11/29/21 documents R27 is moderately cognitively impaired and has left sided weakness from history of Cerebral Vascular Accident. R27's Care Plan also documents R27 has history of Left Below the Knee Amputation and is only able to minimally assist with Activities of Daily Living. R27's Care Plan also documents R27 has fall risks that require monitoring and interventions.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/28/22 at 10:59 AM R27's Call light was not within his reach. It was sitting on a night stand across the room from R27.</p> <p>On 02/28/22 at 1:14 PM R27's call light continued to be out of his reach on the night stand across the room.</p> <p>On 2/28/22 at 1:15PM V14, Licensed Practical Nurse (LPN) accompanied surveyor to R27's room. V14 stated well I'm new to this facility, but I would think (R27) should have his call light and I see that he doesn't. V14 then handed the call light to R27 who was able to turn it on and then able to turn it off when asked if he was able to do so.</p> <p>On 2/28/22 V7, Certified Nurse's Aide (CNA) stated (R27) is able to use his call light. He should definitely have a call light where he can reach it.</p> <p>35046</p> <p>3) On 2/28/22 at 10:12 AM, R19 was sitting in a wheelchair in the room. R19's call light was not within reach.</p> <p>On 2/28/22 at 10:41 AM, R19 was sitting in the wheelchair and the call light was not in reach. R19 stated R19 could not reach the call light and that R19 needed it because R19 needed help.</p> <p>R19's care plan dated 2/25/19 documents R19 requires extensive to total assistance to complete activities of daily living. R19's care plan documents to keep call light within reach at all times.</p> <p>The facility's AM care policy with a review date of 1/2018 documents to place call light within easy reach.</p>		

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>42702</p> <p>Based on interview and record review the facility failed to accurately convey advanced directive wishes in two (R26 and R285) of 16 residents reviewed for advanced directives in a sample list of 26.</p> <p>Findings include:</p> <p>1. On 2/28/22 at 3:00PM R26's chart was reviewed with no advanced directives found.</p> <p>On 2/28/22 at 3:30PM V4 Licensed Practical Nurse stated advanced directives should be in the chart.</p> <p>On 2/28/22 at 3:45PM, V1 stated, We didn't get one (an advanced directive form) on him. (R28) is a full code right now.</p> <p>On 3/1/22 at 3:45PM, R26 stated, I have heart failure and other things that they can't fix. I don't want machines or anything to keep me around if my heart quits.</p> <p>On 3/2/22 at 10:00AM, a signed Physician Order for Life-Sustaining Treatment form was placed on R26's chart documenting R26's wishes to not be resuscitated in the case of cardiac arrest.</p> <p>35046</p> <p>2) On 3/01/22 at 11:15 AM, V16 (R285's Family Member/Power of Attorney) stated R285 wishes to be a Do Not Resuscitate and that R285 has a living will that says so. V16 stated when R285 was admitted (1/11/22) to the facility, I told them R285's wishes. V16 stated V16 signed a form when R285 was admitted .</p> <p>R285's Physician's Order Sheet dated 3/1/22 documents R285 is a full code.</p> <p>R285's medical record did not contain a POLST (Physician Orders for Life Sustaining Treatment) form. On 3/1/22 at 12:48 PM, V3 Administrator in Training stated R285's POLST form was found unsigned in the physician's in house mailbox. V3 stated it was signed on 2/18/22 by V16. V3 stated, We didn't realize it was still in the mailbox unsigned.</p> <p>On 3/1/22 at 11:39 AM, V1 Administrator stated the Social Service Director is responsible for completing the POLST form. Stated that the facility has been without a Social Service Director since December. They now have a new one that started a couple weeks ago.</p> <p>R285's POLST form dated 2/18/22 signed by V16 documents R285's advance directives wishes are to be a Do Not Resuscitate with Comfort Measures only. This form documents, V18 (R285's physician) signed R185's POLST form on 3/1/22.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Advance Directive Policy with a review date of 1/2018 documents, 1. At the time of admission, POA (Power of Attorney), guardian, or responsible party shall be given written information regarding resident rights and advance directive. At this time, each resident/responsible will be requested to furnish this facility with copies of all existing advance directives. 2. The day of admission to this facility, the Social Service Designee, Administrator of designee at admission shall meet with the resident/responsible party to review existing advance directives. Those not having advance directives, who wish to execute shall be referred to the attorney or physician of resident choice. 3. After confirming the accuracy of provided documents with the resident/responsible party, the document will be sent for appropriate signatures. No order for, No Code or DNR shall be effective until the (POLST) Form is signed by resident/responsible party and physician order is received and documented.</p>

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<p>F 0604</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>35046</p> <p>Based on observation, interview, and record review the facility failed to ensure R3 was not subjected to a physical restraint and assessed for appropriate and necessary use of a physical restraint. As a result R3 sustained a right ankle fracture attempting to get free from a physical restraint. R3 is one of one resident reviewed for accidents on the sample list of 26.</p> <p>Findings include:</p> <p>On 3/1/22 at 11:00 AM, R3 was sitting at a dining room table. R3's wheelchair (wheels) was locked. R3 was pushing down on the wheelchair arms and attempting to stand but could not do so due to chair placement against the table. R3 was also pushing against the table and could not push backwards. R3 sat at this table until after lunch (12:30 PM), R3 continued to push against the table and attempted to stand unsuccessfully. R3 demonstrated no ability to unlock the wheelchair that forced R3 to remain at the table. R3 was identified to have the ability to independently self-propel R3's wheelchair while in the seated position.</p> <p>R3's radiology report dated 1/31/22 documents a right lateral malleolus (ankle) fracture.</p> <p>R3's Investigation Final Report dated 2/8/22 documents on 2/1/22, R3 complained of right ankle pain and had bruising to the right ankle. This report documents an x-ray was obtained which showed a right ankle fracture. This report documents V18, R3's Physician determined the fracture was caused from R3 rolling the ankle when attempting to move the wheelchair or when attempting to ambulate.</p> <p>On 3/2/22 at 10:00 AM, V1 Administrator stated it was determined that R3 rolled the right ankle when attempting to push self up and away from table. V1 stated R3's wheelchair is locked (by staff) so R3 can not move away from the table due to fall precautions. V1 stated R3 will push, rock, and attempt to stand while at the table. V1 stated the physician determined the cause of the fracture was from R3 rolling her ankle when attempting to move away from the table.</p> <p>R3's current medical record as reviewed on 3/1/22 had no documented evidence of a completed physical restraint assessment or any record related to medical symptoms warranting the use of, or being treated by physically restraining R3, with locked wheelchair wheels.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>42702</p> <p>Based on interview and record review the facility failed to notify one (R34) of one residents reviewed for written discharge and transfer notification in a sample list of 26.