

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 04/26/2023
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 record review and interview the facility failed to ensure the dignity of a resident. This failure affects one (R49) resident reviewed for dignity from the sample list of 39 residents.</p> <p>Findings include:</p> <p>R49's Minimum Data Set (MDS) dated [DATE] documents R49 as cognitively intact. This same MDS documents R49 as requiring supervision for bed mobility, personal hygiene and dressing.</p> <p>R49's Care Plan does not include focus area, goal nor interventions for abuse prevention.</p> <p>R49's Interdisciplinary Team (IDT) Meeting dated 2/24/23 documents Quality Assurance (QA) team met regarding allegation of abuse. Claiming verbal abuse from (V19) Licensed Practical Nurse (LPN). Intervention: Continued inservicing regarding resident abuse.</p> <p>R49's Initial Incident Report to Illinois Department of Public Health (IDPH) dated 2/24/23. Final Incident Report to IDPH dated 2/25/23 documents Male resident with Brief Interview for Mental Status (BIMS) score of 15 (cognitively intact) reports asking for as needed (PRN) medication last evening. (R49) reported to staff at 8:00 AM on 2/24/23. When responding to (R49), (V19) LPN stated You are creepy. (R49) reports feeling as if he did something wrong. (V19) suspended pending investigation. Staff report conversation amongst staff member in hallway, stating that the building is creepy at night. Root cause: Resident misinterpreted conversation. Intervention: Abuse training provided to all staff. Continued staff training for abuse.</p> <p>On 04/25/23 at 11:00 AM R49 stated There was a nurse (V19) Licensed Practical Nurse (LPN) sitting at the nurses station by my room. I had asked (V19) for a muscle relaxer so I could sleep better. (V19) was just sitting there doing her charting. I didn't want to bother her again so I just sat in my wheelchair in the doorway of my room. (V19) must have forgot I was there because after 15-20 minutes (V19) looked up and looked me straight in the eyes and said 'aren't you super creepy'. I felt so bad I just went back in my room. There was not any other staff around. It was just (V19) and me. I don't think (V19) abused me but I can say I don't like the way (V19) made me feel. Like I am some kind of pervert or something. I was just waiting for my muscle relaxer. I think they (facility) fired (V19) for that because she never came back.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/25/23 at 04:18 PM V1 Administrator stated all residents should be treated with respect and dignity. V1 stated None of our staff should talk to residents in a condescending way or any way that makes them feel like less of a person. (R49) also told me that there were no other staff around but (V19). I am not sure why the investigation would say that but I was not here at that time. I spoke with (R49) just to follow up and he told me the same thing.</p> <p>The facility undated Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities documents your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>42702</p> <p>Based on record review and interview, the facility failed to provide a written Notice of Medicare Non-Coverage, (NOMNC) for three (R5, R46, R304) of three residents reviewed for beneficiary notifications, from a total sample list of 39.</p> <p>Findings include:</p> <p>Three Medicare discharged residents R5, R46, and R304, were selected for review from the list provided by V11, Business Office Manager.</p> <p>On 4/23/23 at 10:30AM, V11 Business Office Manager provided unsigned beneficiary notices for R5 and R46 and no beneficiary notice for R304. V11 Business Office Manager then said that she could not locate signed beneficiary notices for any of the three residents.</p> <p>On 4/25/23 at 9:17AM, V2 Interim Director of Nursing said that the facility did not have a policy on Advanced Beneficiary Notices or NOMNCs, but that they follow Medicare guidelines and all residents with Medicare days left should be given one of those forms. We don't have them for those residents.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on interview and record review the facility failed to report an allegation of sexual abuse to the state survey agency. This failure affects two (R15, R10) of three residents reviewed for abuse in the sample list of 39.</p> <p>Findings include:</p> <p>R15's Minimum Data Set, dated dated [DATE] documents R15 has severe cognitive impairment and receives antipsychotic medications. R15's undated Care Plan documents R15 displays inappropriate behaviors including sexual aggressive behaviors and making sexual comments to staff and other residents.</p> <p>R15's Social Services Notes document the following: On 10/4/22 R15 has been making inappropriate comments to other residents. V7 Social Services Director was notified that R15 made inappropriate sexual comments to staff. On 10/10/22 R15 was inappropriate to staff and made sexual advances towards residents. This was reported to the Administrator In Training, and a report was filed. On 11/15/22 R15's room was changed. There is no documentation in R15's medical record that R15 was evaluated by a psychiatrist or provided psychiatric/behavioral services, and the facility was unable to provide documentation that R15 has been evaluated/treated by psychiatric/behavioral services.</p> <p>R15's emergency room Discharge Summary dated 10/5/22 documents R15 was transferred to the hospital for abnormal behavior and the facility requested a psychiatric evaluation. The facility reported that R15 walked into an unidentified resident's room and removed their blanket, and asked another unidentified resident when was the last time they had sex. The facility requested a psychiatric evaluation to see if R15 is safe to be around other residents.</p> <p>The facility had no documentation that an abuse allegation involving R15 was reported to the state survey.</p> <p>On 4/24/23 at 10:34 AM V7 Social Services Director stated R15 has vulgar sexual language towards staff and residents. When R15 first admitted R15 would rub and touch staff's legs. V7 reviewed R15's October social service notes and stated R15 made sexual advances and comments to R10. V7 was unable to recall specific details of the incident, but thought that R15 touched R10's lower back or hand while making a sexual comment or asking R10 if R10 would like to have sex. V7 reported the incident to the former administrator.</p> <p>On 04/24/23 at 2:36 PM V1 Interim Administrator stated the facility does not have an investigative file for any abuse allegations involving R15 or R10. V1 stated V1 would consider R15's sexual comments and touching R10 as a sexual abuse allegation, and it should have been investigated and reported.</p> <p>The facility's Abuse Prevention Program dated as revised 11/28/16 documents abuse allegations should be reported to the Department of Public Health.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on interview and record review the facility failed to investigate an allegation of sexual abuse. This failure affects two (R15, R10) of three residents reviewed for abuse in the sample list of 39.</p> <p>Findings include:</p> <p>R15's Minimum Data Set, dated dated [DATE] documents R15 has severe cognitive impairment and receives antipsychotic medications. R15's undated Care Plan documents R15 displays inappropriate behaviors including sexual aggressive behaviors and making sexual comments to staff and other residents.</p> <p>R15's Social Services Notes document the following: On 10/4/22 R15 has been making inappropriate comments to other residents. V7 Social Services Director was notified that R15 made inappropriate sexual comments to staff. On 10/10/22 R15 was inappropriate to staff and made sexual advances towards residents. This was reported to the Administrator In Training, and a report was filed. On 11/15/22 R15's room was changed. There is no documentation in R15's medical record that R15 was evaluated by a psychiatrist or provided psychiatric/behavioral services, and the facility was unable to provide documentation that R15 has been evaluated/treated by psychiatric/behavioral services.</p> <p>R15's emergency room Discharge Summary dated 10/5/22 documents R15 was transferred to the hospital for abnormal behavior and the facility requested a psychiatric evaluation. The facility reported that R15 walked into an unidentified resident's room and removed their blanket, and asked another unidentified resident when was the last time they had sex. The facility requested a psychiatric evaluation to see if R15 is safe to be around other residents.</p> <p>The facility had no documentation that an abuse allegation involving R15 was investigated.</p> <p>On 4/24/23 at 10:34 AM V7 Social Services Director stated R15 has vulgar sexual language towards staff and residents. When R15 first admitted R15 would rub and touch staff's legs. V7 reviewed R15's October social service notes and stated R15 made sexual advances and comments to R10. V7 was unable to recall specific details of the incident, but thought that R15 touched R10's lower back or hand while making a sexual comment or asking R10 if R10 would like to have sex. V7 reported the incident to the former administrator.</p> <p>On 04/24/23 at 2:36 PM V1 Interim Administrator stated the facility does not have an investigative file for any abuse allegations involving R15 or R10. V1 stated V1 would consider R15's sexual comments and touching R10 as a sexual abuse allegation, and it should have been investigated and reported.</p> <p>The facility's Abuse Prevention Program revised 11/28/16 documents investigative procedures for abuse include to review of written reports, interview the reporter, staff, witnesses, and residents, and review all circumstances of the incident. The facility will report results of abuse allegations to the state survey agency.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32853</p> <p>Based on observation, interview and record review the facility failed to develop a comprehensive care plan for three of 17 residents (R45, R103, R18) reviewed for comprehensive care plans in the sample list of 39.</p> <p>Findings include:</p> <p>The facility's Comprehensive Care Planning policy with a revised date of 7/20/22 documents, It is the policy of (the facility) to comprehensively assess and periodically reassess each Resident admitted to this facility. The results of this Resident assessment shall serve as the basis for determining each Resident's strengths, needs, goals, life history and preferences to develop a person centered comprehensive plan of care for each Resident that will describe the services that are to be furnished to attain or maintaining the Resident's highest practicable physical, mental, and psychosocial well-being. The CCP (Comprehensive Care Plan) shall be reviewed after each Annual, Significant Change and Quarterly MDS (Minimum Data Set) and revised as necessary to reflect the resident's current medical, nursing, and mental and psychosocial needs as identified by the IDPH (Interdisciplinary Team).</p> <p>1.) R18's Physician Order Sheet (POS) dated 4/1/23 through 4/30/23 documents diagnoses including Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Obesity and Obstructive Sleep Apnea. This POS documents and admitted [DATE]. R18's Care Plan only documents the admitted [DATE]. There is no other dates documented on this care plan. This Care Plan does not document the use of oxygen.</p> <p>On 4/23/23 at 9:15 AM, R18 was in R18's bed with oxygen on via a nasal cannula. The oxygen concentrator was set at 2.5 liters of oxygen and there was a portable oxygen tank in the room.</p> <p>On 4/26/23 at 2:02 PM, V3 Care Plan Coordinator confirmed that R18's oxygen was not on the Care Plan and confirmed that it should be on R18's Care Plan.</p> <p>2.) R45's Physician Order Sheet (POS) dated 4/1/23 through 4/30/23 documents diagnoses including Physical Deconditioning, End Stage Renal Disease and Congestive Heart Failure. This POS documents 9/24/22.</p> <p>The facility's Monthly Weight Grid dated May 2022 through April 2023 documents R45's weight in February was 154.2 pounds, March 139.4 pounds and April 127.6 pounds. This equals a 9.6% weight loss in 30 days and a 17.25 % weight loss in 60 days.</p> <p>R45's Care Plan only documents the admitted [DATE] and 3/25/23. There are no other dates documented on this care plan. This Care Plan does not document that R45 receives dialysis or the significant weight loss.</p> <p>3.) R103's POS dated 4/11/23 through 4/30/23 documents diagnosis of Acute Exacerbation of Congestive Heart Failure. This POS documents an order for Oxygen at 2 liters via a nasal cannula continuously.</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 - Few</p>	<p>R103's Care Plan documents an admitted [DATE] and no other dates are documented on this Care Plan. R103's Care Plan does not document Congestive Heart Failure or the use of oxygen.</p> <p>On 4/23/23 at 9:11 AM, R103 was in R103's room sitting on the bed. R103 had oxygen on 2.5 liters, the water bottle was dated 3/20/23.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on observation, interview and record review the facility failed to assist five (R8, R5, R16, R28, R253) of five dependent residents reviewed for activities of daily living including: feeding, showering and shaving, from a total sample list of 39.