

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 C 10/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSRG & 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 Complaint Investigation: 2167265/IL138794	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.610c)2) 300.696a) 300.696b) 300.696c)1) 300.1210b) 300.1210d)2) 300.3220f) 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. c) The written policies shall include, at a minimum the following provisions: 2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary	S9999	Attachment A Statement of Licensure Violations	

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

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 C 10/07/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSRG & 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>services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray);</p> <p>Section 300.696 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.</p> <p>c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services.</p> <p>1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections</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</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 C 10/07/2021
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>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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to notify the physician of abnormal lab results, obtain treatment orders, and failed to promptly obtain a urine sample for diagnostic testing per physician order for one of three residents (R1) reviewed for urinary catheters. This failure resulted in R1's urinary infection progressing and R1 becoming Septic. R1 was sent to the Emergency Room and admitted to the Intensive Care Unit for treatment of Sepsis.</p> <p>Findings Include:</p> <p>R1's Face Sheet dated October 2021 documents R1 is diagnosed with Cerebral Infarction,</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 C 10/07/2021
--	---	---	---

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>Hemiplegia, Benign Prostatic Hyperplasia (BPH), and Urinary Tract Infection (UTI).</p> <p>R1's Physician Order Sheet (POS) dated 10/7/21 documents R1 had a Urinary Catheter which was to be cleaned and cared for every shift. The same POS documents staff were to notify physician of changes or irritation every shift.</p> <p>R1's Care Plan dated 8/30/21 documents R1 has a Urinary Catheter due to Urinary Retention related to BPH. Interventions to prevent urinary catheter complications include: Call medical doctor for signs and symptoms of UTI, change urinary catheter and bag as needed for system failure, clean urinary catheter insertion site, monitor output, and obtain labs ordered by medical doctor.</p> <p>R1's Progress Note dated 9/18/21 written by V5 Licensed Practical Nurse documents R1 was complaining of burning urination and had a fever of 103.5 degrees Fahrenheit (F). A UTI was suspected, and a urine specimen was taken.</p> <p>R1's Progress Note dated 9/20/21 written by V6 Registered Nurse documents R1's urinalysis results were received on 9/20/21 and V11 Medical Doctor was notified with no new orders.</p> <p>On 10/7/21 at 11:20 AM V5 LPN stated she worked the night shift on 9/17/21 and took care of R1. Early in the morning on 9/18/21, R1 spiked a fever of 103.5 F. R1 was complaining of burning and pain when urinating. R1 had a urinary catheter. V5 stated she called V11 MD and he ordered a urinalysis and culture and sensitivity (UA C&S). V5 stated she drew the urine and placed it in the refrigerator. V5 stated the urine didn't get picked up until that Monday (9/20/21) as</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 C 10/07/2021
--	---	---	---