</p> <p>Findings include;</p> <p>On 1/20/22 R34's nurse's notes document R34 to be sent to the emergency department for evaluation and treatment. R34's medical record does not document communication from the facility to R34's family member regarding R34's transfer to the hospital.</p> <p>On 2/28/22 at 2:30PM, V19 family member stated V19 family member had not received any written notification of R34's transfer to the hospital.</p> <p>On 3/1/22 at 2:00PM, V1 Administrator stated V20 Business Office Manager was supposed to be sending the information to the families and V1 Administrator would have to inservice V20 Business office manager on the practice of sending that information to the families to rectify the situation.</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>42702</p> <p>Based on interview and record review the facility failed to provide notification of a bed hold to one (R34) of one residents reviewed for bed hold notification in a sample list of 26.</p> <p>Findings include;</p> <p>On 1/20/22 R34's nurse's notes document R34 to be sent to the emergency department for evaluation and treatment. R34's medical record does not document a bedhold policy/notification was given to R34 or R34's family member at any time.</p> <p>On 2/28/22 at 2:30PM, V19 family member stated V19 family member had never received any written notification of R34's transfer to the hospital from the facility.</p> <p>On 3/1/22 at 1:30PM, V20 Business Office Manager stated V20 Business Office Manager thought nursing was taking care of bed holds and V20 Business Office Manager did not do them.</p> <p>On 3/1/22 at 2:00PM, V1 Administrator stated V20 Business Office Manager was supposed to be sending the bed hold information to the families and V1 Administrator would have to inservice V20 Business Office Manager on the practice of sending the bed hold information to the families.</p> <p>The facility bed hold policy revised dated 8/1/17 documents, Notice of bedhold policy at the time of discharge or theraputic leave will be given no longer than 24 hours after discharge or upon initiation of leave.</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35046</p> <p>Based on interview and record review the facility failed to complete a compressive minimum data set (MDS) assessment for two (R3, R285) of 16 residents reviewed for MDS assessment on the sample list of 26.</p> <p>Findings include:</p> <p>1) R3's medical record documented a quarterly MDS assessment dated [DATE]. There was not a MDS assessment in the medical record for January of 2022.</p> <p>On 3/1/22 at 1:52 PM, V21 Regional Reimbursement Specialist stated R3 was due for an annual MDS on 1/11/22 and it was not completed.</p> <p>2) R285's Face Sheet documents R285 was admitted on [DATE]. R285's medical record did not contain an Admission MDS assessment.</p> <p>On 3/1/22 at 10:40 AM, V21 Regional Reimbursement Specialist stated R285's Admission Assessment MDS was not completed.</p> <p>The facility's Comprehensive Assessment/MDS policy with a reviewed date of 11/1/2017 documents an Admission assessment will be completed within 14 days after admission and an annual MDS assessment will be completed after within 366 days of the previous Comprehensive assessment.</p>



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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35046</p> <p>Based on interview and record review the facility failed to complete quarterly Minimum Data Set (MDS) assessments for five of five residents (R1, R2, R4, R5, and R6) reviewed for resident assessment on the sample list of 26.</p> <p>Findings include:</p> <p>The facility's Compressive/MDS policy with a review date of 11/2017 documents quarterly assessments will be completed within 92 days of the previous MDS assessment.</p> <p>1) R1's Medical Record contained an Annual MDS assessment dated [DATE]. This medical record did not contain another MDS after that date.</p> <p>On 3/1/22 at 10:40 AM, V21 Regional Reimbursement Specialist stated R1 was due for a quarterly assessment on 1/18/22 but it was not completed.</p> <p>2) R2's Medical Record contained a Quarterly MDS assessment dated [DATE]. This medical record did not contain another MDS after that date.</p> <p>On 3/1/22 at 10:40 AM, V21 Regional Reimbursement Specialist stated R2 was due for a quarterly assessment on 1/11/22 but it was not completed.</p> <p>3) R4's Medical Record contained a Quarterly MDS assessment dated [DATE]. This medical record did not contain another MDS after that date. On 3/1/22 at 10:40 AM, V21 Regional Reimbursement Specialist stated R4 was due for a quarterly assessment on 1/18/22 but it was not completed.</p> <p>4) R5's Medical Record contained a Quarterly MDS assessment dated [DATE]. This medical record did not contain another MDS after that date. On 3/1/22 at 10:40 AM, V21 Regional Reimbursement Specialist stated R5 was due for a quarterly assessment on 1/18/22 but it was not completed.</p> <p>5) R6's Medical Record contained a Quarterly MDS assessment dated [DATE]. This medical record did not contain another MDS after that date. On 3/1/22 at 10:40 AM, V21 Regional Reimbursement Specialist stated R6 was due for a quarterly assessment on 1/21/22 but it was not completed.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35046</p> <p>Based on interview and record review the facility failed to implement a baseline care plan for one (R285) of two residents reviewed for new admissions on the sample list of 26.</p> <p>Findings include:</p> <p>R285's face sheet documents R285 was admitted on [DATE]. R285's medical record did not contain a baseline care plan.</p> <p>On 3/1/22 at 10:40 AM, V21 Regional Reimbursement Specialist stated R285 did not have a baseline careplan completed. V21 stated when a resident is admitted to the facility a baseline careplan should be implemented.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</b></p> <p>Based on observation, interview and record review the facility failed to develop comprehensive care plans for five residents (R10, R28,R34,R235,R285) of 26 residents reviewed for Care Plans in a sample list of 26 residents.</p> <p>1. On 2/28/22 at 2:50PM R28 stated R28 had not been asked about hearing, dental or activities of choice since admission. R28 stated during a recent hospitalization R28's hearing aid and dentures were lost. Additionally, R28 didn't have a remote control for R28's television precluding R28 from enjoying television, R28's preferred activity.</p> <p>R28's admission record documents an admitted [DATE]. No comprehensive care plan was found in R28's medical record on 2/28/22.</p> <p>R28's baseline care plan had no documentation of hearing impairment, dental impairment nor chosen activities.</p> <p>2. On 2/28/22 at 3:43 PM V19 Family Member stated since admission, (R34) has been in pain, has fallen, and has had urinary tract infections.</p> <p>R34's admission record documents an admitted [DATE]. No comprehensive care plan was found in R34's medical record on 2/28/22.</p> <p>R34's undated baseline care plan had no documentation of pressure ulcers, hospitalization s, urinary tract infections, nor falls.</p> <p>3. On 2/28/22 at 12:22PM 1/2 siderails were on R235's bed. On 3/1/22 at 3:00PM 1/2 siderails were on R235's bed. On 3/2/22 at 10:00AM, 1/2 siderails were on R235's bed.</p> <p>On 2/28/22 at 10:00AM, R235's admission record documents an admitted [DATE]. No comprehensive care plan was found in R235's medical record 2/28/22.</p> <p>R235's baseline care plan had no documentation of side rails.</p> <p>On 3/1/22 at 10:12AM V1 stated, There was no comprehensive care plan done for (R28, R34 and R235) because my Care Plan Coordinator had left by then.