</p> <p>Findings include:</p> <p>1) R28's Minimum Data Set, dated dated [DATE] documents R28 as cognitively impaired. R28's undated care plan documents that R28 demonstrates dependency on a caregiver to assist with eating.</p> <p>On 4/23/23 at 12:47 PM, R28 was sitting at lunch with plate in front of her with no one attempting to assist R28 to eat. V28 gave R28 one bite of dessert and then left the table.</p> <p>On 4/24/23 at 8:33AM, R28 was sitting at a dining room table with 3 other residents with a full plate of food. Staff are walking beside resident without assisting. At 8:35AM, R1, R28's tablemate, fed R28 a donut. R1 then continued to feed R28 eggs with a fork.</p> <p>On 4/24/23 at 8:45AM, V12 Licensed Practical Nurse (LPN) stated while observing R1 continue to feed R28, A C.N.A. should be feeding R28, not another resident.</p> <p>40385</p> <p>2.) On 4/24/23 at 8:38 AM R5 was sitting in the dining room and had facial hair stubble to cheeks, chin, and upper lip.</p> <p>R5's Minimum Data Set (MDS) dated [DATE] documents R5 has severe cognitive impairment and requires assistance of one staff person for hygiene and bathing. R5's March and April 2023 Shower Sheets were requested, and provided by V2 Interim Director of Nursing. R5 was offered/received showers on 2/27, 3/6, 3/9, 3/27, and 4/4/23. There are no other documented showers.</p> <p>3.) On 4/23/23 at 8:47 AM R8 had long facial hair stubble to cheeks, chin, and upper lip. R8 stated sometimes R8 ends up with a long beard, because the staff don't shave R8. R8 stated the staff only shave us on shower days, and R8 only gets a shower every 1-2 weeks. R8 was unsure when R8's showers are scheduled, and stated R8 would like to be shaved at least every other day.</p> <p>R8's MDS dated [DATE] documents R8 is cognitively intact and requires assistance of one person for bathing and hygiene. R16's MDS dated [DATE] documents R4 requires assistance of one staff person for bathing.</p> <p>4.) On 04/24/23 at 11:03 AM a resident council meeting was held. R16 stated R16 has not had a shower in a week and a half, and is suppose to have showers twice weekly. R253 stated the facility is disorganized with showers and R253 has gone a week or more without a shower. R253 stated, You feel like you win the lottery when you get your shower. R8 stated R8 has gone 3 weeks without a shower.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R253's MDS dated [DATE] documents R253 is cognitively intact and requires assistance of one person for bathing. R16's MDS dated [DATE] documentst R16 requires assistance of one person for bathing.</p> <p>The facility's undated shower schedule documents R5, R8, R16, and R253 are scheduled for showers twice per week. R8's, R16's, and R253's March and April 2023 Shower Sheets were requested, and provided by V2 Interim Director of Nursing. The shower sheets document the following: R8's showers were offered/given on 3/6/23 and 3/30/23. R16's showers were offered/given on 2/28, 3/3, 3/7, 3/9, 3/21 and 3/28/23. R253's showers were given on 3/1, 3/4, 3/8, 3/22, 3/23, 4/3, and 4/14/23. There were no other documented showers.</p> <p>On 4/25/23 at 9:15 AM V2 stated showers are to be given twice weekly or per resident preference, and residents are to be shaved per preference on shower days. Staff should document refusals on the shower sheets. V2 stated V2 provided all of the requested shower documentation V2 could located for R5, R8, R16, and R253.</p> <p>The facility's Bath/Shower policy reviewed 3/20/23 documents baths/showers will be scheduled at least weekly.</p>		

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<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** 32853</p> <p>Based on observation, interview and record review the facility failed to follow a Physician's Order and weigh a resident daily to monitor for fluid overload for one of one resident (R103) reviewed for Edema in the sample list of 39. This failure resulted in R103 being hospitalized for five days for Congestive Heart Failure exacerbation.</p> <p>Findings include:</p> <p>The facility's Laboratory Tests policy with a review date of 9/27/17 documents, Appropriate laboratory monitoring of disease processes and medications requires consideration of many factors including concomitant disease(s) and medication(s), wishes of the resident and family and current standards of practice.</p> <p>R103's Physician's Order Sheet (POS) dated 4/1/23 through 4/30/23 documents diagnoses of Congestive Heart Failure and Left Lower Extremity Cellulitis. This POS documents an order to weigh once daily and notify Physician if a three pound weight gain in one day or five pounds in one week. R103's Minimum Data Set, dated dated dated [DATE] documents diagnoses including Atrial Fibrillation, Heart Failure and Hypertension.</p> <p>R103's Treatment Administration Sheet (TAR) dated 3/1/23 through 3/31/23 documents an order dated 2/3/23 to weigh once daily and notify Physician if a 3 pound gain in one day or a 5 pound gain in one week. There are no weights recorded on this TAR from 3/1/23 to 3/31/23. R103's TAR dated 4/1/23 through 4/30/23 documents the same order with a start date of 2/3/23 to weigh once daily and notify the Physician if there is a 3 pound weight gain in one day or a 5 pound gain in one week. This TAR has no weights documented from 4/1/23 to 4/23/23.</p> <p>The facility's Monthly Weight Grid for May 2022 through April 2023 documents R103's weight in March 2023 was 119 pounds and then R103's weight in April 2023 was 146.6 pounds.</p> <p>R103's Nurse's Notes dated 4/6/23 at 6:00 PM documents R103 had a doctor's appointment and documents R103 was admitted to the hospital following the appointment and the note is signed by V6 Licensed Practical Nurse.</p> <p>R103's Cardiology Office Visit note dated 4/6/23 documents R103 stated that R103's legs felt much more swollen than when R103 discharged from the hospital. V30 Cardiology Advanced Practice Registered Nurse documents that R103 has orders for the facility to notify the Physician if R103's weight increases 2-3 pounds in 25 hours or 5 pounds in one week. V30 documents there has been no encounters where the extended care facility has notified them of any weight gain. V30 documents R103's weight was 135 pounds on 2/2/23 and on this day (4/6/23) it was 142 pounds. V30 documents the physical exam for R103 demonstrates +(plus) 2-3 edema to lower legs and a skin tear with oozing of serous fluid to the right anterior lower leg. V30 documents R103 appears fluid overloaded. Oxygen was 73% (percent) on arrival. R103 has worsening peripheral edema and dyspnea (shortness of breath) on exertion. Send R103 to the emergency department for diuresis and further evaluation.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R103's hospital discharge orders dated 4/11/23 documents R103 was admitted since 4/6/23 and documents orders to weigh daily and monitor blood pressure, look for signs and symptoms of heart failure such as shortness of breath, swelling of feet and legs and swollen or tender abdomen. Call provider if symptoms develop or if you gain more than 3 pounds in a day or 5 pounds in a week.</p> <p>R103's Nurse's Notes dated 4/11/23 documents R103 arrived at the facility at 5:02 PM and R103's admitting diagnosis was Acute Exacerbation of Congestive Heart Failure.</p> <p>On 4/25/23 at 11:44 AM, V22 Restorative Certified Nursing Assistant stated that V22 completes the weekly and monthly weights but the daily weights are supposed to be completed by the floor Certified Nursing Assistants (CNA).</p> <p>On 4/26/23 at 2:21 PM, V1 Administrator in Training stated that V22 Restorative CNA is supposed to complete the daily weights and V2 Interim Director of Nursing stated that if there is an order for daily weights they should be getting completed.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>40385</p> <p>Based on interview and record review the facility failed to implement pressure ulcer treatments and complete weekly skin and wound assessments for one (R8) of two residents reviewed for pressure ulcers in the sample list of 39.</p> <p>Findings include:</p> <p>On 4/23/23 at 8:50 AM R8 stated R8 has wounds on R8's bottom, legs, and feet, and the dressings are changed daily.</p> <p>R8's Wound Evaluation & Management Summaries recorded by V31 Wound Physician document the following: On 3/19/23 R8's right ischium stage 4 pressure ulcer measured 3 centimeter (cm) long by 3.5 cm wide by 0.2 cm deep. R8's left buttock stage 4 pressure ulcer was 1.8 by 1 by 0.1 cm. R8's right posterior, upper thigh stage 3 pressure ulcer measured 5.4 cm by 6 cm by 0.1 cm. There are no wound assessments again until 4/2/23. On 4/2/23 the right ischium wound was larger, 5.5 cm by 6 cm by 0.2 cm. The right upper thigh wound was larger, 6.5 cm by 8.5 cm by 0.1 cm. The left buttock wound was larger, 2.5 cm by 3.5 cm by 0.1 cm. The wound treatments are ordered as 1/4 strength Dakin's (bleach solution) soaked gauze, covered with abdominal pad, and secured with tape twice daily. There are no wound assessments again until 4/17/23. On 4/17/23 the right ischium was 5 cm by 6 cm by 0.2 cm. R8's left buttock wound was 1.5 cm by 0.5 cm by 0.1 cm. The right upper thigh wound was 6.5 cm by 7.5 cm by 0.1 cm. The left upper thigh was 1.5 by 2 by 0.1 cm. R3 had a newly identified right lateral calf Stage 3 pressure ulcer that was 12 cm by 1 cm by 0.1 cm and left lateral calf stage 3 pressure ulcer that was 1.5 cm by 1.3 cm by 0.1 cm. The treatment order for the new wounds documents to administer a petroleum gauze dressing, covered with an abdominal pad, and wrapped with gauze three times weekly. On 4/23/23 the right ischium was 5 x 6.5 x 0.3 cm. The right thigh wound was 6 x 7.5 x 0.1 cm. The left thigh wound was 1.5 x 2. x 0.1 cm. The treatment order for the ischium and thigh wounds document to administer calcium alginate, cover with abdominal pad, and secure with tape twice daily. The right lateral calf wound was 10 x 1 x 0.1 cm. The left upper lateral calf was 2.5 x 1.2 cm by no measurable depth. The calf wound treatments document to administer a skin protectant and apply a bordered foam dressing once weekly and as needed.</p> <p>R8's April 2023 TAR documents to apply 1/4 Dakin's solution soaked gauze, cover with abdominal pad and secure with tape twice daily initiated on 4/5/23. This TAR does not document the location of the wounds where the treatment is to be administered, and does not document the treatment was administered on 9 shifts between 4/5/23 and 4/23/23. There is no documentation that the petroleum gauze treatment ordered on 4/17/23 was implemented. As of 4/26/23 R8's wound treatments for Calcium Alginate were not transcribed onto R8's TAR.</p> <p>R8's March TAR documents to assess R8's skin daily, and this is not transcribed onto R8's April 2023 TAR. There are no documented routine skin assessments in R8's medical record for April 2023.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/26/23 at 9:45 AM V2 Interim Director of Nursing stated skin assessments should be done at least weekly and documented on the TAR. V2 confirmed there are no documented skin assessments for R8 in April 2023. V2 stated R8's right calf Stage 3 Pressure Ulcer is an old wound that healed and then reopened. V2 confirmed V31's wound orders on 4/23/23 were not transcribed onto R8's TAR as of 4/26/23, and R8's April TAR does not document a petroleum gauze treatment. V2 confirmed R8's April 2023 Daikin's treatment does not identify the location of R8's wounds. V2 stated the facility just received V31's notes on 4/25/23. V2 stated V31 does not notify the facility of V31's scheduled visits and V31 does not round with any nurses. V31 does not communicate verbally V31's new orders, and the facility is not aware of V31's orders until V31 sends the facility V31's progress notes. V2 stated the nurses should initial the TAR and document refusals by circling the initials and recording the refusal in a nursing note. AT 11:02 AM V2 stated V2 provided all of R8's wound assessments after 3/19/23. V2 confirmed V31 visited only on 3/19/23, 4/2/23, and 4/17/23. V2 stated the nurses are responsible for obtaining wound measurements and assessments weekly in V31's absence, and the assessments should be documented in a progress note.</p> <p>The facility's Skin Condition and Monitoring policy dated as revised 3/16/23 documents the nurses will assess and document the results of a skin evaluation and notify the physician to obtain treatment orders. Treatment orders will continue until the area is resolved. Skin abnormality documentation must be done when a wound is identified and at least weekly until healed. Documentation should include wound characteristics and measurements.</p> <p>The facility's Pressure Sore Prevention Guidelines dated as reviewed on 3/16/23 documents that residents who are at moderate or high risk for developing skin breakdown will have routine skin assessments scheduled and recorded on the TAR.</p>

