

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH SAVOY, IL 61874
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210d)5) 300. 3240a) Section 300.610 Resident Care Policies a)The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 10/04/18
---	-------	-----------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH SAVOY, IL 61874
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REQUIREMENTS WERE NOT MET EVIDENCED BY:</p> <p>Based on observation, interview and record</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH SAVOY, IL 61874
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>review, the facility failed to reposition, provide pressure relieving measures, accurately assess a pressure wound, and failed to provide pressure wound treatment for two of six dependent residents (R208, R69), reviewed for pressure ulcers in the sample of 21. This failure resulted in R208 developing two Suspected Deep Tissue Injuries to the Sacrum.</p> <p>Findings Include:</p> <p>1.) R208's Care Plan dated 9/11/18 documents a Diagnosis of Hemiplegia with Hemiparesis following an unspecified cerebrovascular disease affecting the left non-dominant side. This Care Plan documents R208 has limited Range of Motion to bilateral upper and lower extremities due to a CVA (Cerebrovascular Accident) resulting in a decreased functional status, and that R208 is at risk for skin breakdown.</p> <p>R208's Skin Risk Assessment dated 9/4/18 documents R208 as "High Risk for skin breakdown."</p> <p>R208's MDS (Minimum Data Set) dated 7/11/18 documents R208 requires extensive assistance of two staff for bed mobility.</p> <p>R208's Progress Notes dated 9/4/18 by V11 RN (Registered Nurse) documents R208 returned to the facility from the hospital and the only skin condition R208 had was, "Bottoms of both feet calloused, dry, and cracked; toenails long and yellowed. Small bruise on shin just below R shin. Scabbed area to top of R foot, 1cm x 1 cm."</p> <p>On 9/09/18 at 9:10 AM, 10:49 AM, 11:17 AM, 11:44 AM, 12:36 PM, 1:30 PM and 2:00 PM, R208 was observed lying on R208's back in bed.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH SAVOY, IL 61874
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>On 9/10/18 at 2:38 PM, V9 CNA (Certified Nursing Assistant) stated, R208 is totally dependent on staff for all cares and "is completely bed bound." R208 should be repositioned every two hours going from one side to her back, then to her other side. V9 stated, R208 has "no opens areas now or ever to my knowledge."</p> <p>On 9/11/18 at 9:56 AM, V6 RN stated, a new pressure area was found on R208's left sacral area this morning measuring 2 cm (centimeters) x (by) 2.5 cm.</p> <p>On 9/11/18 at 10:02 AM, V6 RN entered R208's room to observe the pressure area. R208 was lying in bed, on her back with a pillow under her right hip. V6 stated, "this pressure area has bruising around the open area, but I didn't measure that." V6 exposed R208's sacral area. R208 had a dark purple area on the left sacrum measuring approximately 4.5 cm x 3 cm with open area in the middle of it measuring 2 cm x 2.5 cm, and an approximate 1.5 cm x 1.5 cm dark purple area on the right sacrum, that was not open. V6 stated it looks like a sDTI (Suspected Deep Tissue Injury) and confirmed the approximate sizes. V6 then measured the entire "bruised area" and stated, it is 8.5 cm x 6 cm. V6 stated the open area is now, a stage II but who knows what it will look like when it totally opens.</p> <p>On 9/11/18 at 2:32 PM, V2 DON (Director of Nursing) stated, if a resident is dependent on others for cares, they need turned and repositioned every two hours. R208 "not being turned for five hours could most definitely cause the breakdown." V2 stated at the time with the sDTI not being fully opened, the pressure area is considered "unstageable."</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/12/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH SAVOY, IL 61874
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>The facility undated Prevention of Pressure Ulcers Policy documents the purpose of this procedure is to provide information regarding identification of pressure ulcer risk factors and interventions for specific risk factors. Pressure Ulcers are usually formed when a resident remains in the same position for an extended period of time causing increased pressure or a decrease of circulation (blood flow) to that area and subsequent destruction of tissue. For bed fast residents, "Change position frequently as needed."</p> <p>2. The Admission Minimum Data Set dated 8/8/18 documents R69 is cognitively intact, is at risk for the development of pressure sores with no current pressure sores and that R69 requires extensive assistance for bed mobility and transfers.</p> <p>V24's Admission Observation dated 8/1/18 documents R69 has no skin alterations and only has "redness to inner thighs and buttocks, redness under breasts."</p> <p>The Treatment Administration Records dated 8/1/18 through 8/31/18 and 9/1/18 through 9/12/18 document no treatment orders for sores on R69's thighs until 9/12/18.</p> <p>On 9/10/18 at 9:22 am R69 was seated in R69's wheelchair. R69 stated R69 has sores on R69's thigh that are not being treated. R69 stated R69 came to the facility with the wounds. R69 stated last evening R69 told the evening nurse (V24 Registered Nurse) about the sores and V24 did nothing. R69 stated there is a hard area on R69's wheel chair that hits the back of R69's legs and</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH SAVOY, IL 61874
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>R69 has asked nursing staff and maintenance staff to fix wheel chair seat. R69 stated facility staff keep telling R69 they will fix the wheel chair seat but no one has fixed it. At that time an uncushioned metal area was observed on the front edge of R69's wheel chair seat which was in contact with the back of R69's thighs.</p> <p>On 09/11/18 at 12:49 PM V24 Registered Nurse confirmed that R69 asked V24 about a treatment to R69's thigh. V24 stated V24 looked at the Treatment Administration Record and R69 had no treatment ordered so V24 did not do anything.</p> <p>On 09/11/18 at 4:40 PM V21 Certified Nurses Aide (CNA) and V22 CNA transferred R69 to the bed with the mechanical lift and removed R69's slacks and incontinence brief. At that time two open sores were observed on the back of R69's right thigh. V22 stated R69 has had the sores since R69 was admitted to the facility (8/1/18). V22 stated the sores are from pressure from the exposed metal area on R69's wheel chair that R69 brought to the facility.</p> <p>On 09/11/18 at 05:15 PM V2 Director of Nurses and V6 Wound Nurse stated they did not know about the wounds on R69's right thigh or the uncushioned area on R69's wheelchair. V2 confirmed R69 asked the maintenance staff to fix R69's wheel chair but it has not been fixed. V2 stated the CNA staff first documented skin issues on R69's thighs on 8/2/18. V2 stated staff should have reported R69's skin issues. V2 stated if V2 had known about the uncushioned area on R69's wheelchair V2 would have had therapy staff evaluate the wheelchair.</p> <p>On 09/12/18 at 08:41 AM V6 Wound Nurse stated V6 evaluated R69's skin this morning and</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2018
NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSG & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH SAVOY, IL 61874		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6 found three pressure areas on the back of R69's thigh. V6 stated a treatment of (occlusive gauze strips) twice daily was ordered for R69's wounds this morning. V6 stated V6 believed R69 was admitted to the facility with the wounds and R69's skin was not accurately assessed at admission. V6 stated staff should have reported the wounds to V6 on admission. V6 confirmed the exposed metal area on R69's wheel chair could have been a source of pressure. V6's Wound History Notes dated 9/12/18 document the following pressure sores for R69: right posterior thigh stage two pressure wound measuring 4.5 centimeters (cm) length by 1.5 cm width with a depth of "UTD" (unable to determine); right superior thigh stage two pressure wound measuring 1.5 cm length by 0.5 cm width; and right inner posterior thigh stage two pressure wound measuring 6.0 cm length by 1.0 cm width with a depth of UTD. (B)	S9999		