</p> <p>37813</p> <p>Findings include:</p> <p>4. On 2/28/22 at 10:00AM R10 was seated in his room in a wheelchair watching TV. R10 had a quarter sized sore on the left side of his nose. there was a small amount of bleeding from this area. R10 stated I pick that sore. It's just a nervous habit I guess.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R10's Physician's Order Sheet (POS) for February 1, 2022 thru February 28,2022 includes the following Diagnosis: Parkinson's Disease.</p> <p>On 3/2/22 at 10:05AM V15, Licensed Practical Nurse (LPN) stated (R10) has dry skin and he picks at that place on his nose so much it stays sore. He has been seen by dermatology and there is no treatment ordered for it.</p> <p>R10's Care Plan last updated 11/24/21 does not address the behavior and does not include any resident centered interventions to address the issue.</p> <p>35046</p> <p>5) R285's Admission Assessment documents R285 was admitted on [DATE]. R285's medical record did not contain a comprehensive assessment.</p> <p>On 3/1/22 at 10:40 AM, V16 Reimbursement Specialist stated R285 does not have a comprehensive careplan.</p> <p>The facility's Comprehensive Care Planning policy with a review date of 11/1/17 documents a comprehensive care plan should be completed within 7 days of the Comprehensive Minimum Data Set Assessment (21 days after admission).</p>		

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NAME OF PROVIDER OR SUPPLIER  Illini Heritage Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE  1315 Curt Drive, Suite B Champaign, IL 61821	
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>42702</p> <p>Based on observation, interview, and record review the facility failed to update comprehensive care plans/implement resident centered interventions for four residents (R3, R27, R30, R32) of 26 residents reviewed for comprehensive care plans in a sample list of 26.</p> <p>Findings Include:</p> <p>The facility's Comprehensive Care Planning policy with a review date of 11/1/17 documents, There shall be times between (Resident Assessment Instrument/Minimum Data Set) completion that ongoing clinical assessment and identification of the resident need may warrant update of the comprehensive care plan.</p> <p>1. R30's physician documentation dated 1/6/22 documents R30's urinary tract infection, cultures, antibiotics and post treatment evaluation. R30's undated comprehensive care plan does not document the infection, cultures, antibiotics or post treatment evaluation documented on the 1/6/22 physician visit.</p> <p>On 3/1/22 at 2:00PM, V3 Administrator in Training stated the care plans had not been completed upon admission but that they were getting updated now.</p> <p>35046</p> <p>2. R3's February Physician order sheet dated 2/1/22 through 2/28/22 contains an order for a boot to the right foot due to a right ankle fracture.</p> <p>The facility's investigation report dated 2/8/22 documents on 2/1/22 R3 was diagnosed with a right ankle fracture. This report documents that a new order was received for a boot to the right ankle. This report also documents new interventions were put into place. These interventions included unlocking wheel chair when R3 wants to leave table.</p> <p>R3's plan of care last updated on 1/12/22 was not updated to include the boot to the right foot or to unlock wheel chair when R3 wants to leave the table.</p> <p>37813</p> <p>3. R32's Braden Scale dated 1/4/21 documents R32 is at high risk for pressure ulcers. R32's skin risk Care Plan was last updated 3/8/21. R32's Care Plan documents R32 requires pressure relief mattress in bed. On 3/1/22 at 10:00AM R1 was observed in bed and did not have pressure relieving mattress in place.</p> <p>4. R27's Physician's Order Sheet (POS) for February 1-28th 2022 documents the following diagnoses: Diabetes, Left Below the Knee Amputation, and History of Cerebral Vascular Accident. R27's Care Plan last updated 11/16/21 documents R27 is at high risk for pressure ulcers.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/1/22 at 2:00PM R27 stated his butt hurt. V4, Licensed Practical Nurse (LPN) would nurse assisted R27 to roll to his side. R27 was incontinent of urine. R27 had three dime sized pressure ulcers to his left buttock.</p> <p>On 3/1/22 at 2:00PM V4 stated I work the floor so I don't have time to get all my wound care done. (R27) was healed and now he's open again.</p> <p>On 3/2/22 at 11:00AM V1, Administrator stated We know we are behind in some of our Care Plans. The Care Plan Coordinator has just been with us for a few days.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35046</p> <p>Based on observation, interview, and record review the facility failed to provide needed assistance to ensure compression stockings and shoes were on, oxygen was properly in place, and chin hair was removed for one of 16 residents (R19) reviewed for activities of daily living on the sample list of 26.</p> <p>Findings include:</p> <p>On 2/28/22 at 10:35 AM, R19 was sitting in the wheelchair in the room. R19 was dressed but was not wearing compression stocking or shoes. R19's oxygen tubing was around R19's neck. The nasal cannula on the tubing was not in R19's nose. R19 had whiskers on the chin.</p> <p>On 3/1/22 at 8:43 AM, R19 was sitting in the wheelchair in the room. R19 was dressed but was not wearing compression stockings or shoes. R19 had whiskers on R19's chin.</p> <p>R19's Minimum Data Set assessment dated [DATE] documents R19 requires extensive assistance of one person physical assistance with dressing and personal hygiene.</p> <p>R19's Activities of Daily Living Care Plan with a start date of 2/25/19 documents an intervention to, Ensure hair trimmed/shaved per resident's usual style.</p> <p>R19's February 2022 and March 2022 physician's order sheet contains an order to apply compression stocking every morning and remove at bedtime.</p> <p>R19's plan of care dated 12/22/20 documents R19 has a potential for recurrent acute distress secondary to Congestive Heart Failure and Chronic Obstructive Pulmonary Disease. This care plan documents an intervention for Compression stocking on in AM and off at hour of sleep.</p> <p>On 3/1/22 at 9:41 AM, V23, R19's Family Member stated R19 can not groom self and would need help to complete this. V23 stated R19 likes to have the hair on the chin tweezed. V23 stated R19 was particular about chin hair being plucked.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35046</p> <p>Based on observation, interview, and record review the facility failed to apply compression stocking for one of one residents (R19) reviewed for Congestive Heart Failure on the sample list of 26.</p> <p>Findings include:</p> <p>On 2/28/22 at 10:12 AM, R19 was sitting in a wheelchair in the room. R19 was dressed and was not wearing compression stockings.</p> <p>On 3/1/22 at 9:15 AM, R19 was sitting in a wheelchair in the room. R19 was not wearing compression stockings. R19 stated they didn't put them on today.</p> <p>R19's February 2022 and March 2022 physician's order sheet contains an order to apply compression stockings every morning and remove at bedtime.</p> <p>R19's plan of care dated 12/22/20 documents R19 has a potential for recurrent acute distress secondary to Congestive Heart Failure and Chronic Obstructive Pulmonary Disease. This care plan documents an intervention for Compression stocking on in AM and off at hour of sleep.</p> <p>R19's Minimum Data Set assessment dated [DATE] documents R19 requires extensive assistance of one person for dressing.</p>