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<p>F 0689</p> <p>Level of Harm - 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** 40385</p> <p>Failures at this level required two different Deficient Practice Statements.</p> <p>A. Based on observation, interview, and record review the facility failed to investigate falls to identify root cause and develop/implement post fall interventions for two (R21, R26) of three residents reviewed for falls in the sample list of 39. This failure resulted in R21 falling and sustaining a forehead laceration that required sutures.</p> <p>B. Based on observation, interview and record review the facility failed to maintain a safe water temperature in resident's rooms for three residents (R102, R12, R101) and failed to secure an oxygen tank in a resident's room for one resident (R18). This failure affects four of seven residents reviewed for accidents in the sample list of 39.</p> <p>Findings include:</p> <p>a.)1.) On 04/23/23 at 8:26 AM R21 was asleep in bed. R21 had bruising to R21's right eye and R21's right forehead was covered with a gauze dressing. On 4/23/23 at 12:48 PM R21's right elbow was covered with a gauze dressing. R21 stated R21 had two recent falls. R21 stated R21 fell out of bed and hit R21's head while reaching for something on the floor. R21 was sent to the hospital following the fall. R21 fell a few days prior to the other fall while attempting to walk to the bathroom. R21 was unsure what steps the facility has taken to prevent falls. R21 stated R21 only uses R21's wheeled walker when ambulating outside of R21's room, and R21 did not have R21's wheeled walker when R21 fell .</p> <p>The facility's April 2023 Fall Analysis Log does not document that R21 fell on [DATE] and 4/21/23.</p> <p>R21's Minimum Data Set, dated dated dated [DATE] documents R21 has moderate cognitive impairment and requires limited assistance of one staff person for transfers, bed mobility, and toileting. R21's April 2023 Physician's Orders documents to administer Eliquis (anticoagulant) 5 milligrams by mouth twice daily. R21's Care Plan revised on 2/27/23 documents R21 has cognitive impairment and does not understand R21's mobility limits. Interventions include to observe and assess for use of mechanical devices and an interdisciplinary team review of assessments to determine safety interventions. This care plan does not identify R21 fell on [DATE] and 4/21/23 and does not document any post fall interventions after 2/27/23.</p> <p>R21's Nursing Note dated 4/19/23 at 1:00 AM documents the following: At 10:15 PM, R21 was found on the floor of R21's room. R21 reported that R21 was walking without R21's walker towards the bathroom, opened the bathroom door, and fell . R21 did not have any injuries. R21's 4/19/23 fall investigation is incomplete, and does not document the root cause or that post fall interventions were developed/implemented.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R21's Nursing Notes document the following: On 4/21/23 at 9:00 PM documents R21 was found on the floor between the beds of R21's room. R21 was lying on R21's right side, head down, and partially on R21's abdomen. There was blood on the floor around R21. R21 had attempted to reach for an item on the floor, lost balance, and fell hitting R21's right elbow and right eyebrow causing laceration and hematoma (bruising/swelling.) R21 was transferred to the local hospital for treatment. R21 returned to the facility at 11:50 PM and the hospital closed R21's forehead laceration with glue.</p> <p>R21's 4/21/23 fall investigation documents the following: Prior fall interventions include use of call light to request assistance and R21's call light was within reach. R21's walker was not in use at the time of R21's fall. The root cause is identified as R21 reached for an item on the floor, and R21 occasionally does not recognize R21's limitations. The new post fall interventions documented include R21 was educated on safety and to use the call light to request assistance.</p> <p>R21's emergency room Note dated 4/21/23 documents fall, frontal head injury/laceration, contusion of right shoulder, and contusion with skin tear to right elbow as R21's reason for hospital visit. R21 was alert and oriented to person, place, time, and situation. R21 reported that R21 was sitting on the edge of R21's bed, reached for something on the floor, and fell forward striking R21's head. R21 had a 1-1.5 inch bleeding cut to the right upper eyebrow and two abrasions to the right elbow. The forehead laceration was closed with dissolving sutures.</p> <p>On 4/25/23 at 9:55 AM V2 Interim Director of Nursing stated R21 fell out of bed and hit R21's head on 4/21/23, and the fall was unwitnessed. R21's head laceration was glued/closed at the hospital. V2 stated fall investigations are reviewed in the interdisciplinary team meetings. Root cause and post fall interventions are documented in the fall investigation and on the care plan. At 11:20 PM V2 stated the root cause of R21's 4/21/23 fall was that R21 attempted to reach for R21's snacks. The intervention implemented was to keep R21's personal items within reach. V2 was not aware that R21 had a prior fall on 4/19/23. V2 confirmed R21's 4/19/23 fall investigation was incomplete and did not include an identified root cause or that post fall interventions were developed/implemented.</p> <p>On 4/25/23 at 12:18 PM V17 Nurse Practitioner stated the facility should evaluate falls and implement interventions to prevent additional falls. V17 stated it is hard to say if R21's 4/21/23 fall would have been prevented if post fall interventions were developed and implemented, since R21 is alert and oriented. V17 confirmed educational reminders for use of call light and wheeled walker would be appropriate fall interventions for R21.</p> <p>41970</p> <p>a.)2.) R26's Minimum Data Set (MDS) dated [DATE] documents R26 as cognitively intact. This same MDS documents R26 as requiring limited assistance of one person for bed mobility and transfers. This same MDS documents medical diagnoses of Cerebral Vascular Accident (CVA) Left side affected, Congested Heart Failure and Left side Hemiplegia.</p> <p>R26's Care Plan does not include updated fall interventions after R26's 4/21/23 fall.</p> <p>R26's Nurse Progress Notes does not document a fall in April. R26's last nurse progress note was dated 3/23/23.</p> <p>R26's medical record does not document R26's 4/21/23 fall nor fall investigation.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R26's Fall Risk assessment dated [DATE] documents R26 as a high fall risk.</p> <p>Facility Fall Analysis Log dated January-April 2023 does not document any falls for R26.</p> <p>On 04/23/23 at 8:30 AM R26 stated I fell the other day. I was sitting up on the side of the bed. I tried to raise up a bit to reach my phone. The bed shifted over so when I sat back down, I fell on the floor. The staff came and lifted me back up to sitting on the side of the bed again. They (staff) told me the bed was not locked. I did not get hurt thank goodness but that could have been bad. I can't use my Left arm or Left leg that well so I could have been really hurt.</p> <p>On 04/24/23 at 12:18 PM V2 Interim Director of Nurses (DON) stated she is unaware of R26 falling in recent history. (R26) is alert and oriented. If (R26) said he fell , then he did. We (facility) were just not aware of it. No one reported it. All falls should be investigated. The resident care plan should be updated with each fall with the new interventions added. I will have to educate (V3) Care Plan Coordinator to include the dates on all new items added to the careplan. I know the careplans do not include dates with the fall interventions but we (facility) are working on that.</p> <p>On 04/24/23 at 12:24 PM V1 Administrator stated (R26) is alert and oriented. This fall on 4/21/23 was never reported to me, it was never investigated and not included on the fall tracking because we (facility) did not know about it.</p> <p>On 4/25/23 at 1:30 PM V1 Administrator stated I spoke with (R26) about his fall on 4/21/23. (R26) told me the staff put his cellular phone on the bedside table but it was on the far side away from him so he could not reach it. (R26) said he was trying to reach for his phone when the bed rolled because it was unlocked so he fell . If the staff would have put (R26's) belongings within his reach, he never would have fallen. Another part of that problem was that the staff never reported this fall to me or (V2) Interim DON. The facility was not able to follow up, investigate the fall or update the care plan. We (facility) have to do better.</p> <p>The facility policy titled 'Fall Prevention' revised 11/10/2018 documents conduct fall assessments on the day of admission, quarterly and with a change in condition. If residents with a high risk code are observed up or getting up, help must be summoned or assistance must be provided to the resident. Immediately after any resident falls the unit nurse will assess the resident and provide any care or treatment needed for the resident. A fall huddle will be conducted with staff on duty to help identify circumstances of the event and appropriate interventions. The unit nurse will place documentation of the circumstances of a fall in the nurses notes or on an AIM for Wellness form along with the new intervention on the CNA assignment worksheet. Reports all falls during the morning Quality Assurance meetings Monday through Friday. All falls will be discussed in the Morning Quality Assurance meeting and any new interventions will be written on the care plan.</p> <p>32853</p> <p>b.)1.) R102's Care Plan with an admitted [DATE] documents R102 has a self care deficit and needs supervision and/or assist to complete quality care and/or poorly motivated to complete ADLs (Activities of Daily Living). R102's Minimum Data Set (MDS) dated [DATE] documents R102 requires limited assistance with mobility.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/23 at 10:05 AM, R102 was in R102's room in a high back chair with R102's feet up in R102's wheelchair.</p> <p>On 4/25/23 at 8:35 AM, the hot water temperature in R102's sink in the bathroom read 133.8 degrees Fahrenheit.</p> <p>2.) R12's MDS dated [DATE] documents R12 requires supervision for mobility and that R12 has disorganized thinking.</p> <p>On 4/25/23 at 8:30 AM, R12 was wheeling R12's self around R12's room and hallway in R12's wheelchair. The hot water temperature in R12's sink in the bathroom read 137.6 degrees Fahrenheit.</p> <p>On 4/25/23 at 10:33 AM the hot water temperature in R12's room was 136.7 degrees Fahrenheit.</p> <p>3.) R101's Care Plan dated 4/5/23 documents R101 has a self care deficit and requires supervision and/or assist to complete ADLs.</p> <p>On 4/23/23 at 9:53 AM, R101 was in R101's room sitting on the side of the bed.</p> <p>On 4/25/23 at 8:35 AM, R101's water temperature in the sink in R101's bathroom was 133.8 degrees Fahrenheit.</p> <p>On 4/25/23 at 11:48 AM, V15 Maintenance Supervisor and V16 Sister facility Maintenance Supervisor checked the water temperature in R12's bathroom sink and the temperature was 136.5 degrees Fahrenheit. V16 stated the water temperatures should be checked weekly. V15 stated that V15 has only been at the facility two weeks and yesterday (4/24/23) was the first time V15 had checked the water temperatures in the facility. V15 and V16 confirmed the water temperature was too high and could cause burns to the residents. V16 stated that some residents do not know to add cold water to the hot so they could get burnt. V16 stated the water temperature should be 110-112 degrees Fahrenheit.</p> <p>4.) R18's Physician Order Sheet (POS) dated 4/1/23 through 4/30/23 documents diagnoses including Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Obesity and Obstructive Sleep Apnea. This POS documents and admitted [DATE].</p> <p>On 4/23/23 at 9:15 AM, there was an oxygen tank leaning up against a dresser in R18's room. The tank was not flat on the floor and the tank was not secured in any cart or other device.</p> <p>On 4/24/23 at 11:09 AM, R18 was not in R18's room but the oxygen tank was still leaning up against the dresser unsecured.</p> <p>On 4/26/23 at 12:33 PM, V2 Interim Director of Nursing confirmed the oxygen tank was leaning against the dresser and should not be. V2 stated that the oxygen tank should be secured in it's cart.</p>		