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>9/18/21 was a Saturday and the lab didn't come to collect specimen again until Monday. V5 stated she doesn't know what happened with the urine after that and she never saw the results.</p> <p>On 10/6/21 at 2:30 PM V6 RN stated she took care of R1 on 9/20/21 and received R1's urinalysis results. V6 stated she reported the results to V11 MD, and he did not order anything at that time because the culture and sensitivity results had not come back yet. V6 RN stated she is not sure when those results came in or who received them, but she did not.</p> <p>The Urinalysis Culture and Sensitivity results dated 9/22/21 from the urine received in the lab on 9/20/21 showed R1's urine was infected with Klebsiella Pneumoniae.</p> <p>On 10/7/21 at 11:45 AM V2 Director of Nurses (DON) confirmed V11 MD was not notified of R1's 9/20/21 culture and sensitivity results and that the results had shown a Klebsiella Pneumoniae urine infection. At 3:30 PM V2 DON confirmed R1 appeared to be having symptoms of infection (pain and burning related to his catheter) as well as spiked a fever (103.5 F) on 9/18/21 according to nursing documentation. V2 verified that if V11 MD had been notified of abnormal C&S of the urinary infection of Klebsiella on 9/22 he could have prescribed an antibiotic to treat the infection. V2 confirmed nursing should notify a physician with abnormal lab results and follow up for a response.</p> <p>R1's Progress Note dated 9/24/21 written by V8 Licensed Practical Nurse documents R1 had multiple complaints throughout the day of pain and burning sensation related to his urinary catheter. Pain medication given. Catheter</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 C 10/07/2021
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>checked for kinks and fluid encouraged with no relief. V10 Nurse Practitioner notified of R1's condition and an order for a urinalysis and culture and sensitivity (UA C&S) was received.</p> <p>R1's Progress Note dated 9/24/21 written by V10 Nurse Practitioner (NP) documents R1 was assessed at the request of nursing staff. R1 was complaining of dysuria (painful urination) and R1's urine appeared bloody and cloudy with a strong odor. V10 ordered a urinalysis and culture and sensitivity to be completed.</p> <p>On 10/6/21 at 1:50 PM V8 LPN stated she took care of R1 on 9/24/21 and he was complaining of pain and burning around his urinary catheter. V8 stated R1's urine was bloody, cloudy, and odorous. V8 confirmed she notified V10 NP who saw R1 and ordered a UA and C&S. V8 stated however, that 9/24/21 was a Friday and she thought the lab service the facility uses had already come that day, so she put in the order for the UA C&S to be collected on the next day the lab was there which was Monday 9/27/21. V8 stated she is not sure if V10 NP was aware of the fact that the UA C&S would not be collected or sent to the lab for three days following V10's order.</p> <p>On 10/7/21 at 11:25 AM V10 Nurse Practitioner stated she expects that when she writes an order that it be completed right away and in a timely manner. R1's urine specimen should have been sent to the lab the day she ordered it (9/24/21) not three days later on 9/27/21.</p> <p>The Urinalysis Culture and Sensitivity results dated 9/28/21 from the urine received in the lab on 9/27/21 showed R1's urine was infected with Klebsiella Pneumoniae Extended Spectrum</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 C 10/07/2021
--	--	---	---

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 6</p> <p>Beta-Lactamases (ESBL).</p> <p>R1's Progress Note dated 9/29/21 written by V6 Registered Nurse documents she received lab results of R1's 9/27/21 urine culture which showed Extended Spectrum Beta-Lactamases (ESBL). V6 spoke to V11 Medical Doctor and received order for Cipro 500 milligrams (antibiotic) twice per day for seven days.</p> <p>On 10/6/21 at 2:30 PM V6 RN confirmed she notified V11 MD of R1's UA C&S results on 9/29/21 and the Cipro antibiotic was started the next day on 9/30/21.</p> <p>R1's Progress Note dated 10/1/21 written by V7 Registered Nurse documents on the morning of 10/1/21 at approximately 9:00 AM R1 began experiencing shortness of breath, low oxygen saturation, fever of 104 degrees Fahrenheit, elevated blood pressure, and an erratic heart rate. R1 was sent to the emergency room and left by ambulance at 9:38 AM.</p> <p>R1's Infectious Diseases Consultation dated 10/4/21 documents R1 arrived at the emergency room on 10/1/21 with fever, altered mental status and tachypnea. R1 presented with a chronic infected appearing urinary catheter with hematuria noted. R1 had mottled skin and delayed capillary refill with a rectal temp of 103 degrees Fahrenheit on arrival. R1 was found to be in severe sepsis. According to R1, he had been experiencing dysuria for about 2 weeks. R1 was admitted to the Intensive Care Unit.</p> <p>On 10/7/21 at 11:25 AM V10 Nurse Practitioner stated if the 9/20/21 UA C&S results would've been reported to V11 Medical Doctor like they should have been then an antibiotic treatment</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 C 10/07/2021
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 7 regimen could have been started, and R1 would not have been left with an untreated infection with worsening symptoms of infection over the next two weeks and probably wouldn't have become septic. On 10/7/21 at 3:30 PM V2 Director of Nursing confirmed nursing should notify a physician with abnormal lab results and follow up for a response. V2 confirmed if a resident has symptoms of an infection, the diagnostic test should not be put off but should be completed when ordered so that the infection can be identified and treated appropriately in order to prevent further complications. The Lab and Diagnostic Test Results: Physician Role and Follow-up dated November 2015 documents residents will have appropriate lab and diagnostic testing, facility shall use a systematic process for obtaining and reviewing lab and diagnostic test results and reporting results to physicians, clinically significant test results will be reviewed and acted upon appropriately and in a timely manner, and Physicians shall address lab results appropriately and in a timely manner. (A)	S9999			