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<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>37813</p> <p>Based on observation, interview, and record review the facility failed to implement resident centered interventions to prevent new/worsened pressure ulcers, failed to prevent cross contamination of Stage III and Stage IV pressure ulcers during a residents incontinence care and failed to document weekly wound assessments for five residents (R17,R27,R32,R34, R21) of five residents reviewed for pressure ulcers in a sample list of 26. This failure caused development of new Stage II pressure ulcers for three (R32, R17, R27) the five residents.</p> <p>Findings include:</p> <p>1. R32's Physician's Order Sheet (POS) for February 1-28th, 2022 includes the following diagnoses: Insulin Dependant Diabetes, Quadriplegia, Legally Blind in Both Eyes.</p> <p>On 3/1/22 at 9:26AM V12, Certified Nurse's Aide (CNA) and V13 Certified Nurse's Aide (CNA) assisted R32 to bed from her wheelchair with a sling type mechanical lift. As R32 was lifted urine poured on the wheel chair and floor. V12 rolled R32 in bed and her slacks were soaked with urine. V12 and V13 did not provide R32 with incontinence care at this time. V12 placed R32's blankets on R32 and both CNA's left the room.</p> <p>On 3/1/22 at 10:00AM when asked if V12 had noticed the urine on R32 V12 stated she had and would provide incontinence care for R32. R32's adult diaper was heavy with foul smelling urine and she was soaked through to the bed sheets. R32 was observed to have two dime size Stage II pressure ulcers to the right and left side of R32's coccyx. V12 stated I will let the wound nurse know.</p> <p>On 3/1/22 at 10:30AM V13 stated I did see the urine dripping on the wheel chair, but (V12) was taking care of (R32) and I thought she would clean (R32).</p> <p>On 3/2/22 at 10:15AM R32 stated I could use a diaper I am wet and dirty. V12 stated she was going to get supplies.</p> <p>On 3/2/22 at 11:00AM V15, Licensed Practical Nurse (LPN) stated (R32) doesn't have any treatments ordered except barrier cream. I wasn't aware she had any open areas. V15 stated she would call and get a treatment order. No wound assessment was documented.</p> <p>On 3/2/22 at 11:05AM V12 returned with V8, Certified Nurse's Aide (CNA) to provide incontinence care for R32. In addition to the stage II pressure ulcers on R32's right and left coccyx R2 also had a Stage II pressure ulcer to her right gluteal cleft and a pin point Stage II pressure ulcer to her left second toe.</p> <p>2. R27's Physician's Order Sheet (POS) for February 1-28th 2022 documents the following diagnoses: Diabetes, Left Below the Knee Amputation, and History of Cerebral Vascular Accident. R27's Care Plan last updated 11/16/21 documents R27 is at high risk for pressure ulcers.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/1/22 at 2:00PM R27 stated his butt hurt. V4, Licensed Practical Nurse (LPN) wound nurse assisted R27 to roll to his side. R27 was incontinent of urine and being provided care. R27 had three dime sized pressure ulcers to his left buttock.</p> <p>On 3/1/22 at 2:00PM V4 stated I work the floor so I don't have time to get all my wound care done. (R27) was healed and now he's open again.</p> <p>3. R17 Physician's Order Sheet (POS) for February 1-28th 2022 documents the following diagnoses: Multiple Sclerosis, Insulin Dependent Diabetes, Anxiety.</p> <p>R17 Wound Evaluation and Summary dated 2/27/22 documented R17 has a 1. Stage IV pressure ulcer to the right medial ischium full thickness, of greater than 437 days duration 2. A Stage III Pressure Ulcer on his right lower Medial Ishium of greater that 227 day duration. and 3. A shearing wound to the right thigh that is new. The wound physician ordered a calcium alginate dressing covered with an abdominal pad for the Stage III and the Stage IV and house barrier cream to the shearing wound.</p> <p>On 3/1/22 at 11:45AM V12, Certified Nurse's Aide (CNA) removed R17's adult diaper to provide incontinence care. There were dressings in place to the Stage III and StageIV sites. V12 removed the dressings and discarded them. She then used the same wash cloth she had used to clean the rectal area and ran it over the two wounds. She did not notify the nurse to come in and properly cleanse the wound and reapply the ordered dressing. R17 had been laying on, the Yshaped tubing to R17's urinary catheter under his right buttock. There was a new Stage II pressure area in the shape and size of the tubing on R17's right buttock. V12 replaced the adult diaper over the wounds.</p> <p>On 3/1/22 at 1:30PM R1 stated The nurse never did come back in and put the bandage on my bottom.</p> <p>On 3/1/22 at 2:00PM V12 stated I guess I should have left the dressing alone. and let the nurse change it.</p> <p>No wound measurements or assessments for R17 documented from 12/5/21 until 12/30/21.</p> <p>No wound measurements or assessments for R17 documented from 12/30/21 until 1/12/22.</p> <p>No wound measurements or assessments for R17 documented from 1/20/22 until 2/13/22.</p> <p>No wound measurements or assessments for R17 documented from 2/13/22 until 2/27/22.</p> <p>42702</p> <p>4. On 2/27/22 R21's physician wound evaluation and management summary documents a 0.5 centimeter by 0.3 centimeter stage two pressure wound of the right buttock with an order for Alovesta cream to be applied to R21's buttocks three times a day.</p> <p>On 2/28/22 R21's nurse's notes document R21 complaining of bottom pain.</p> <p>R21's treatment administration record dated February 2022 documents skin checks and assessments to be done daily. These checks were not done daily but rather 10 of 28 days.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/28/22 at 8:02AM V4 Licensed Practical Nurse/Wound Nurse stated R21 did not have any open areas to the coccyx and no treatment other than barrier cream was being put on R21's coccyx.</p> <p>On 3/2/22 at 8:15AM V4 Licensed Practical Nurse/Wound Nurse performed pericare on R21 A dime sized open area on the right buttock was covered in thick liquid feces and urine.</p> <p>5. R34's February 2022 Treatment Administration Record documents an order for daily skin checks and assessments. Skin checks were not performed 8 days in the month of February.</p> <p>On 2/28/22 V4 Licensed Practical Nurse stated that R34 did not have any open areas on R34's bottom.</p> <p>On 3/1/22 at 2:00PM R34 was toileted and a nickel sized stage two pressure ulcer was on R34's sacrum.</p> <p>On 3/1/22 at 1:00PM V4 Licensed Practical Nurse/Wound Nurse stated V21 Physical Therapy Assistant had made V4 LPN aware of R34's wound earlier that day.</p> <p>On 3/2/22 at 8:45AM V4 Licensed Practical Nurse (LPN) stated V4 LPN hadn't had time to perform the treatment and place the dressing on R34 yet and that additional interventions should have been put in place to prevent further skin breakdown.</p> <p>On 3/2/22 at 8:50AM, when asked about not knowing about open areas on the residents, V4 Licensed Practical Nurse/Wound Nurse stated, Honestly, we just don't have the staff to make sure everything is done the way that it should be.</p> <p>The facility policy revised date 1/18 documents that a wound will be documented on the treatment or wound record and that when a pressure ulcer is identified, additional interventions must be established and noted on the care plan in an effort to prevent worsening or reoccurring pressure ulcers. Additionally, staff on every shift and as needed will provide skin care. The facility 's policy documents the expectation of preventative skin care through repositioning, careful washing, rinsing, drying and observation.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>37813</p> <p>Based on observation, interview, and record review the facility failed to maintain a urinary catheter in a sanitary and properly secured manner for one resident with a urinary catheter (R 17) of one resident reviewed for catheters in a sample list of 26 residents.</p> <p>Findings include:</p> <p>R17's Physician's Order Sheet (POS) for February 1-28th 2022 documents the following diagnoses: Multiple Sclerosis, Insulin Dependent Diabetes, Anxiety. R17's POS also documents R17 has an indwelling suprapubic Catheter.