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<p>F 0690</p> <p>Level of Harm - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on observation, interview, and record review the facility failed to monitor and record urinary catheter output for three (R39, R5, R8) residents. The facility also failed to document catheter care, ensure proper positioning of a urinary drainage bag, and timely treat a urinary tract infection for three (R39, R8, R10) residents. This failure affects four (R5, R8, R10, R39) of five residents reviewed for urinary tract infections and catheters in the sample list of 39. This failure resulted in R5 being hospitalized and diagnosed with a catheter malfunction and urinary tract infection.</p> <p>Findings include:</p> <p>A.1.) R5's Minimum Data Set (MDS) dated [DATE] documents R5 has severe cognitive impairment and requires extensive assistance of one person for toileting. R5's Care Plan dated 1/3/23 documents R5 has altered bladder elimination, neurogenic bladder, and a urinary catheter. Interventions include assess and report symptoms of urinary tract infections (fever, pressure, odorous urine, dark urine, pain, confusion, and abdominal distension), keep tubing free of kinks, intake and output every shift, and monitor/record changes in urine including urinary output.</p> <p>R5's Nursing Notes document the following: On 1/16/23 at 6:48 PM R5 complained of burning and penile pain. Orders were received to change and flush R5's urinary catheter and obtain a urine sample for culture and sensitivity. R5's catheter was changed and R5 did not have any urinary output. R5 complained of some discomfort during catheterization. There are no documented nursing notes again until 1/17/23 at 2:00 PM when R5 was transferred to the emergency room for vomiting and complaints of lower abdominal pain.</p> <p>R5's medical record does not document R5's urine output was recorded daily or each shift in January 2023. There is no documentation that the facility collected a urine sample before R5 was transferred to the emergency room on [DATE].</p> <p>R5's Hospital Summary of Care dated 1/17/23 documents R5 presented to the emergency room for vomiting. R5's urinary catheter balloon was found to be inflated within the urethra, and could be the cause of R5's abdominal pain. R5's urinary catheter was repositioned/replaced and a urine specimen was collected. R5 was given intravenous fluids and intravenous antibiotics, and was discharged back to the facility. R5's Encounter Diagnoses are listed as Recurrent Urinary Tract Infection, Malfunction of urinary catheter, and Systemic Inflammatory Response Syndrome.</p> <p>R5's computed Tomography of the abdomen dated 1/17/23 at 5:18 PM documents R5's (Urinary) catheter is malpositioned with the balloon inflated within the urethra. Small amount of air within the urinary bladder which is likely related to the (urinary) catheter. R5's Urine Culture dated 1/18/23 documents the urine contained greater than 100,000 colony forming units/milliliter of Staphylococcus aureus (bacteria).</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/23 at 8:59 AM V6 Licensed Practical Nurse (LPN) stated on 1/16/23 R5 had signs of urinary tract infection and V6 notified R5's physician. V6 changed R5's catheter and there was a minimal amount of urine returned. V6 stated there was not enough urine to collect a urine specimen. V6 stated R5 had some discomfort during catheterization, but R5 had been pulling on R5's catheter prior to catheterization. The next day R5 still had urinary tract infection symptoms, complained of abdominal pain, and V6 transferred R5 to the hospital. V6 was not aware that R5's urinary catheter balloon was found to be within R5's urethra.</p> <p>On 4/25/23 at 12:25 PM V2 Interim Director of Nursing (DON) stated urinary catheter output should be monitored and documented every shift on the output monitoring log. V2 stated if there is no urine output then the physician should be notified.</p> <p>On 4/25/23 at 12:40 PM V17 Nurse Practitioner stated the nurses should be monitoring residents with urinary catheters for signs of drainage, blood, and odorless urine. Urine output should be monitored and recorded at least once per shift. If there is no urine output for 6-8 hours, then they should notify the physician. If notified of decreased urine output soul recommend a bladder scan, palpation of the bladder, adjusting the catheter placement, and assessing for pain prior to transferring the resident to the hospital. These are interventions/treatments that could be performed and possibly prevent hospitalization . Decreased urine output could be a sign of a blockage or catheter malfunction. Urine stasis could contribute to the development of urinary tract infections.</p> <p>2.) On 4/23/23 at 8:26 AM R8 stated staff provide R8's urinary catheter care, but was unsure how often the catheter tubing is cleaned.</p> <p>04/26/23 10:21 AM V8 Certified Nursing Assistant (CNA) and V27 CNA transferred R8 from the recliner into bed with a full mechanical lift. During the transfer, R8's urinary drainage bag was hooked onto the mechanical lift sling and was positioned above R8's bladder. Urine backflowed from the urinary drainage bag tubing towards the catheter tubing. R8's urine contained white sediment. V8 cleansed R8's catheter tubing in a downward motion and raised R8's urinary drainage bag in the air, above R8's bladder. R8's urine in the drainage bag tubing backflowed into R8's urinary catheter tubing/bladder.</p> <p>R8's MDS dated [DATE] documents R8 is cognitively intact and requires extensive assistance of one staff person for toileting. R8's Care Plan revised 6/13/22 documents R8 has a suprapubic catheter (inserted through the abdomen) with interventions that include the use of tubing with anti-reflux valves, position the drainage bag below bladder level to prevent reflux, empty collection bag at least each shift and record urine output.</p> <p>R8's April 2023 Physician's Orders document an order for urinary catheter care to be completed every shift. R8's April 2023 Treatment Administration Record (TAR) does not document catheter care was administered on 16 shifts between 4/1/23 and 4/23/23. There is no documentation that urine output is documented each shift.</p> <p>On 4/26/23 at 10:35 AM V8 CNA stated the urinary drainage bag is suppose to be kept below the level of the resident's kidneys. V8 stated the CNAs are to do catheter care at least every shift and the urine output is reported to the nurse to document. V8 stated the CNAs do not document catheter care.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/26/23 at 10:45 AM V12 LPN provided the urinary catheter drainage bags that are used for R8. The drainage bag does not contain an antireflux valve. At 10:50 AM V2 DON confirmed R8's urinary drainage bags do not contain an antireflux valve (to prevent urine backflow into the catheter) at the connection port that connects to the urinary catheter.</p> <p>3.) On 4/23/23 at 8:50 AM R39's urinary catheter tubing contained yellow urine with white sediment. R39 stated the CNAs perform R39's catheter care.</p> <p>R39's April 2023 Physician's Orders includes orders to perform catheter care every shift. R39's April 2023 TAR does not document catheter care was administered 16 shifts between 4/1/23 and 4/23/23. There is no documentation that R39's urine output is documented each shift.</p> <p>On 4/25/23 at 12:20 PM V4 LPN stated catheter care is documented on the Medication/Treatment Administration Record. V4 confirmed there is no documented urine output recorded for R8 and R39 for April 2023.</p> <p>On 4/26/23 at 9:45 AM V2 Interim DON stated the nurses should initial the Treatment Administration Record and document refusals by circling the initials and recording the refusal in nursing note.</p> <p>The facility's Intake and Output policy revised December 2021 documents the CNAs obtain urine output every 8 hours and report the output to the nurse to document on the intake and output record.</p> <p>41970</p> <p>4.) 04/26/23 08:59 AM R10's Physician Order Sheet (POS) dated April 1-30, 2023 documents medical diagnoses of Dysuria, Amnesia, Hypertension, Atrial Fibrillation, Chronic Kidney Disease Stage 3, Neuropathy and Macular Degeneration. R10's Cognitive assessment dated [DATE] documents R10 as cognitively intact. R10's Care Plan does not document updated interventions for R10's 4/19/23 medical diagnosis of Dysuria.</p> <p>R10's V23 Urology Progress Note dated 4/19/23 documents Chief complaint: Dysuria. Dysuria started a couple of days ago. Facility states there was blood in (R10's) incontinence brief. (R10) has burning and frequency of urination for two days with no abdominal pain no back pain, nausea, vomiting, fever or chills. Orders placed this encounter: Nitrofurantoin Monohydrate/Macrocrystals (Macrobid) 100 milligrams (mg) capsules and Phenazopyridine (Pyridium) 100 mg tablet.</p> <p>R10's Nurse Progress Note dated 4/19/23 at 3:06 PM documents (R10) out of facility earlier this shift with son, who transported (R10) to Urology appointments. (R10) had complained of frequency and discomfort. New order received from urologist. Macrobid and Pyridium therapy. Orders transcribed in Medication Administration Record (MAR) and communicated to oncoming nurse.</p> <p>R10's Medication Administration Record (MAR) dated April 1-30, 2023 documents a physician order dated 4/19/23 Macrobid 100 mg twice daily for seven days which was signed out as administered 4/20/23-4/26/23. This same MAR documents a physician order dated 4/19/23 100 mg three times per day for two days which was signed out as administered on 4/20/23-4/21/23.</p> <p>Facility Emergency Kit (Ekit) Contents Report documents Macrobid 50 mg capsules as being contained in EKit.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/23/23 at 1:36 PM R10 stated I was prescribed an antibiotic at (V23's) Urology office for my Urinary Tract Infection (UTI). R10 stated They (facility) let me wait an entire day before they (facility) gave me my antibiotic. (V23) Urologist told me I had a bad infection and needed treated immediately. I never had a problem with UTI's before I came in here (facility). But they (staff) make me wait to get changed so I just sit in pee. It is no wonder I got an infection.</p> <p>On 4/26/23 at 9:15 AM V12 Licensed Practical Nurse (LPN) stated (V20) (R10's) family member took (R10) to a Urology appointment on 4/19/23. (R10) came back with orders for Macrobid 100 milligrams (mg) twice daily for seven days and Pyridium 100 mg twice daily for two days. I worked day shift that day and I remember there was some kind of delay for (R10's) Macrobid and Pyridium because (R10) is private pay so her family gets all of her medications. I never received (R10's) medications from the family before I left that day. The night shift nurse may have, but I did not. The facility has a box which emergency kit that has the Macrobid in it but since (R10) is private pay, we (staff) are not supposed to use medications from the emergency box for private pay residents.</p> <p>On 4/26/23 at 9:35 AM V20 (R10's) family member stated (R10) made her own Urology appointment and then called me and asked me to take her. (R10) uses a wheelchair so I came in to the facility and talked with them (staff). They (facility) took (R10) to the Urology appointment and I followed behind in my car. (V23) Urologist ordered two pills for (R10's) Urinary Tract Infection (UTI). One pill was an antibiotic and the other was for pain for (R10's) UTI. (V24) facility van driver drove (R10) back to the facility after her appointment. (V24) van driver had one of the bottles of pills with her to take back to the facility. After (V24) van driver got back to the facility, they (facility) called me and said that (V23's) office only filled one of the prescriptions and that they (facility) couldn't give one of the pills without the other. So I drove back to the clinic and had the other prescription filled. (V24) facility van driver met me back at the clinic so I didn't have to drive all the way across town again. I gave the pills to (V24) facility van driver. I did all that so that (R10) could get both of her medications started that same night of the appointment with (V23) Urologist.</p> <p>On 4/26/23 at 9:40 AM V21 Registered Nurse stated V21 worked night shift the evening of 4/19/23. V21 RN stated I have no knowledge of any pills being brought to the facility for (R10). Normally after hours the North hall nurse would answer the door and if there were any medications left for any of my residents, the north hall nurse would let me know and I would have to check them in. I don't remember if there were any medications brought to me but I don't think that they were.</p> <p>On 4/26/23 at 9:45 AM V10 Registered Nurse (RN) stated I remember that next morning when I came in I heard about (R10) being started on the Macrobid and Pyridium. There was some talk about the family having brought it in since (R10) is private pay so I checked the medication cart for her hall and the Macrobid and Pyridium were both in bottles sitting in the top drawer. The facility does keep the Macrobid in the emergency box but since (R10) is private pay we (staff) would have the family bring the medication in since they (family) would have to pay for it. We (staff) are not supposed to use the emergency box medications for private pay residents. I would if I had to but the family did bring in both medications the evening of 4/19/23. I am not sure why (V21) RN did not start those medications. V10 RN stated There is not a Urinalysis or Culture for (R10) but I can look in the hospital systems records to try to find out about those.</p> <p>On 4/26/23 at 10:45 AM V1 Administrator stated (V24) facility van driver should not be transporting medications for residents. (R10's) Macrobid and Pyridium should have both been delivered to facility by a pharmacy.</p> <p>(continued on next page)</p>		

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F 0690 Level of Harm - Actual harm Residents Affected - Few	On 4/26/23 at 2:00 PM V2 Interim Director of Nurses (DON) stated the facility did not follow up on R10's Dysuria that was treated with Macrobid (antibiotic). V2 stated there is no way to know if the antibiotic is working or not without having a Urinalysis or Culture and Sensitivity completed. V2 stated the facility should have followed up with (V23's) Urology office but did not.

