

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005888	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2021
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NAME OF PROVIDER OR SUPPLIER MATTOON REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 2121 SOUTH NINTH MATTOON, IL 61938
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S 000	Initial Comments Complaint Investigation 2165692/IL136859	S 000		
S9999	Final Observations Statement of Licensure Violations (Violation 1 of 2) 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for 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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to assess and treat a decline in fluid intake and cognitive function, then failed to notify the physician/resident representative of a significant</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>change in condition for a resident. This failure affects one (R1) of five residents reviewed for quality of care in a sample list of five residents. This failure resulted in (R1) being hospitalized for dehydration, acute kidney injury, and encephalopathy.</p> <p>Findings include:</p> <p>R1's Care Plan updated 8/4/21 includes the following diagnoses: Congestive Heart Failure, Chronic Kidney Disease Stage III, Osteomyelitis, and Morbid Obesity. R1's Care Plan also includes the following problems: "(R1) is on Diuretic Therapy related to Congestive Heart Failure." "(R1) is on antibiotic (Intravenous Vancomycin and Cephapime) related to Osteomyelitis." "R1 has IV access: PICC (Peripherally Inserted Central Catheter) to right upper extremity. (R1) has a (urinary) catheter."</p> <p>(R1's) Daily Skilled Note dated 7/31/21 at 12:35AM documents (R1) is alert, has no memory problems, does not have impaired decision making or other cognitive problems. (R1's) Daily Skilled Notes regarding cognitive status remain unchanged through 8/5/21.</p> <p>(R1's) Daily Skilled Note 8/6/21 documents "(R1) has short term memory problem, inattention, disorganized thinking, difficulty with word finding, slowed response time." (R1's) Daily Skilled Note 8/6/21 also documents the new signs/symptoms "Poor appetite, tired, little energy." There is no documentation 8/6/21 to indicate the physician or resident representative were notified of these changes. On 8/7/21 R1's Daily Skilled note documents "(R1) is confused, has short and long term memory problems, decision making is impaired, inattention, disorganized thinking,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>difficulty with word finding, slow response time, poor appetite." There is no documentation 8/7/21 to indicate the physician or resident representative were notified of these changes.</p> <p>R1's "SBAR" (Situation, Background, Assessment, Recommendation) note dated 8/8/21 at 11:15AM by V6 (Licensed Practical Nurse/LPN) documents "poor appetite, poor fluid intake, confusion, talking gibberish, anxious." Documentation indicated the physician and resident representative were called, an order was received to draw labs scheduled for 8/9/21.</p> <p>R1's "SBAR" note dated 8/8/21 at 10:30PM documents "Altered mental status, muscle jerking and twitching. Transfer to hospital."</p> <p>On 8/12/21 at 9:48AM V6 (LPN) stated "I had been on vacation for a week before 8/8/21 at 11:15AM when I made the SBAR note. I really didn't know her baseline since this was the first time I had taken care of her. The CNA staff said (R1) came in alert, oriented not confused, and was able to verbalize her needs. I was told (R1) was not eating and had just been taking sips of water with her medications for a few days. I called V2 (Director of Nursing/DON) and I called the doctor. I got labs and discussed with (V2) how to proceed with (R1's) care. I did not send (R1) to the hospital. V5 (LPN) sent her on night shift."</p> <p>On 8/12/21 at 11:00AM V2 (DON) verbalized that (R1) had experienced a significant change in condition which continued to deteriorate from 8/6/21 until (R1) was finally sent to the hospital at around 10:30PM 8/8/21. V2 verbalized that "given the diagnoses of Congestive Heart Failure, Chronic Kidney Disease, and R1 being given Vancomycin which can damage the kidneys</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>(R1's), as well as (R1) taking Diuretics complicated by poor fluid intake, R1 was at high risk for dehydration." V2 acknowledged that there was a delay in the care of R1.</p> <p>R1's History and Physical by V13 (Medical Doctor, Hospitalist) documents "Acute Kidney Injury. Previous Blood Urea Nitrogen/Creatinine 30/0.72. Current 85/3.69 (kidney function laboratory indicators). Unsure if this is purely prerenal secondary to volume depletion as patient has been on diuretics and may not have been taking enough fluids. Patient is also on Vancomycin. We will try gentle IV hydration with the patient (has a history of Diastolic Heart Failure) and monitor renal function. Hold diuretics. Need to avoid nephrotoxic (dangerous to kidneys) agents. However, patient needs Vancomycin for Discitis/Vertebral Osteomyelitis."