</p> <p>R17's Wound Evaluation and Summary dated 2/27/22 documented R17 has a Stage IV pressure ulcer to the right medial ischium full thickness, of greater than 437 days duration, A Stagelll Pressure Ulcer on his right lower Medial Ishium of greater that 227 day duration, and A shearing wound to the right thigh that is new.</p> <p>On 02/28/22 at 11:06 AM the Catheter drainage tubing was laying on the floor of R17's room. The urine collection bag was full and touching the floor. The bag was not covered and was visible from the open door to R17's room. On 03/01/22 at 11:03 AM tubing again was on the floor and no dignity bag was covering the drainage bag. The exposed bag was again visible from the hall from the open door to R17's room.</p> <p>On 3/1/22 at 11:45 V12, Certified Nurse's Aide (CNA) provided incontinence and catheter care for R17. R17's catheter tubing was not anchored to R17's thigh. This was causing unnecessary pull and tension on the tubing.</p> <p>On 3/1/22 at 11:45AM V12 stated Catheter tubing and bag should never be on the floor. I can see if the tubing was attached to his leg it would not pull as hard. I've never seen that done with (R17).</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>37813</p> <p>Based on observation, interview, and record review the facility failed to change tubing, cannula, and humidity bottle for oxygen concentrator/nebulizer per policy for two residents (R32,R19) of two residents reviewed for oxygen in a sample list of 26 residents.</p> <p>Findings Include:</p> <p>1.) R32's Physician's Order Sheet (POS) for February 1-28th, 2022 includes the following diagnoses: Insulin Dependant Diabetes, Quadriplegia, Legally Blind in Both Eyes. R32's POS also includes a physician's order for Oxygen 3 liters per nasal cannula as needed for shortness of breath.</p> <p>On 03/01/22 at 10:25 AM R17's Oxygen tubing was lying on the floor attached to the concentrator. The part of the cannula that is inserted in the nose was covered by white encrustations. The tape on the tubing documented it was last changed 1/11/22. Resident stated she uses the oxygen every night.</p> <p>On 3/1/22 V4, Licensed Practical Nurse stated Oxygen tubing is to be changed by night shift every week.</p> <p>The facility's policy Oxygen Therapy dated March 2019 states Change Oxygen tubing/mask/cannula and/or tracheotomy mask on a weekly basis. If using an oxygen tracheotomy mask, wash with warm soap and water daily and PRN (as needed) in between changing if needed. Date tubing changes and document on the treatment sheet.</p> <p>35046</p> <p>2.) On 2/28/22 at 10:42 AM, R19's Oxygen was not on and oxygen tubing was hanging around R19's neck. R19's Oxygen rate was set at 3.5 liters. R19's oxygen tubing was labeled 12/29/21. R19's nebulizer tubing and mask was laying on top of a chair and was not bagged or labeled with a date.</p> <p>On 3/1/22 at 9:15 AM, R19's nebulizer mask and tubing was lying on R19's bed.</p> <p>R19's physician order sheet (POS) dated 3/1/22 through 3/31/22 documents an order for oxygen at 2 to 3 liters per nasal cannula. This POS documents O2 (oxygen) tubing is to be changed weekly and nebulizer treatment equipment is to be changed weekly.</p> <p>R19's Oxygen plan of care dated 2/25/19 documents R19 requires oxygen therapy as needed for Chronic Obstructive Pulmonary Disease and Congestive Heart Failure and includes an intervention to provide 3 liters of oxygen as needed and use only 2 liters at night.</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>42702</p> <p>Based on observation, interview and record review the facility failed to assess and maintain documented evidence of consent for siderails for one (R235) of one residents reviewed for siderails in a sample list of 26.</p> <p>Findings include:</p> <p>On 2/28/22 at 12:22PM 1/2 siderails were on R235's bed. On 3/1/22 at 3:00PM 1/2 siderails were on R235's bed. On 3/2/22 at 10:00AM, 1/2 siderails were on R235's bed.</p> <p>R235's undated baseline care plan does not document siderails on R235's bed.</p> <p>R235's medical record does not document a siderails assessment.</p> <p>On 3/1/22 at 3:45PM V1 Administrator said that no consent nor assessment could be located.</p> <p>On 3/2/22 at 1:00PM V3 Administrator in Training stated, We got the consent signed today and the assessment done.</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>35046</p> <p>Based on observation, interview, and record review the facility failed to have sufficient nursing staff to ensure medications were passed on time, ensure orders were obtained for the treatment of pressure ulcers, ensure care plans were updated and to failed to ensure minimum data set assessments, side rail assessments, psychotropic medication assessments, and antibiotic stewardship assessments were completed on time for 14 residents (R1, R2, R3, R4, R5, R6, R20, R21, R28, R32, R34, R235, R238, and R285) of 26 residents reviewed for staffing on the sample list of 26. These failures had the potential to affect all 40 residents residing in the facility.</p> <p>Findings include:</p> <p>On 2/28/22, 3/1/22, and 3/2/22 there was one nurse V4 Licensed Practical Nurse providing direct resident care on the first shift.</p> <p>The facility's Facility Assessment with an update date of 1/31/22 documents there will be two nurses on the first shift, two nurses on the second shift, and one nurse on the third shift providing direct care to the residents.</p> <p>The Nurse's schedule dated 2/14/22 through 3/3/22 documents there were three nurses scheduled instead of five nurses on 2/16/22, 2/17/22, 2/21/22, 2/23/22, 2/26/22, 2/27/22, and 3/2/22. There were four nurses scheduled instead of five on 2/18/22, 2/20/22, 2/22/22, 2/24/22, 2/25/22, and 3/1/22.</p> <p>On 3/1/22 at 8:50AM, V4 Licensed Practical Nurse (LPN) administered R3's three units of Novolog insulin, ordered for 7:00AM, at 8:50AM after R3 had eaten breakfast. At 8:50AM, V4 LPN stated, (R238) also got (R238's) 7:00AM ordered insulin with breakfast because I am the only nurse today because we had a call off. It is better for the insulin to be given before breakfast at the scheduled time but I can only do what I can do.</p> <p>R21's physician wound evaluation and management summary dated 2/27/22 documents a .5 centimeter by .3 centimeter stage two pressure wound of the right buttock. R21's treatment record for February 2022 and March of 2022 did not contain a treatment for the pressure ulcer. R21's treatment administration record dated February 2022 documents skin checks and assessments to be done daily. These checks were not done daily but rather only 10 of 28 days.</p> <p>On 3/1/22 at 2:00PM R34 was toileted and a nickel sized stage two pressure ulcer was on R34's sacrum. R34's February 2022 Treatment Administration Record documents an order for daily skin checks and assessments. Skin checks were not performed 8 days in the month of February.</p> <p>On 3/2/22 at 8:45AM V4 Licensed Practical Nurse (LPN) stated that V4 LPN hadn't had time to perform the treatment and place the dressing on R34 yet and that additional interventions should have been put in place to prevent further skin breakdown.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Illini Heritage Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE  1315 Curt Drive, Suite B Champaign, IL 61821	