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on observation, interview and record review the facility failed to provide adequate nutrition, identify significant weight loss, complete dietary assessments, intervene and follow up with the physician and dietician for residents. These failures affect four (R5, R28, R45, R1) of four residents reviewed for weight loss and nutrition from a total sample list of 39. These failures resulted in significant weight losses for R5, R28 and R45.</p> <p>Findings include:</p> <p>1.) R28's diagnosis include: falls, dementia, hypertension, gastroesophageal reflux, Osteoporosis, hiatal hernia, Barretts esophagus.</p> <p>On 4/22/23 at 12:45PM, after R28 had left the dining room, her plate was observed to have more than 90 percent of her food left on the plate.</p> <p>On 4/23/23 at 12:47PM, R28 was sitting at lunch with plate in front of her with no one attempting to assist her to eat. V28 Certified Nursing Assistant (CNA) gave R28 one bite of dessert and then said, She doesn't eat well for us. Usually her husband comes to feed her, and then V28 CNA left the table.</p> <p>On 4/23/23 at 1:30PM, after residents had left the dining room, V5 Dietary Manager confirmed that R28 had only bite eaten from her plate.</p> <p>On 4/24/23 at 8:33AM, R28 was sitting at a dining room table with 3 other residents with a full plate of food. Staff are walking beside resident without assisting R28. R1, R28's table mate, began to feed R28. R28 continued to eat what R1 fed her.</p> <p>On 4/25/23 at 11:45AM, V13 Dietician said that she did not know anything about R28's weight loss until 4/24/23 when the facility dietary manager called her to inform her of R28's weight loss. V13 Dietician said that she had not completed an assessment on R28, had never been a part of a weight meeting, and had not sent any recommendations for R28. V13 Dietician said that prior to the current dietary manager, the facility would not communicate with her about resident dietary needs. Now, V5 dietary manager is communicating with me well, but she just started.</p> <p>The facility provided monthly weight grid document's R28's weights as the following in pounds: October 2022: 176.5, November: 178.6, December 2022: 178.2, January 2023: 170.0, February 2023: 167.10, March 2023: 160.10, and April 2023: 152.5.</p> <p>The above weight losses are calculated at a 10.29 percent weight loss from January 2023 to April 2023 and a 13.6 percent weight loss from October 2022 to April 2023.</p> <p>R28's undated care plan documents that R28 demonstrates dependency on a caregiver to assist with eating.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The facility, Resident Weight Monitoring Policy dated 3/19 documents that if there is an actual significant weight change, the resident, the power of attorney for health care, the physician and the dietician will be notified. The food service manager and interdisciplinary team will review the resident's weights and nutritional status and make recommendations for intervention. The dietician shall review and document all significant weight changes along with any recommended nutritional intervention in the dietary progress notes, in the medical record monthly. Significant weight changes are reviewed in the weekly weight committee meeting. The weight committee will also identify any trend of gradual weight loss or gain. Significant changes in weights are documented in the care plan with goals and approaches/interventions listed.</p> <p>On 4/25/23 at 12:00PM, V13 Dietician stated, With (R28's) significant weight loss, we might have been able to prevent it. If she needs assistance with feeding, that needs to occur and I also need to be made aware of these residents so that I can intervene before the weight loss. With the system that they have had in place, I didn't know who needed to be seen and who didn't.</p> <p>32853</p> <p>2.) R45's Physician Order Sheet (POS) dated 4/1/23 through 4/30/23 documents diagnoses including Physical Deconditioning, Diabetes Type 2, End Stage Renal Disease, Hiatal Hernia and Gastroesophageal Reflux. This POS documents Diet Orders of No Added Salt, Carbohydrate Controlled Diet, Regular Consistency, Fortified Milk Shake Twice Daily and 1500 ml (milliliters)/day Fluid Restriction.</p> <p>The facility's Monthly Weight Grid May 2022 through April 2023 documents R45's weight for February 2023 as 154.2 pounds, March 2023 as 139.4 pounds and April as 127.6 pounds. This indicates a 9.6% weight loss in 30 days and a 17.25% weight loss in 60 days.</p> <p>R45's medical record documents a Dietary Services Communication form completed by V13 Dietician documents R45 has experienced a significant weight loss times three months and documents R45 was refusing meals and supplements. This form documents Dietary Recommendations that V13 discussed with R45 and R45 agreed to take a (liquid protein supplement) 90 ml (milliliter) twice a day and add a grape nutritious juice. This form is dated 3/19/23 and signed by V13. This form has a place for the Physician to approve and sign and that is blank.</p> <p>R45's Medication Administration Record dated 4/1/23 through 4/30/23 and R45's Treatment Administration Record dated 4/1/23 through 4/30/23 do not document an order for a liquid protein supplement or a grape nutritious juice.</p> <p>On 4/24/23 at 4:05 PM, V8 Dietary Manager stated that V8 has never seen the Dietary Services Communication dated 3/19/23 for R45 signed by V13.</p> <p>On 4/25/23 at 12:03 PM, V13 confirmed that V13 made these recommendation and that they should have been sent to the Physician to get an order and then should have been implemented. V13 stated that V13 filled out the communication form and put in the Director of Nurse's box as requested by the Director of Nursing.</p> <p>R45's Dietary meal tray card documents R45 should have a Fortified Milk Shake at lunch and dinner.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/23 at 1:04 PM, R45 had R45's meal tray in R45's room. R45 had a pork chop, stuffing, sweet potatoes, roll, two bowls of chicken noodle soup, lemon pie, applesauce, saltine crackers, lemonade and water. There was no Fortified Milk Shake on R45's tray.</p> <p>On 4/24/23 R45 went to dialysis after breakfast. R45 did not receive a Fortified Milk Shake with the breakfast tray this day. R45 will not be in the facility for lunch so R45 will not receive a Fortified Milk Shake at lunch on this day.</p> <p>On 4/26/23 at 2:21 PM, V2 Interim Director of Nursing stated that staff should be following Dietician recommendations.</p> <p>40385</p> <p>3.) The facility's Weight Report dated May 2022 - April 2023 documents R5's weights as follows: August 192 lbs. (pounds), September 195.2, October 184.2 (5.6% loss in 1 month), November 186, December is not recorded, January 171.4, February 161.6 (13.12% loss in 3 months/15.83% loss in 6 months), March 164.4, and April 164.</p> <p>R5's Minimum Data Set (MDS) dated [DATE] documents R5 has severe cognitive impairment, R5's current weight is 160 pounds, and R5 has not had a significant weight loss within the last month or last 6 months.</p> <p>R5's undated Care Plan problem area for Nutrition, documents the following: R5 is at risk for altered nutritional status and/or weight loss. R5 has had a decline with significant weight loss within the last 6 months and is on a No Added Salt Diet. The following undated interventions are listed as provide diet as ordered, refer to the Physician's Order Sheet (POS) for diet order, honor food preferences and dislikes, offer snack at bedtime and record amount consumed, monitor weights monthly or per the Registered Dietitian's (RD) recommendation, report significant weight changes to the physician and RD, follow the RD's recommendations, and assess current diet tolerance related to recent nausea/vomiting/diarrhea.</p> <p>R5's medical record does not document that R5's additional significant weight loss after October 2022 was reported to the physician and RD. There are no completed nutritional/dietary assessments after 6/23/22. R5's medical record does not document R5's weights between 10/12/22 and 12/31/22.</p> <p>R5's Physician Notification of Weight Change dated 10/12/22 documents R5 diet was regular and No Added Salt. The physician was notified of the one month weight loss of 5.64% loss and the interdisciplinary team recommended to continue to monitor R5's weights weekly for 4 weeks.</p> <p>R5's April 2023 Physician's Orders documents R5's diet as No Added Salt, thin liquids, and may have meal of the month on special occasions. There is no documentation that R5 has nutritional supplements/fortified foods as part of R5's diet.</p> <p>On 4/24/23 at 8:39 AM R5 was eating in the main dining room. R5's meal tray did not include any supplements/fortified foods. R5's dietary card does not document R5's diet includes supplements or fortified foods.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/23 at 3:48 PM V2 Interim Director of Nursing (DON) stated when there is significant weight loss we notify the RD and physician and document the notification in the nursing notes. Nutritional interventions and the RD's recommendations are implemented. On 4/24/23 at 4:00 PM V2 stated the RD's recommendations are submitted to V2 by electronic mail and nursing follows up on getting approval from the physician to implement the recommendations. An order is then written and transcribed onto the POS and nutritional interventions are documented on the care plan. V2 reviewed R5's POS and Care Plan and confirmed there are no documented nutritional supplements or nutritional interventions to address R5's significant weight loss. On 4/25/23 at 12:25 PM V2 stated V2 was unable to locate any documentation of follow up, notification, and interventions to address R5's significant weight loss after October 2022. On 4/25/23 at 2:05 PM V2 stated V2 provided all of the weights that V2 could locate for R5 within the last year and confirmed there were no weights documented in R5's medical record between October 2022 and December 2022.</p> <p>On 4/24/23 at 3:52 PM V5 Dietary Manager stated the RD comes to the facility twice per month. V5 stated nutritional assessments are completed quarterly and annually. R5 had a Urinary Tract Infection and was hospitalized around the time of R5's significant weight loss noted in October. The RD emails us the nutritional recommendations. The recommendations are placed in the resident's medical record. V5 gives the RD recommendations to the DON to review with the physician and implement the RD's recommended nutritional supplements. We did a weight review on R5 in January, and I thought we added a frozen nutritional supplement and nutritional juices.</p> <p>On 4/24/23 at 4:15 PM V3 Care Plan Coordinator stated significant weight loss is documented on the MDS and confirmed R5's January 2023 MDS does not identify R5's significant weight loss.</p> <p>On 4/25/23 at 11:53 AM V13 RD stated the facility has been inconsistent with reporting resident weight loss. The Dietary Manager is suppose to send V13 a list of residents to see at each visit and V13 expects to be notified of significant weight loss noted for 30, 90, and 180 days. V13 was not given a notification to evaluate R5 after November 2022. V13 stated V13 last evaluated R5 on 11/24/23 and completed a nutritional assessment at that time. V13 recommended a high calorie nutritional shake to be given three times daily with meals. V13's assessments are documented in the dietary section of the resident's medical record, and there have been issues with documentation being removed or missing from the records. Nutritional assessments are completed annually, quarterly, and with any significant weight changes. V13 is not always notified when the resident's annual assessment is due. V13 stated V13 would expect the health shakes to have been continued until R5 either refused them or R5's weight increased. V13 would recommend weekly weight monitoring if the resident is trending weight loss. V13 confirmed if R5's nutritional recommendations were implemented it could have prevented additional weight loss.</p> <p>The facility's Resident Weight Monitoring policy dated as revised March 2019 documents weights are obtained monthly and reviewed by the Dietary Manager and DON by the 8th of the month. Monthly weights are recorded on the monthly weight report in the progress notes section of the resident's medical record. Significant weight loss of 5% or more in one month, 7.5% or more in 3 months, and 10% or more in 6 months are reported to the physician and dietitian. The resident's weights and nutritional status is reviewed by the dietary manager, interdisciplinary team, and dietitian, and interventions are recommended/implemented. The dietitian documents review, weight changes, and recommended nutritional interventions monthly in the dietary progress notes. Nursing is responsible to report the nutritional recommendations to the physician to obtain orders.