</p> <p>On 8/12/21 at 11:59AM V13 stated "I believe (R1's) Acute Kidney Injury was brought on by dehydration, most likely due to (R1's) poor intake of fluids and complicated by continuation of the Diuretic. This led to encephalopathy (brain malfunction). That is the reason (R1) has decreased cognitive function. If (R1) had been sent to the hospital sooner it is likely, in my opinion, we could have treated the issues before the situation became so advanced. She needed the Vancomycin for the Osteomyelitis and that was an additional risk factor. So the decline could have been avoided."</p> <p>The facility's policy "Significant Condition Change and Notification" (Not Dated) states Purpose: To ensure that the resident's family and/or representative are notified of resident changes such as those listed below." The list includes "Change in level of consciousness such as</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>agitation, lethargy, sudden lack of responsiveness, or manic behavior." The policy goes on to state "When any of the above situations exists, the licensed nurse will contact the resident's representative and their medical practitioner. Prior to calling the medical practitioner the nurse will complete the SBAR assessment."</p> <p>(B)</p> <p>(Violation 2 of 2)</p> <p>300.610a) 300.1210b) 300.1210d)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>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>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to assess and implement interventions to prevent pressure ulcers for one resident (R1) of three residents reviewed for pressure ulcers in a sample list of five residents. This failure caused (R1) to develop two stage III and one full thickness skin loss pressure ulcers to R1's coccyx.</p> <p>Finding include:</p> <p>R1's "Nursing Admission/Readmission Data</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Collection" dated 7/30/21 at 5:35PM documents R1 as "at Risk" for skin breakdown. R1 is documented to have a "Right Upper Extremity PICC line, red abdominal folds, dressing on lower back, and open area on buttocks." No wound assessments are documented for any of the listed areas.</p> <p>Facility Pressure Ulcer "Line List" dated 8/1/21 thru 8/4/21 does not include a pressure ulcer assessment for R1. The facility's Non-pressure "Line List" for the same date documents R1 has one "open lesion" on her sacrum one centimeter in length by 0.7 centimeters in width. There is no documentation to indicate an assessment of the "open area on buttocks."</p> <p>R1's Care Plan updated 8/4/21 includes the following diagnoses: Morbid Obesity, Difficulty Walking, Weakness, Congestive Heart Failure, and Chronic Kidney Disease Stage III. This Care Plan also includes the problem: "(R1) has actual impairment to skin integrity related to open area on Coccyx." The interventions included are: "Administer treatments as ordered and monitor for effectiveness. Avoid mechanical trauma: Constrictive shoes, Cutting and trimming corns and calluses, Adhesive tapes, Improper shaving, Vigorous massage. Avoid scratching and keep hands and body parts from excessive moisture. Keep fingernails short. Avoid shearing while repositioning when in bed. Educate (R1)/family/caregivers of causative factors and measures to prevent skin injury. Encourage good nutrition and hydration in order to promote healthier skin. Inform family/caregivers of any new area of skin breakdown." There is no documentation for the implementation of a special mattress or a pressure relieving cushion while up in chair.</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>R1's Treatment Administration Record (TAR) for August 2021 includes a physician's order dated 8/5/21 "Coccyx - Cleanse with soap and water, apply moistened Purecol, Cover with bordered foam, Change every three days." This treatment is documented as completed 8/5/21 and then on 8/8/21 when R1 was hospitalized.</p> <p>On 8/11/21 at 10:50AM V4 (Licensed Practical Nurse/LPN/Wound Nurse) stated, "I was on vacation when (R1) was admitted. I don't think she had any pressure areas. She had the one area on her back with steri-strips where she'd had a procedure of some kind. R1's hospital history and physical dated 7/30/21 documents R1 had a 'biopsy of vertebral bone' on 7/27/21. I (V4) don't think (R1) had two wounds."</p> <p>R1's hospital wound assessment dated 8/9/21 at 2:39PM by V14 (Advanced Practice RN/APRN/Certified Wound Care Nurse/CWCN) documents (R1) "has a shallow Stage III Pressure injury to the left buttock, a shallow stage III Pressure Injury to the Right buttock, and a full thickness skin loss in the gluteal cleft."</p> <p>On 8/12/21 at 9:30AM V2 (Director of Nursing/DON) stated, " If (R1) had a wound on her coccyx when she was admitted, there should have been a complete assessment at least daily."</p> <p>The facility's policy "Pressure Ulcer/Pressure Injury Prevention (PUP)" revised April 2018 states "A pressure ulcer/Pressure injury (PU/PI) can occur whenever pressure has impaired circulation to the tissue. A facility must: Identify whether the resident is at risk for developing or has a PU/PI upon admission and thereafter; Evaluate resident specific risk factors and changes in the resident's</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>condition that may impact the development and/or healing of a PU/PI; Implement, monitor and modify interventions to attempt to stabilize, reduce or remove underlying risk factors; and If a PU/PI is present provide treatment to heal it and prevent the development of additional PU/PIs.</p> <p>(B)</p>	S9999		