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 3/2/22 at 8:50AM, when asked about not knowing about open areas on the residents, V4 Licensed Practical Nurse/Wound Nurse stated, Honestly, we just don't have the staff to make sure that everything is done the way that it should be.</p> <p>R285's medical record did not contain an admission Minimum Data Set Assessment (MDS). R285's, R34's, R235's and R28's medical record did not contain a completed baseline careplan or a comprehensive careplan. R1, R2, R4, R5, and R6's medical records were all missing their latest quarterly MDS assessments. R235's medical record did not contain a side rail assessment for R235's use of side rails. R3 and R20 did not contain their last quarterly psychotropic medication assessment. R3, R20, and R32 medical records did not contain assessments for antibiotic stewardship. On 3/1/22 at 10:40 AM, V21 Regional Reimbursement Specialist stated the facility's last MDS/Care Plan Coordinator quit in December and the facility is behind on all of their careplans, MDS assessments, Side Rail assessments, Psychotropic Medication assessments, and Antibiotic Stewardship assessments.</p> <p>The facility's Census and Condition report dated 2/28/22 provided by V14 Licensed Practical Nurse/Minimum Data Set Coordinator documents there are 40 residents residing in the facility.</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>35046</p> <p>Based on observation, interview, and record review the facility failed to employ the services of a Registered Nurse eight consecutive hours every day and failed to employ the services of a full time Director of Nursing. This failure has the potential to affect all 40 residents residing in the facility.</p> <p>Findings include:</p> <p>On 2/28/22 from 8:30 AM to 4:00 PM, on 3/1/22 and 3/2/22 from 8:00 AM to 4:00 PM there was not a Registered Nurse or Director of Nursing working in the facility.</p> <p>The facility's Nurse's schedule dated 2/14/22 to 3/3/22 documents there was no Registered Nurse scheduled on 2/14/22, 2/17/22, 2/19/22, 2/20/22, 2/28/22, 3/1/22 or 3/3/22.</p> <p>On 3/02/22 at 10:21 AM, V1 Administrator stated there was not a Registered Nurse working in the facility on 2/14/22, 2/17/22, 2/19/22, 2/20/22, 2/28/22, 3/1/22 or 3/3/22. V1 stated the facility currently does not have a Director of Nursing since early December 2021.</p> <p>The Facility Assessment with an update of 1/31/22 documents the Director of Nursing position is vacant.</p> <p>The facility's Census and Condition report dated 2/28/22 provided by V14 Licensed Practical Nurse/Minimum Data Set Coordinator documents there are 40 residents residing in the facility.</p>

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35046</p> <p>Based on interview and record review the facility failed to comprehensively assess and review the care plan for one of one residents (R3) reviewed for Dementia on the sample list of 26.</p> <p>Findings include:</p> <p>R3's care plan last with goal dates of 1/13/22 documents R3 has a diagnosis of Dementia, has impaired communication related to short and long term memory deficit, self care deficits related to Dementia, altered activity pursuit related to Dementia, requires use of psychotropic medications related to Dementia with psychosis, and is at risk for falls, altered nutrition, and pressure ulcers.</p> <p>R3's medical record documented a quarterly MDS (Minimum Data Set) assessment dated [DATE]. There was not a MDS assessment in the medical record for January of 2022.</p> <p>On 3/1/22 at 1:52 PM, V21 Regional Reimbursement Specialist stated R3 was due for an annual (comprehensive) MDS on 1/11/22 and it was not completed. V21 stated the care area assessments for this assessment were not completed. V21 stated R3's care plan has not been reviewed since 10/13/21 and it is overdue.</p> <p>The facility's Comprehensive Care Planning policy with a review date of 11/1/17 documents the comprehensive care plan shall be reviewed after each annual MDS assessment.</p> <p>The facility's Comprehensive Assessment/MDS policy with a review date of 11/1/2017 documents an annual MDS assessment will be completed after within 366 days of the previous Comprehensive assessment.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>35046</p> <p>Based on interview and record review the facility failed to follow-up with the physician after drug interaction sheets were sent to the physician and no response was received for two of five residents (R20, R285) reviewed for pharmacy recommendations on the sample list of 26.</p> <p>Findings include:</p> <p>1) R285's Potential Drug Interaction sheet dated 1/20/22 documents Heparin 5,000 unit/milliliter interacts with Clopidogrel 75 milligrams. This documents to use caution when administering platelet aggregation inhibitors concurrently with anticoagulants. Careful monitoring of appropriate laboratory values for the patient's anticoagulant (e.g. PTT for heparin, anti XA levels for low-molecular weight heparins, INR for warfarin) as well as signs and symptoms of bleeding is warranted.</p> <p>R285's medical record does not document a response from V18 physician.</p> <p>On 3/1/22 at 9:00 AM, V4 Licensed Practical Nurse stated there has been no response from V18 regarding the pharmacy recommendation made on R285's Potential Drug Interaction sheet.</p> <p>On 3/2/22 at 10:00 AM, V1 Administrator stated the nurses on the floor are supposed to follow-up if no response is received from the physician after something is faxed.</p> <p>2) R20's Potential Drug Interaction sheet dated 2/9/22 documents an interaction between Ciprofloxacin Hydrochloride (HCL) 250 milligrams and Ondansetron HCL 4 milligrams and a potential interaction between Quetiapine and Ciprofloxacin HCL 250 mg. This sheet documents it was faxed to V18 physician on 2/9/22.</p> <p>R20's medical record does not document a response from V18 physician.</p> <p>On 3/1/22 at 9:00 AM, V4 Licensed Practical Nurse stated there has been no response from V18 regarding the pharmacy recommendation made on R285's Potential Drug Interaction sheet.</p> <p>On 3/2/22 at 10:00 AM, V1 Administrator stated the nurses on the floor are supposed to follow-up if no response is received from the physician after something is faxed.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>35046</p> <p>Based on interview and record review the facility failed to re-evaluate the need for psychotropic medications, failed to limit an as needed (PRN) medication to 14 days, and failed to obtain an extension order for the continued use of a PRN medication for two (R3, R20) of five residents reviewed for psychotropic medications on the sample list of 26.</p> <p>Findings include:</p> <p>1) R3's Physician Order Sheet dated 3/1/22 documents orders dated 1/31/2018 for Prozac (antidepressant) 20 milligrams every day, 11/30/21 for Clonazepam (anti-anxiety) 0.5 milligrams take 1/2 tablet twice a day, 10/20/20 for Risperdal (Dementia with Psychosis) 1 milligram twice a day, and 2/18/21 for Melatonin 3 milligrams 2 tablets by mouth at bedtime.</p> <p>R3's psychotropic medication assessment for R3's use of Prozac, Clonazepam, Risperdal, and melation documents these medications were last reviewed 10/13/21.</p> <p>On 3/1/22 at 10:40 AM, V21 Regional Reimbursement Specialist stated the psychotropic medication assessments are not up to date. V21 stated they are supposed to be completed quarterly.</p> <p>2) R20's Physician Order Sheet dated 3/1/22 documents orders dated 9/14/21 for Effexor (antidepressant) 37.5 milligrams twice a day, dated 9/14/21 for Seroquel 25 milligrams 1/2 tablet every evening and dated 12/2/21 for Lorazepam 0.5 milligrams as needed (PRN).</p> <p>R20's psychotropic medications assessment for the use of Effexor and Seroquel documents these medications were last reviewed on 11/24/21. There is not an assessment for the use of R20's Ativan.</p> <p>R20's medical record does not document an extension of R20's order for Ativan.