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32853</p> <p>Based on observation, interview and record review the facility failed to obtain an order for oxygen administration and failed to label oxygen tubing and humidification bottles with change dates for residents. This failure affects four of five residents (R18, R101, R103, R22) reviewed for oxygen/respiratory equipment use in the sample list of 39.</p> <p>Findings include:</p> <p>1.) R18's Physician's Order Sheet (POS) dated 4/1/23 through 4/30/23 documents diagnoses including Chronic Obstructive Pulmonary Disease, Hypertension, Congestive Heart Failure, Obesity and Obstructive Sleep Apnea. This POS does not document an order for oxygen.</p> <p>R18's Treatment Administration Record dated 4/1/23 through 4/30/23 does not document an order for oxygen administration or an order to change oxygen tubing or humidification bottles.</p> <p>On 4/23/23 at 9:15 AM, R18 was in R18's bed and had oxygen on via nasal cannula and the oxygen concentrator was set on 2.5 liters. The humidification bottle is dated 3/11/23 and there is also a portable oxygen tank in R18's room.</p> <p>2.) R101's Minimum Data Set (MDS) dated [DATE] documents R101 has diagnoses including Atrial Fibrillation, Coronary Artery Disease, Heart Failure and Chronic Obstructive Pulmonary Disease. This MDS documents R101 is receiving oxygen at the facility.</p> <p>On 4/23/23 at 9:06 AM there is an oxygen tank in room and a concentrator that is set on 2 liters. The oxygen tubing is connected to the oxygen concentrator and is not dated with the date it was changed. The humidification bottle was dated 2/20/23 and is empty.</p> <p>On 4/23/23 at 9:53 AM, R101 was in R101's room sitting on the side of R101's bed with the oxygen on via a nasal cannula. The tubing is not dated with a date it was changed and the humidification bottle is dated 2/20/23.</p> <p>3.) R103's POS dated 4/11/23 through 4/30/23 documents a diagnosis of Acute Exacerbation of Congestive Heart Failure and documents an order for oxygen at 2 liters via a nasal cannula continuously.</p> <p>On 4/23/23 at 9:11 AM, R103 was in R103's room sitting on the bed with oxygen on via a nasal cannula and the oxygen concentrator was set on 2.5 liters. The oxygen tubing was not dated with a change date and the humidification bottle was dated 3/20/23 with very little water left in it.</p> <p>On 4/26/23 at 2:21 PM, V2 Interim Director of Nursing stated that if the resident is receiving oxygen there should be an order for oxygen and the oxygen tubing should be dated with the date it was changed.</p> <p>42702</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4.) On 4/23/23 at 11:50AM, R22 was laying in bed wearing oxygen at three liters per nasal cannula. The oxygen tubing, water bottle, nor treatment sheets were labeled.</p> <p>On 4/24/23 at 10:00AM, R22 said that she wears oxygen at all times.</p> <p>R22's physician order sheet dated April 2023 documents an order for oxygen at three liters per nasal cannula continuously.</p> <p>The facility provided policy dated 3/19 documents that oxygen therapy may be used provided there is a written order by the physician. The order must state liter flow per minute, mask or cannula, time frame. Change oxygen tubing/mask/cannula/and /or tracheostomy mask on a weekly basis. If using an oxygen tracheostomy mask, wash with warm soap and water daily and as needed. Date the tubing and humidification changes and document on the treatment sheet.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on observation, interview, and record review the facility failed to evaluate residents pain and follow up with the physician for two residents (R21, R39) reviewed for pain management in the sample list of 39.</p> <p>Findings include:</p> <p>1.) On 4/23/23 at 12:57 PM R21 stated R21 has back pain and the staff do not always give R21's pain medications timely when requested. Sometimes R21 has to wait an hour. R21's pain medications used to be every 4 hours, but now it is only every 12 hours. R21 stated the medication doesn't work like it did when it was every 4 hours, and R21 did not have to wait as long. R21's pain relief does not last 12 hours. R21 stated R21 has three fractured vertebrae.</p> <p>R21's Minimum Data Set (MDS) dated [DATE] documents during the 5 day review period, R5 had occasional pain rated as a 5 on a scale of 1-10. R21's Care Plan dated 3/22/22 documents R21 has low back pain and includes interventions to monitor and interview for symptoms of pain and relief, assess pain intensity/location/duration, and administered medications as ordered and evaluate effectiveness.</p> <p>R21's February 2023 Physician's Order Summary (POS) documents R21's orders included Norco 5-325 mg every 4 hours as needed for pain (PRN). The physician order dated 2/15/23 documents to schedule Norco 5-325 mg daily at 8:00 PM. There is no documented order to discontinue the PRN Norco order. R21's April 2023 POS documents R21's orders include: Duloxetine (Cymbalta) 60 milligrams (mg) by mouth daily as of 10/12/22. Acetaminophen 500 mg by mouth three times daily as of 12/1/22. Tramadol 50 mg by mouth three times daily as of 9/26/22. Gabapentin 400 mg by mouth four times daily 12/19/22. Norco 5-325 mg by mouth daily at 8:00 PM. Tizanidine Hydrochloride 4 mg by mouth three times daily as needed.</p> <p>R21's April 2023 Medication Administration Record (MAR) does not document that Tizanidine was administered. R21's April 2023 MAR and Treatment Administration Record (TAR) do not document R21's pain is evaluated routinely.</p> <p>R21's Physician Progress Note dated 12/1/22 documents R21's biggest complaint is pain. R21 reported that R21 hurt all over and described the pain as traveling pain. R21 spends most of R21's time in bed and only gets up for meals. R21's pain medications include Acetaminophen twice daily and Norco 5-325 mg every 4 hours as needed. Acetaminophen was increased to three times daily and will evaluate the usage of Norco over the next several weeks. If R21's pain continues, then additional adjustments may be needed including consideration of increasing Cymbalta.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R21's Brain and Spine Institute Physician Progress Note dated 3/1/23 documents the following: (R21's) x-ray shows disc degeneration, arthritis, slight curvature, some bone forming of the ligaments in the spine, and old deformity from (R21's) fractures. I think the next step is an MRI (Lumbar Spine Magnetic Resonance Imaging). (R21) has had fractures since last MRI. I think there could very well be something else going on that does not show on the x-ray. If the MRI shows the problem, fine. If not, the patient will need to talk to (R21's) doctor about visiting with a neurologist. Impression: Complicated situation with arthritis, disc degeneration, ligaments in the spine starting to turn to bone, and difficulty walking. Recommendation: MRI seems warranted. If that shows us the problem, we will deal with it. If it does not show the problem and the patient wants to take it further, (R21) will need to talk to (R21's) doctor about visiting with a neurologist for consultation.</p> <p>R21's MRI dated 3/29/23 documents R21 has degenerative lumbar spine changes, wedge compression fractures of T12, L1 and L2 vertebral bodies, and there has been progressive height loss associated with L1 vertebral fraction in comparison to prior MRI. There is no documented follow up with R21's physician regarding R21's pain after R21's MRI.</p> <p>On 4/25/23 at 12:25 PM V2 Interim Director of Nursing (DON) stated V2 was unable to locate any physician follow up for R21's pain. V2 was unable to locate the order to discontinue R21's PRN Norco. V2 stated pain assessments should be done every shift and documented on the MAR/TAR.</p> <p>2.) On 4/23/23 at 1:02 PM R39 was sitting in R39's recliner moaning. R39 stated R39 waits 3-4 hours for pain medication to be given and R39 does not take any routine pain medication. R39 rated R39's pain as an 8 on a 1-10 scale.</p> <p>R39's MDS dated [DATE] and 2/7/23 documents R39 is cognitively intact. During the 5 day review period R5 had frequent pain, rated at a 10 on a 1-10 scale, that interferes with sleeping. R39's Care Plan with goal date of 2/6/23 documents R39 has altered comfort/pain related to urinary catheter and risk for general pain. This care plan does not document R39 ha neuropathic leg pain and there are no new pain interventions documented after 8/23/21.</p> <p>R39's April 2023 POS documents to administer Acetaminophen 650 mg by mouth twice daily as of 9/1/22, and Oxycodone Immediate Release (IR) 5 mg by mouth every 6 hours as needed for pain as of 9/14/22. R39's diagnoses include Diabetes Mellitus Type II.</p> <p>R39's February 2023 MAR does not document PRN Oxycodone was administered during the month. R39's April MAR documents Oxycodone was administered 5 times between 4/1/23-4/18/23 for left leg pain. Three of the entries do not document that R39's pain was re-evaluated for the effectiveness of the medication. R39's April 2023 MAR/TAR, and March TAR do not document that R39's pain is evaluated routinely.</p> <p>R39's medical record does not contain R39's March MAR. R39's Oxycodone Controlled Substance Proof of Use form documents 30 tablets were dispensed on 9/14/22. Thirty tablets were administered between 9/27/22 and 3/19/23, and five of those administrations were in March 2023.</p> <p>R39's Physician Progress Note dated 12/1/22 documents R39 saw a neurologist in October and is not a candidate for surgery for R39's cervical spinal stenosis with myelopathy at C3-C4. R39 has progressively lost gait over the past year and a half and was evaluated by neurology on 3/29/22. R39 was diagnosed with cervical myelopathy with significant cord compression.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There is no documentation in R39's medical record that R39's pain was addressed and reported to R39's physician after 12/1/22. The facility failed to provide documentation of follow up between 12/2/22 and 4/24/23 to address R39's pain. R39's Physician Order dated 4/25/23 documents to administer Gabapentin 400 mg by mouth twice daily for neuropathy.</p> <p>On 4/25/23 at 10:45 AM V4 Licensed Practical Nurse stated R39 has been having increased complaints of pain recently to R39's foot. R39 has scheduled Acetaminophen and PRN Oxycodone for pain. V4 stated the Oxycodone is effective, but as soon as it wears off R21 requests the medication again.</p> <p>On 4/24/23 at 3:48 PM V2 Interim DON stated physician notification is documented in the progress notes. On 4/25/23 at 12:25 PM V2 stated pain assessments should be done every shift and documented on the MAR/TAR. On 4/25/23 at 2:05 PM V2 stated the nurses should re-evaluate pain after giving PRN pain medication and document the effectiveness on the MAR.</p> <p>On 4/25/23 at 12:18 PM V17 Nurse Practitioner stated if residents are having increased signs of pain the PRN medication should be given and then evaluate the effectiveness. If the pain is unresolved, then the physician should be notified. If the resident has increased use of PRN medications for 3 or more days, then the provider should be notified. V17 stated V17 will follow up with R21's and R39's pain. At 3:06 PM V17 stated both R39 and R21 have neuropathy. V17 is referring R21 to the pain clinic to evaluate R21's neuropathy related to compression fractures. V17 will educate the nurses to utilize R21's PRN Tizanidine. V17 ordered scheduled pain medication to treat R39's neuropathy.</p> <p>The facility's Pain Prevention & Treatment policy revised 12/7/17 documents: It is the facility policy to assess for, reduce the incidence of and the severity of pain in an effort to minimize further health problems, maximize ADL (Activities of Daily Living) functioning and enhance quality of life. The MDS Coordinator will complete the Pain Assessment Form at least quarterly and with any significant change in the resident condition. 2. Assessment of pain will be completed with changes in the resident's condition, self reporting of pain or evidence of behavioral cues indicative of the presence of pain and documented in the nursing notes or on the Pain Management Flow Sheet. This will include, but is not limited to, date, rating, treatment, intervention and resident response. 3. The Pain Management Flow Sheet will be initiated for those residents with but not limited to: routine pain medication, daily pain, diagnosis that may anticipate pain (i.e. (for example) arthritis, wounds, fractures, etc. (etcetera)). 4. Information collected on the Pain Assessment Form will be used to formulate and implement a resident specific Pain Treatment Plan documented in the resident's care plan.</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>40385</p> <p>Based on observation, interview, and record review the facility failed to have a Registered Nurse (RN) on duty for eight hours per day. This failure has the potential to affect all 52 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/23/23 at 8:28 AM there were no RNs observed working in the facility. V4 Licensed Practical Nurse confirmed there was no RN on duty. V4 stated the facility has two RNs, V10 and V21.</p> <p>The facility's April 2023 Nurse Schedule does not document the facility had a Registered Nurse on duty for 8 consecutive hours on 4/17, 4/18, and 4/20/23.</p> <p>On 4/24/23 at 9:50 AM V10 RN stated V10 worked in the facility on 4/6, 4/7, 4/10, 4/12, 4/15, and 4/21/23.</p> <p>On 4/24/23 at 3:23 PM V2 confirmed the facility did not have an RN for 8 consecutive hours on 4/17, 4/18, and 4/20/23.</p> <p>The facility's Resident Census and Conditions of Residents dated 4/23/23 documents 52 residents reside in the facility.</p>

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on interview and record review the facility had several failures related to behavioral services including: failed to identify a diagnosis of mental illness, ensure appropriate screening for mental illness, administer psychotropic medications, evaluate behaviors and psychotropic medications, and implement behavioral services/interventions for one resident (R15) reviewed for behaviors in the sample list of 39. This failure has the potential to affect two additional residents (R46, R10).</p> <p>Findings include:</p> <p>R15's Face Sheet documents R15 admitted on [DATE] and does not document R15 has a diagnosis of mental illness. R15's Minimum Data Set, dated dated [DATE] documents R15 has severe cognitive impairment and receives antipsychotic medications.</p> <p>R15's April 2023 Physician's Order Summary (POS) documents the following: R15 has a diagnosis of Schizophrenia and Mood Disorder. Administer Fluphenazine Hydrochloride (antipsychotic) 15 mg/ml (milligrams/milliliter) inject 1/2 ml (12.5 mg) intramuscularly every 2 weeks as of 9/29/22. Administer Divalproex Sodium Delayed Release 250 mg by mouth twice daily for mood disorder as of 9/29/22. Administer Quetiapine (antipsychotic) 50 mg daily as of 9/29/22. Administer Administer Trazodone 50 mg by mouth daily as of 1/5/23. There are no documented psychotropic medication assessments for the use of these medications in R15's medical record prior to January 2023.</p> <p>R15's Physician Progress Note dated 7/20/22 documents R15 was a new admission to the facility. R15's medications included Quetiapine 25 mg daily and Fluphenazine. R15's family reported R15 was diagnosed with Schizophrenia [AGE] years ago. R15's Screening Verification Form dated 7/12/22 documents a Level 1 Pre-Admission Screening and Resident Review (PASARR) was completed and a Level 2 PASARR was not required due to no Mental Illness diagnosis known/suspected. There is no documentation in R15's medical record that a Level 2 PASARR was completed after R15 was diagnosed with Schizophrenia.</p> <p>R15's undated Care Plan documents R15 displays inappropriate behaviors including sexual aggressive behaviors and making sexual comments to staff and other residents. This care plan does not document R15's Schizophrenia diagnosis or use/monitoring of antipsychotic medications. This care plan does not identify when R15's problem area and interventions for behaviors were developed/implemented.</p> <p>R15's September 2022 Medication Administration Record (MAR) does not document Fluphenazine was administered during the month, as ordered. Quetiapine 50 mg was added once daily at bedtime in addition to the previously prescribed 25 mg as of 8/9/22.</p> <p>R15's January 2023 Behavior Tracking documents R15 has irregular sleep patterns, makes inappropriate sexual comments to staff, and includes targeted interventions. There are no behavior tracking with targeted behavioral interventions in R15's medical record prior to January 2023. R15's January 2023-April 2023 Behavior Tracking does not include R15's sexual behaviors directed towards residents.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R15's Social Services Notes document the following: On 10/4/22 R15 has been making inappropriate comments to other residents. V7 Social Services Director was notified that R15 made inappropriate sexual comments to staff. On 10/10/22 R15 was inappropriate to staff and made sexual advances towards residents. This was reported to the Administrator In Training, and a report was filed. On 11/15/22 R15's room was changed. There is no documentation in R15's medical record that R15 was evaluated by a psychiatrist or provided psychiatric/behavioral services, and the facility was unable to provide documentation that R15 has been evaluated/treated by psychiatric/behavioral services.</p> <p>R15's emergency room Discharge Summary dated 10/5/22 documents R15 was transferred to the hospital for abnormal behavior and the facility requested a psychiatric evaluation. The facility reported that R15 walked into an unidentified resident's room and removed their blanket, and asked another unidentified resident when was the last time they had sex. The facility requested a psychiatric evaluation to see if R15 is safe to be around other residents. R15 was diagnosed with a urinary tract infection, and there is no documentation that R15 was evaluated by a psychiatrist on 10/5/22, prior to returning to the facility.</p> <p>On 4/24/23 at 8:56 AM V11 Business Office Manager stated R15 did not admit to the facility with a diagnosis of Schizophrenia. V11 reviewed R15's PASARR on admission, R15 did not have a diagnosis of mental illness, so a Level 2 PASARR was not done. V11 stated V11 oversees the PASARRs and the hospital has the screening done prior to admission to the facility. V11 does not schedule PASARRs after admission and V11 has not received any training on PASARRs. V11 was not aware that a Level 2 PASARR is to be completed if a resident is diagnosed with a mental illness after admission.</p> <p>On 4/24/23 at 10:19 AM V3 Care Plan Coordinator confirmed R15's care plan does not document dates for problem areas and interventions.</p> <p>On 4/24/23 at 10:21 AM V3 Licensed Practical Nurse stated R15 has made sexual comments and asks staff if they enjoying having sex. R15 will pat staff on their bottoms and get close to them. A couple weeks ago R15 asked R46 if R46 enjoyed having sex. On 4/24/23 at 10:22 AM V10 Registered Nurse stated R15 voices requests for sexual favors to staff. On 4/24/23 at 10:50 AM V10 stated R15 really needs to be in a facility that specializes in psychiatric services. V10 did not think R15 has received outside psychiatric/behavioral services. Since R15 receives an antipsychotic injection, I would think R15 should see a psychiatrist.</p> <p>On 4/24/23 at 10:34 AM V7 Social Services Director stated R15 has vulgar sexual language towards staff and residents. When R15 first admitted R15 would rub and touch staff's legs. V7 reviewed R15's October social service notes and stated R15 made sexual advances and comments to R10. V7 was unable to recall specific details of the incident, but thought that R15 touched R10's lower back or hand, and a made a sexual comment/asked R10 if R10 would like to have sex. V7 reported the incident to the former administrator and R10's room was changed. V7 stated the former administrator was friends with R15's family, and R15 had a history of sexual behaviors prior to admission. We moved R10's room closer to the nurses station to keep a closer eye on R10 and try to seat R10 with other male residents.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/24/23 at 10:32 AM V2 Interim Director of Nursing confirmed R15 had no documented psychotropic medication assessments prior to January 2023. V2 stated psychotropic medication assessments are to be completed quarterly. On 4/24/23 at 12:28 PM V2 stated R15 had no behavior tracking prior to January 2022. V2 confirmed the nurses should sign the MAR when medications administered and confirmed R15's September MAR does not document Fluphenazine was administered as ordered. On 4/25/23 at 12:25 PM V2 stated V2 was unable to provide any documentation that R15 has had any behavioral or psychiatric services.</p> <p>The facility's Psychotropic Medication Policy dated as revised 6/17/22 documents non-pharmacological interventions will be attempted prior to prescribing psychotropic medications. Psychotropic Medication Evaluations will be completed prior to prescribing a new psychotropic medication, within 14 days of admission, and quarterly. Behavior tracking will be used to monitor behaviors. Residents who receive antipsychotic medications will be reviewed at least quarterly by the interdisciplinary team. The resident's care plan will address the use of psychotropic medications and potential side effects, behaviors and interventions. A progress note will be documented quarterly for residents on psychotropic medications that includes the response to the medication, psychotropic medication evaluation, and behaviors.</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>41970</p> <p>Based on record review and interview the facility failed to ensure medications were stored/transported safely for a resident by allowing a non-authorized employee to transport medications. This failure affects one (R10) of one resident reviewed for medication storage in a sample list of 39 residents.</p> <p>Findings include:</p> <p>Secretary of State Administrative Code section 1030.92 effective December 23, 2020 documents A type J restriction with appropriate numerical indicators includes other restrictions not listed in this section. Type J restrictions and numerical indicators are as follows: JO5 Driver authorized to operate a senior citizen transportation vehicle within classification. The driver operates a vehicle that is utilized solely for the purpose of providing transportation for senior citizens, as provided in IVC Section 6-106.3.</p> <p>On 4/26/23 at 9:35 AM V20 (R10's) family member stated They (facility) took (R10) to the Urology appointment and I followed behind in my car. (V23) Urologist ordered two pills for (R10's) Urinary Tract Infection (UTI). One pill an antibiotic and the other was for pain for (R10's) UTI. (V24) facility van driver drove (R10) back to the facility after her appointment. (V24) van driver had one of the bottles of pills with her to take back to the facility. After (V24) van driver got back to the facility, they (facility) called me and said that (V23's) office only filled one of the prescriptions and that they (facility) couldn't give one of the pills without the other. So I drove back to the clinic and had the other prescription filled. (V24) facility van driver met me back at the clinic so I didn't have to drive all the way across town again. I gave the pills to (V24) facility van driver. I did all that so that (R10) could get both of her medications started that same night of the appointment with (V23) Urologist.</p> <p>On 4/26/23 at 11:30 AM V24 facility van driver stated The day (4/19/23) (R10) went to the Urology appointment I dropped her off and picked her up. (V20) is (R10's) son. (V20) met (R10) and I there at the appointment. After the appointment was done, I took (R10) and one of (R10's) filled prescriptions back to the facility. When we (V24, R10) returned to facility, I was told that (R10) needed a second prescription and to meet (V20) back at the clinic. I drove back to the clinic pharmacy and met (V20) there. (V20) paid for the prescription and I took it back to the facility. I handed both of the prescriptions to (V12) Licensed Practical Nurse (LPN). I have a special license (JO5) that lets me transport the medications for our residents. I have been doing that for ten years. Am I not supposed to pick up the resident medications? It's a little late now since I have been doing it for so long.</p> <p>On 4/26/23 at 11:45 AM V1 Administrator stated V24 facility van driver has a 'JO5' license that allows her to transport resident medications. I did not know that the 'JO5' license only allows for the transportation of the elderly residents and not their medications. I will make sure (V24) does not do that again. I think it was an honest mistake but it still can't happen again.</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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled 'Procurement and Storage of Medications' revised 3/16/23 documents all medications shall be delivered directly from the pharmacy to the nurses station. Delivery must be made by a pharmacist or his agent, a delivery service, United States Postal Service or a Physician.		