</p> <p>On 3/1/22 at 10:40 AM, V21 Regional Reimbursement Specialist stated the psychotropic medication assessments are not up to date. V21 stated they are supposed to be completed quarterly. V21 stated an assessment for R20's Ativan should have been developed. V21 stated there is no documentation that R20's Ativan was limited to 14 days. V21 stated there is no order for an extension of R20's Ativan.</p> <p>The facility's psychotropic medication policy with a review date of 11/29/2017 documents, 18. Any resident receiving psychotropic medication will have the Psychotropic Medication Assessment done at a minimum. This policy also documents that PRN medications can be used but should have a time limitation of 14 days unless the physician extends the order.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>42702</p> <p>Based on observation, interview and record review the facility failed to administer medications as ordered to keep the medication error rate below five percent (5%). There were two medication errors out of 25 opportunities resulting in an 8% error rate. This failure affected R3 and R238 who are two residents reviewed for medications on the sample list of 26.</p> <p>Findings include:</p> <p>On 3/1/22 at 8:50AM, V4 Licensed Practical Nurse (LPN) administered R3's three units of Novolog insulin, ordered for 7:00AM, at 8:50AM after R3 had eaten breakfast.</p> <p>At 8:50AM, V4 LPN stated, (R238) also got (R238's) 7:00AM insulin with breakfast. It is better for the insulin to be given before breakfast at the scheduled time but I can only do what I can do.</p> <p>R3 and R238's March 1, 2022 Medication Administration Records document physician orders for Novalog insulin to be given at 7:00AM.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</b></p> <p>Based on observation and interview the facility failed to ensure that expired medication was not stored in the medication storage room. This failure had the potential to affect one (R21) of one residents reviewed for medication labeling and storage on the sample list of 26</p> <p>On [DATE] at 3:58 PM, two vials of R21's Lorazepam (2 milligrams per milliliter) were in the medication room's refrigerator. The expiration date on these vials was ,d+[DATE].</p> <p>V10 Licensed Practical Nurse stated R21's expired medication should have been disposed of and would be disposed of immediately.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>35046</p> <p>Based on observation, interview, and record review the facility failed to employ the services of a qualified Director of Food and Nutrition Services. This failure has the potential to affect all 40 residents residing in the facility.</p> <p>Findings include:</p> <p>On 3/2/21 at 10:00 AM, V22 Dietary Manager was working in the kitchen. V22 stated she started as the Dietary Manager in January of 2022. V22 stated she is not a certified Dietary Manager and possesses no other credentials that currently qualifies V22 as Director of Food and Nutrition Services. V22 stated V22 has not started the Dietary Manager course.</p> <p>The facility's Facility Assessment with a review date of 1/31/22 documents it will employ a full-time Certified Dietary Manager.</p> <p>The facility's Census and Condition report dated 2/28/22 provided by V14 Licensed Practical Nurse/Minimum Data Set Coordinator documents there are 40 residents residing in the facility, all or most of whom consume food prepared in the facility kitchen.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35046</p> <p>Based on observation, interview, and record review the facility failed to store food in a manner to protect it from contamination and failed to label food to ensure sound and wholesome food quality. This failure has the potential to affect all 40 residents residing in the facility.</p> <p>Findings include:</p> <p>1.) On 2/28/22 at 9:35 AM, a refrigerator in the kitchen contained a half gallon container of commercially prepared chicken salad and potato salad. The containers were both opened and were not dated to ensure appropriate and safe use-by dates. There were also cheese slices wrapped in cellophane, a half bag of shredded cheese, a quarter bag of Parmesan cheese, and half of ham wrapped in cellophane that were not dated. At that time, V11 stated the chicken salad and potato salad shouldn't even be in there and needed thrown away, stated the cheese and ham should have been labeled with the date that they were opened.</p> <p>2.) On 2/28/22 at 9:45 AM, there was a refrigerator in the dry storage area. This refrigerator was leaking and there was a bath blanket pushed up to the corner of the refrigerator to collect the leaking water. At that time, V11 stated the refrigerator was broken and out of service. Inside of the refrigerator was puddled water covering the bottom of the refrigerator. A box of pie crusts was sitting in the water and the box was wet. There were three bags of tortilla shells laying in the water. A box of wheat hamburger buns were sitting on the shelf and it contained 10 bags of buns. V11 stated the food in the broken refrigerator needed to be thrown away.</p> <p>The facility's Census and Condition report dated 2/28/22 provided by V14 Licensed Practical Nurse/Minimum Data Set Coordinator documents there are 40 residents residing in the facility, all or most of whom consume food prepared in the facility kitchen.</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>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>35046</p> <p>Based on interview and record review the facility failed to have the required members of the Quality Assessment and Assurance Committee in attendance at it's quarterly Quality Assurance meetings. This failure has the potential to affect all 40 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's Quality Assurance sign in sheets dated 4/21/21, 10/20/21, and 1/31/22 does not document that the Director of Nursing was in attendance.</p> <p>On 3/2/22 at 10:30 AM, V1 Administrator stated the Quality Assurance meetings are held on a quarterly basis. V1 stated there was not a Director of Nursing at the Quality Assurance meetings held on 4/21/21, 10/20/21 or 1/31/22.</p> <p>The facility's Census and Condition report dated 2/28/22 provided by V14 Licensed Practical Nurse/Minimum Data Set Coordinator documents there are 40 residents residing in the facility.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37813</p> <p>Based on observation, interview and record review the facility failed to to review and update its infection control policy at least annually which has the potential to impact all 40 residents. The facility also failed to use appropriate hand hygiene and perineal care techniques for two residents (R34, R30) of twenty six residents on the sample list.</p> <p>Findings Include:</p> <p>1.) The facility's policy Infection Control Surveillance and Monitoring supplied by the facility is dated as last reviewed 12/7/18.</p> <p>On 3/2/22 at 11:33AM V1, Administrator stated The policy I provided to you is the latest policy I have for Infection Control Surveillance and Monitoring. We haven't had a Director of Nursing for a while now and that would be the staff accountable for monitoring policies with corporate staff.</p> <p>The facility's Resident Census and Condition of Residents Report signed by V14, Licensed Practical Nurse, Care Plan Coordinator on 2/28/22 documents 40 residents reside in the facility.</p> <p>42702</p> <p>2.) On 3/2/22 at 11:50AM, V5 and V8 Certified Nursing Assistants (CNAs) provided pericare (perineal care) for R30. Neither V5 nor V8 CNAs washed their hands before donning or after doffing gloves. V5 CNA took off one dirty glove and did not reglove while continuing to provide pericare. V5 CNA then wiped R30 with a gloved hand from the back-dirty area to the front-clean area.</p> <p>At 11:55AM, V5 CNA stated that V5 CNA wiped that way to get the barrier cream off of R30.</p> <p>R30's nurse's notes document urinary tract infections on 12/18/21, 1/6/22 and 2/1/22 requiring catheterizations, lab tests and antibiotics.</p> <p>The facility perineal cleansing policy dated 12/17 documents the basic infection control concept for peri-care is to wash from the cleanest to the dirtiest area and to change or remove gloves and wash hands when going from working with contaminated items to clean items.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>35046</p> <p>Based on interview and record review the facility failed to assess the need for an antibiotic to ensure the symptoms met the criteria for infection for three of three residents (R3, R20, and R32) reviewed for antibiotic on the sample list of 26.</p> <p>Findings include:</p> <p>1) R3's Physician Order dated 4/23/20 documents an order for the antibiotic Cephalexin 250 milligrams every for urinary tract prevention.</p> <p>R3's medical record did not contain an assessment for R3's use of the Cephalexin for urinary tract prevention.</p> <p>On 3/2/22 at 10:30 AM, V3 Administrator in Training stated prior to the use of an antibiotic an assessment should be completed to ensure the symptoms meet the criteria for the antibiotic use. V3 stated there was not an assessment in R3's medical record.</p> <p>2) R20's Physician Order dated 2/9/22 documents an order for the antibiotic Ciprofloxacin Hydrochloride 250 milligrams.</p> <p>R20's medical record did not contain an assessment for R20's use of Ciprofloxacin Hydrochloride. On 3/2/22 at 10:30 AM, V3 Administrator in Training stated prior to the use of an antibiotic an assessment should be completed to ensure the symptoms met the criteria for the antibiotic use. V3 stated there was not an assessment in R3's medical record.</p> <p>37813</p> <p>3.) R32's Physician's Order Sheet (POS) for February 1-28th, 2022 includes the following diagnoses: Insulin Dependant Diabetes, Quadriplegia, Legally Blind in Both Eyes and History of Methicillin Resistant Staphylococcus Aureus (Colonized). R32's POS also includes a current (initiated 9/14/21) order for Cephalexin (antibiotic) 250 milligrams daily for Urinary Tract Infection prevention There is no physician's documentation included in R32's medical record to support rationale for this long term antibiotic. There is no McGeer criteria documented to assess the efficacy of this treatment.</p> <p>On 3/2/22 at 9:00AM V1 Administrator stated We have not had a Director of Nursing (DON) for a while. I would depend on the DON to audit the use of antibiotics and consult the physician. We don't have other nursing staff to function in this capacity. We have to use all nursing at this time for direct care.</p> <p>The facility's Members of the Antibiotic Stewardship Program and Responsibilities (not dated) documents it is the responsibility of V4, Licensed Practical Nurse (LPN) for Maintaining antibiotic logs, identify any trends with physicians not adhering to the program, ensuring need for antibiotic, and if the antibiotic is appropriate based on symptoms and microbiology.</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  03/02/2022
NAME OF PROVIDER OR SUPPLIER  Illini Heritage Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE  1315 Curt Drive, Suite B Champaign, IL 61821	

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/1/22 at 2:00PM V4 stated I work the floor so I don't have time to do infection control. I work the floor almost all the time.</p> <p>The facility's policy Antibiotic Stewardship Program dated 10/20/21 states the purpose of this policy is To improve use of antibiotics in healthcare to protect resident and reduce the threat of antibiotic resistance through a set of commitments and actions designed to optimize the treatment of infections while reducing adverse events associated with antibiotic use.</p>

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>37813</p> <p>Based on interview and record review the facility failed to employ a qualified Infection Preventionist. This failure has the potential to affect all 40 residents residing in the facility.</p> <p>Findings Include:</p> <p>The facility's Resident Census and Condition of Residents Report signed by V14, Licensed Practical Nurse, Care Plan Coordinator on 2/28/22 documents 40 residents reside in the facility. This report documents there are currently seven residents receiving antibiotics, three residents with urinary catheters, and 28 residents frequently incontinent of urine.</p> <p>On 3/1/22 at 12:32PM V1, Administrator stated We do not currently have an infection preventionist. That would usually fall to the Director of Nursing (DON), but we have not had a DON for a while now. The remaining nursing staff are doing direct care. We are trying to recruit and corporate helps as they can, but right now that is where we are.</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  03/02/2022
NAME OF PROVIDER OR SUPPLIER  Illini Heritage Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE  1315 Curt Drive, Suite B Champaign, IL 61821	
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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>37813</p> <p>Based on interview and record review the facility failed to offer one or both Centers for Disease Control (CDC) recommended Pneumococcal disease Vaccines to four residents (R10, R27, R34, R32) of five residents reviewed for Pneumonia Vaccines in a sample list of 33.</p> <p>Findings Include:</p> <p>1.) R10's Physician's Order Sheet (POS) for 2/1/22 through 2/28/22 documents R10 was admitted to the facility 10/29/21 and is over the age of 65. R10's Immunization Record dated 11/9/21 does not document R10 was offered either the PPSV 23 (Pneumococcal polysaccharide vaccine) or the PCV 13 (Pneumococcal conjugate vaccine) as required and recommended per CDC. There is also no documentation to indicate R10 has received the PCV (Pneumococcal conjugate vaccine)15 or the PCV (Pneumococcal conjugate vaccine) 20.</p> <p>2.) R27's Physician's Order Sheet (POS) for 2/1/22 through 2/28/22 documents R27 was admitted to the facility 1/18/22 and is over the age of 65. R27's Immunization Record dated 10/12/21 does not document R27 was offered the PPSV 23 (Pneumococcal polysaccharide vaccine) as required and recommended per CDC. There is also no documentation to indicate R27 has received the PCV (Pneumococcal conjugate vaccine)15 or the PCV (Pneumococcal conjugate vaccine) 20.</p> <p>3.) R34's Physician's Order Sheet (POS) for 2/1/22 through 2/28/22 documents R34 was admitted to the facility 12/30/21 and is over the age of 65. R34s Immunization Record dated 10/13/21 does not document R34 was offered the PPSV 23 (Pneumococcal polysaccharide vaccine) as required and recommended per CDC. There is also no documentation to indicate R34 has received the PCV (Pneumococcal conjugate vaccine)15 or the PCV (Pneumococcal conjugate vaccine) 20.</p> <p>4.) R32's Physician's Order Sheet (POS) for 2/1/22 through 2/28/22 documents R32 was admitted to the facility 9/12/21 and is over the age of 65. R34's Immunization Record dated 1/20/21 does not document R32 was offered the PCV 13 (Pneumococcal conjugate vaccine) as required and recommended per CDC. There is also no documentation to indicate R27 has received the PCV (Pneumococcal conjugate vaccine)15 or the PCV (Pneumococcal conjugate vaccine) 20.</p> <p>On 2/3/22 at 9:45AM V1, Administrator stated Without a Director of Nursing (DON) there is no staff to keep up on auditing the vaccines. Of course we have all the CoVid (human coronavirus) vaccines and we have managed that, but we are trying to recruit more nursing staff but right now the nurses are all doing direct care. If the documentation is not on the individual charts it more than likely was not done.</p>		