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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>42702</p> <p>Based on observation, interview and record review the facility failed to employ a clinically qualified director of food and nutrition services. This failure has the opportunity to affect all 52 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/24/23 at 11:00AM, V5 Dietary Manager was actively supervising kitchen operations for the facility and residents food preparation.</p> <p>On 4/23/23 at 3:00PM, V5 Dietary Manager confirmed that she had not completed the course work needed to be a certified dietary manager.</p> <p>On 4/25/23 at 11:45AM, V13 Dietician said that V5 Dietary Manager is not a certified dietary manager and that the facility has not had a certified manager for some time.</p> <p>The facility resident census and condition report dated 4/23/23 documents 52 residents in the facility.</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>42702</p> <p>Based on observation, interview and record review the facility failed to prepare the safe texture of pureed food for three (R27, R48 and R102) of three residents reviewed for residents with pureed diet orders.</p> <p>Findings include:</p> <p>R27's April 2023 physician order sheet documents an order for pureed food. R48's April 2023 physician order sheet documents an order for pureed food. R102's April 22, 2023 physician telephone order sheet documents an order for pureed food.</p> <p>On 4/24/23 at 10:50AM, V29 [NAME] stated that the pureed food currently on the steam table was ready to be served to residents.</p> <p>On 4/24/23 at 10:45AM a pureed test tray was provided by the facility. The ham appeared lumpy and tasted chewy.</p> <p>On 4/24/23 at 10:51AM, V5 Dietary Manager stated, ham is really hard to do. The Dietary Manager then tested the pureed ham and said that the pureed consistency wasn't right. I will fix this before it goes out to the residents.</p> <p>On 4/25/23 at 11:45AM, V13 Dietician stated, Pureed food is to be smooth. It is to decrease the chances of choking.</p> <p>The facility Therapeutic and Mechanically Altered Diets policy documents that it is the policy of the facility that therapeutic and mechanically altered diets are ordered by the physician and planned by the dietician. A therapeutic diet is a diet ordered to manage problematic health conditions. A mechanically altered diet is a diet specifically prepared to alter the consistency of food in order to facilitate oral intake. Examples include soft solids, pureed foods, and ground meal. Diets for residents who can only take liquids that have been thickened are also included in this definition.</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>42702</p> <p>Based on observation, interview and record review the facility failed to properly label and store refrigerated food products to prevent food borne illness in residents. This failure has the potential to affect all 52 residents in the facility.</p> <p>Findings include:</p> <p>On 4/23/23 at 8:05AM, a sign was noted on the front of the refrigerator that said, All food is to be labeled with an open date.</p> <p>On 4/23/23 at 8:00AM, the following opened and partially used food items in the kitchen refrigerator were not labeled with an open date: salad dressing, salsa, cheddar cheese, sliced cheese and turkey.</p> <p>On 4/23/23 at 8:10AM, V25 [NAME] stated, Not everything is labeled but it should be.</p> <p>The facility provided Storage policy dated 10/20 documents, When using only part of a product, the remaining product should be in the original package or air tight container and labeled and dated.</p> <p>The facility resident census and condition report dated 4/23/23 documents 52 residents 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>41970</p> <p>Based on observation, interview and record review the facility failed to ensure resident personal clothing and bed linens were washed with sanitizing chemical and failed to ensure water temperature of facility clothes washing machine was adequate. This failure has the potential to affect all 52 residents residing in facility.</p> <p>Findings include:</p> <p>The Facility Midnight Census Detail Report dated 4/23/23 documents 52 residents residing in facility.</p> <p>The Commercial Washer Model T-900/950 Vended C-Series Control Operator's Manual Installation and Operation Instructions documents It is the responsibility of the owner to check this equipment on a frequent basis to ensure its safe operation. Separate hot and cold water lines must be provided. A 60 degree Celsius (140 degree Farenheight) hot water supply is recommended for best washing results. Do not exceed 88 degrees Celsius (190 degrees Fahrenheit) degree water temperature.</p> <p>On 4/25/23 at 10:45 AM observed bottle of 'low temperature laundry solid chlorine sanitizer' with the word 'empty' written on top that was connected to water system of running washing machine with resident linens.</p> <p>On 4/25/23 at 11:10 AM Observed V16 Maintenance Supervisor from another facility owned by same corporation obtain water temperature of 131.6 degrees Farenheit (F) of hand washing sink which has shared water line with washing machine.</p> <p>On 4/25/23 at 10:52 AM V14 Housekeeping and Laundry Supervisor stated The sanitizer for the washing machines ran out yesterday morning. We (facility) do not have any more. I talked to (V1) yesterday when it ran out that we needed more and was told that it would be ordered. The truck should be here today or tomorrow. We (facility) have still been washing resident personals and all the linens without the sanitizer though because they (residents) need their laundry done.</p> <p>On 4/25/23 at 11:15 AM V16 Maintenance Supervisor stated The facility washing machine and the handwashing sink are connected to the same hot and cold water lines. There is no mixing valve. There has to be a mixing valve to be able to control the temperatures of the washing machine and the hand washing sink seperately. Since there was no way to check the water of the washing machine, I tested the water at the sink because they are served from the same water. If the temperature of the sink water is too high and we turn the temperature down, then the washing machine water temperature would go down even more and it already is not high enough. The water running through the machine isn't hot enough to get the clothes clean and the water running to the hand washing sink will scald whoever uses it. So the washing machine not only doesn't have the sanitizer but it also doesn't have hot enough water. I don't think there is any type of policy for this you should just know it. I will help V15 facility Maintenance Supervisor get this straightened out but we are going to have to order parts.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on record review and interview the facility failed to follow their Antibiotic Stewardship policy by not obtaining Urinalysis with Culture and Sensitivity for two (R10, R39) residents prescribed antibiotic medications and failed to obtain a wound culture for one (R8) resident. This failure affects three (R10, R39, R8) of three residents reviewed for Antibiotic Stewardship in a sample list of 39 residents.</p> <p>Findings include:</p> <p>1.) R10's Physician Order Sheet (POS) dated April 1-30, 2023 documents medical diagnoses of Dysuria, Amnesia, Hypertension, Atrial Fibrillation, Chronic Kidney Disease Stage 3, Neuropathy and Macular Degeneration.</p> <p>R10's Cognitive assessment dated [DATE] documents R10 as cognitively intact.</p> <p>R10's V23 Urology Progress Note dated 4/19/23 documents Chief complaint: Dysuria. Dysuria started a couple of days ago. Facility states there was blood in (R10's) incontinence brief. (R10) has burning and frequency of urination for two days. Orders placed this encounter: Nitrofurantoin Monohydrate/Macrocrystals (Macrobid) 100 milligrams (mg) capsules and Phenazopyridine (Pyridium) 100 mg tablet.</p> <p>R10's Medication Administration Record (MAR) dated April 1-30, 2023 documents a physician order dated 4/19/23 Macrobid 100 mg twice daily for seven days. This same MAR documents a physician order dated 4/19/23 100 mg three times per day for two days.</p> <p>R10's medical record does not document a Urinalysis nor Urine Culture and Sensitivity.</p> <p>On 04/23/23 at 1:36 PM R10 stated I was prescribed an antibiotic at (V23's) Urology office for my Urinary Tract Infection (UTI). R10 stated (V23's) office tried to check my pee but they couldn't get it so they just told me I had a UTI and gave me prescriptions for some pills.</p> <p>On 4/26/23 at 9:15 AM V22 Licensed Practical Nurse (LPN) stated (V20) (R10's) family member took (R10) to a Urology appointment on 4/19/23. (R10) came back with orders for Macrobid 100 milligrams (mg) twice daily for seven days and Pyridium 100 mg twice daily for two days. I never called (V23) to see if there was a Urinalysis with Culture and Sensitivity (U/A with C&S) completed in (V23's) office.</p> <p>On 4/26/23 at 9:40 AM V21 Registered Nurse stated V21 worked night shift the evening of 4/19/23. V21 RN stated I did not follow up with (V23) Urologist to see if a U/A was done or not.</p> <p>On 4/26/23 at 9:45 AM V10 Registered Nurse (RN) stated There is not a Urinalysis or Culture for (R10) in (R10's) chart but I can look in the hospital systems records to try to find out about those.</p> <p>(continued on next page)</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>On 4/26/23 at 2:00 PM V2 Interim Director of Nurses (DON) stated the facility did not follow up on R10's Dysuria that was treated with Macrobid (antibiotic). V2 stated there is no way to know if the antibiotic is working or not without having a Urinalysis or Culture and Sensitivity completed. V2 stated the facility should have followed up with (V23's) Urology office but did not.</p> <p>The facility policy titled Antibiotic Stewardship Program reviewed 3/2023 documents the purpose is to improve the use of Antibiotics in healthcare to protect residents 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. This will be accomplished utilizing the Core elements.</p> <p>40385</p> <p>2.) On 4/23/23 at 8:50 AM R8 stated R8 had a wound infection a couple weeks ago and received an antibiotic.</p> <p>R8's Wound Evaluation & Summaries recorded by V31 Wound Physician document the following: On 3/9/23 V31 prescribed Levaquin (antibiotic) 750 milligrams (mg) by mouth daily for 10 days for R8's Right Upper Thigh Stage 3 Pressure Ulcer. On 4/2/23 R8's Right Ischium Stage 4 Pressure Ulcer had green discharge and V31 was concerned of infection. V31 prescribed Levaquin 750 mg by mouth daily for 10 days.</p> <p>R8's April 2023 Medication Administration Record (MAR) documents Levaquin was administered 4/2/23 and 4/11/23. There is no documentation in R8's medical record that a wound culture was obtained in March and April 2023.</p> <p>On 4/25/23 at 12:25 PM V2 Interim Director of Nursing stated cultures are only done when ordered by the physician. V2 confirmed cultures are used to determine that the antibiotic is appropriate based on the bacteria sensitivity report. On 4/25/23 at 2:05 PM V2 stated a wound culture was not done for R8's wound infection in April since one was not ordered.</p> <p>3.) R39's April 2023 Physician's Order Summary documents R39 has a urinary catheter. R39's Urology Progress Note dated 4/5/23 documents R39 has a urinary tract infection and an order for Keflex (antibiotic) 500 mg by mouth twice daily for 7 days. R39's April 2023 MAR documents Keflex was administered. There is no documentation that a urine culture was obtained.</p> <p>On 4/25/23 at 3:50 PM V2 stated a urine culture was not done for R39's 4/5/23 urinary tract infection.</p>		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on record review and interview the facility failed to offer, administer and/or obtain declination for Influenza Immunization, Pneumococcal Polysaccharide Vaccine (PPSV) 23 or the Pneumococcal Conjugate Vaccine (PCV) 13, 15 and/or 20 Vaccines for four (R24, R26, R44, R49) residents out of four residents reviewed for Immunizations/Vaccinations in a sample list of 39 residents.</p> <p>Findings include:</p> <p>1.) R24's undated Face sheet documents an admitted [DATE]. This same Face Sheet documents medical diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Essential Hypertension and Glaucoma.</p> <p>R24's medical record does not document Influenza immunization, PPSV 23 vaccine nor PCV 13, 15 and/or 20 vaccines being offered, administered or declined.</p> <p>2.) R26's undated Face sheet documents an admitted [DATE]. This same Face Sheet documents medical diagnoses of Cerebral Vascular Accident (CVA), Hemiplegia affecting Left side and Congestive Heart Failure.</p> <p>R26's medical record does not document Influenza immunization, PPSV 23 vaccine nor PCV 13, 15 and/or 20 vaccines being offered, administered or declined.</p> <p>3.) R44's undated Face sheet documents an admitted [DATE]. This same Face Sheet documents medical diagnoses of Myopathy, Chronic Kidney Disease and Cognitive Communication Deficit.</p> <p>R44's medical record does not document Influenza immunization, PPSV 23 vaccine nor PCV 13, 15 and/or 20 vaccines being offered, administered or declined.</p> <p>4.) R49's undated Face sheet documents an admitted [DATE]. This same Face Sheet documents medical diagnoses of Congestive Heart Failure, Diabetes Mellitus Type II and history of Pneumonia.</p> <p>R49's Minimum Data Sheet (MDS) dated [DATE] documents R49 as cognitively intact.</p> <p>R49's medical record does not document Influenza immunization, PPSV 23 vaccine nor PCV 13, 15 and/or 20 vaccines being offered, administered or declined.</p> <p>On 4/25/23 at 9:30 AM R49 stated I have only been here a couple of months but I don't remember anyone asking me about the Influenza immunization or Pneumonia vaccination. I have had Pneumonia before so I probably would have taken that one.</p> <p>(continued on next page)</p>		

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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>04/23/23 11:31 AM V2 Regional Director of Clinical Operations/Interim Director of Nurses (DON)/Interim Infection Preventionist (IP) stated facility should offer every resident the Pneumococcal Vaccinations and Influenza Immunization for each new admission. V2 stated the facility should attempt to determine which immunizations the resident has had by calling the physician or obtaining hospital records to find out what vaccinations they had previous. V2 stated education is provided to the resident on each separate vaccination or immunization. V2 stated Due to turnover in the IP position, the facility is not able to provide any documentation for these four residents having had been offered the Influenza immunization or Pneumococcal vaccinations. We (facility) are trying to get all this mess straightened out. But at this time I don't have any documentation for those four residents.</p> <p>The facility policy titled 'Immunization of Residents' revised 1/23/2020 documents the facility will offer immunizations and vaccinations that aid in the prevention of infectious diseases unless medically contraindicated or otherwise ordered by the residents attending physician or, the facilities medical director. Obtain a written order for the vaccination unless otherwise ordered by the attending physician. Obtain permission/consent from the resident or the resident's Power of Attorney (POA) to administer the ordered vaccine, unless contraindicated. Verify the date of last vaccination. Obtain proof of previous Pneumococcal or Influenza Vaccination for residents when able. Offer the PCV 13 or PPSV 23 as indicated utilizing the Pneumococcal Vaccination Algorithm. Offer the Pneumococcal vaccination within 30 days of admission. Offer the Influenza Immunization annually from October 1 through March 31 or as directed by the medical director. Document immunizations on the resident Medication Administration Record (MAR) and on the resident immunization record.</p>		