

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY REHAB AT NORTHMOOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614
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S 000	<p>Initial Comments</p> <p>Annual Certification Survey</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 2</p> <p>300.610 a) 300.1210 b)2) 300.3240 a)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care 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</p>	S9999	<p style="text-align: right;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE

04/08/20

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S9999	<p>Continued From page 1</p> <p>care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</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.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement a ROM (Range of Motion)/Restorative program to prevent a decline in ROM for two of five residents (R42, R49) reviewed for ROM limitations in the sample of 30. This failure resulted in R42 and R49 experiencing a decrease in Functional Range of Motion.</p> <p>Findings include:</p> <p>The facility's Restorative Nursing Programs policy, dated 12/1/16, documents, "It will be the standard of this facility to provide restorative nursing services to residents that require them to</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>attempt to maintain or improve function or as ordered by the physician. The therapy/rehab department will conduct routine screens on residents to ensure there has not been a decline in function. In the event that a change is present, it is appropriate for the resident to receive therapy or restorative programs to attempt to maintain or improve highest practicable level of care."</p> <p>1. On 3/08/20 at 10:18 AM, R49 had ROM limitations of her bilateral shoulders; unable to reach up to her head, left leg unable to bend at the knee, and right leg stiff with movement. R49 denied doing exercises with staff on a regular basis.</p> <p>On 3/10/20 at 2:21 PM, V18 and V19 (Both Certified Nursing Assistants-CNA) transferred R49 from her high back reclining wheel chair to her bed using a mechanical lift and total assist of both staff members. V18 stated that R49 is not on a restorative program for her ROM deficits. V18 also stated that R49 broke her left leg during a one person assist transfer with a CNA and now she's a total mechanical lift assist because of it.</p> <p>On 3/10/20 at 3:00 PM, R49 stated, "I do not get exercises on a daily basis, and I really wish I could. My joints are tight and I can't even bend my left knee. After my knee fracture healed up all the facility did was take the brace off. I haven't even been able to attempt to stand up. I always have to use the mechanical lift."</p> <p>R49's X-ray report, dated 8/12/19, documents that R49 has an acute tibial tubercle avulsion fracture.</p> <p>R49's Fall care plan, dated 10/28/19, documents an intervention on 8/9/19 following her fall for a</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>transfer program to be implemented once R49's left tibia fracture is healed.</p> <p>R49's MDS, dated 1/15/20, documents that R49 has functional ROM limitations to R49's bilateral upper and lower extremities and in Section O Special Treatments, Procedures, and Programs that R49 is not on a restorative and/or ROM program.</p> <p>R49's Contracture Assessment, dated 2/4/20, documents that R49 has ROM functional limitations with pain to her bilateral shoulders and hips.</p> <p>R49's Physician's orders, dated 3/2020, document that R49 may receive restorative services per facility protocol.</p> <p>On 3/11/20 at 8:44 AM, V1 (Administrator) stated that R49 was not on any ROM/restorative programs.</p> <p>On 3/11/20 at 9:47 AM, V7 (Care plan coordinator) stated, "R49's weak hip flexors, right and left leg contractures, and bilateral shoulders are tight and unable to reach completely above her head is the reason why she is coded as bilateral upper and lower ROM limitations. When R49 fell and broke her left tibia/fibia she was a one assist turn and pivot transfer. With the fracture she was switched to a mechanical lift, and the plan was to initiate a transfer restorative program once the fracture was healed. We were going to initiate this program to strengthen her legs, but since they took away the restorative nurse, the program was never initiated. Now, R49 is still a mechanical lift even though the fracture is healed. I have fought and fought for this but I've gotten nowhere."</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>2. On 3/8/2020 at 11:30 AM, R42 was able to propel his own wheelchair using upper and lower extremities with some resistance to upper extremities.</p> <p>On 3/9/2020 at 8:30 AM, R42 was sitting in the wheelchair. R42 was not able to raise his arms above his shoulders. R42 stated, "No, I cannot do that (raise arms above his shoulders), and I am not getting my exercises."</p> <p>R42's Rehab Restorative Assessments, dated 9/11/2019, 11/11/19, and 1/14/20, document, "Overall physical condition: Poor posture, poor endurance, due to muscle weakness. Limited ROM (Range of motion) to hips and right shoulder. Rehab Restorative Program Recommendations: Active Range of Motion Exercises up to 7 days per week for the following: UE/LE (Upper extremities/Lower extremities) strengthening and ROM (Range of Motion) to maintain/improve joint ROM (Range of motion) and muscle strength.</p> <p>R42's MDS (Minimum Data Set), dated 12/13/2019, documents in Section G Functional Status that R42's Functional Limitation in Range of Motion, is coded a 2/2, which indicates ROM (Range of Motion) impairment in R42's bilateral upper and lower extremities. R42's MDS also documents in Section O Special Treatments, Procedures, and Programs that R42 is not receiving any ROM/Restorative programs.</p> <p>R42's Care plan, dated 2/22/2020, documents, "R42 has bilateral knee instability that is related to Osteoarthritis".</p> <p>R42's current medical record has no</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>documentation of R42 receiving any ROM/Restorative programs for R42's ROM limitations.</p> <p>On 3/10/2020 at 10:00 AM, V7, CPC (Care plan Coordinator), stated," Based on my clinical observation and assessment, R42 was not able to perform full ROM to R42's bilateral upper and lower extremities. R42 cannot get his arms up above his shoulders, and R42 has weak lower extremities due to his weak hip flexors."</p> <p>On 3/10/2020 at 10:10 AM, V7, CPC (Care plan Coordinator), verified that R42's Rehab Restorative Assessment recommended that R42 be on a ROM/Restorative program, however, R42 is not on a ROM/Restorative program</p> <p>(B)</p> <p>2 of 2</p> <p>300.610 a) 300.1210 b) 300.1210 d)2) 300.1220 b)7) 300.3240 a)</p> <p>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.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>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 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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>7) Coordinating the care and services provided to residents in the nursing facility</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.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow physician orders to monitor an access site and bruit, failed to monitor fluid</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>balance, and failed to provide or arrange transportation to dialysis for one of two residents (R14), reviewed for dialysis, in a sample of 30. This failure resulted in R14 being hospitalized and receiving emergency dialysis treatments.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, Hemodialysis, dated (revised) 12/2017 directs staff, "It will be the standard of this facility to provide the necessary care and services to those residents receiving hemodialysis while a resident at the facility. Once admitted, the facility will verify orders for dialysis, location and times per week in order to secure transportation to the dialysis center to avoid disruption in service. Once the hospital transfer discharge paperwork/orders has been received the nurse will verify all orders with the physician for accuracy of medications, diet, treatments and any fluid restrictions. If the resident has orders for fluid restriction, they should be clarified as to which shift provides which amount of fluid per shift between nursing and dietary services. Resident's intake and output will be required to be recorded only with a physician's order. The physician and dialysis center will be alerted to resident non-compliance issues of food and fluid."</p> <p>(R14's) Facility Inquiry Quick Admit Worksheet, dated 11/18/19, documents, "Dialysis: T/T/Sa (Tuesday, Thursday and Saturday) at 1:00 P.M., Downtown. Signed up for (local bus service) for dialysis."</p> <p>R14's (facility) Face Sheet documents that R14 was admitted to the facility on 11/19/19.</p> <p>R14's Physician Order Sheet, dated November 2019, includes the following diagnoses on</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>admission: Diabetes Mellitus, type 2; End Stage Renal Disease on Hemodialysis; HTN (Hypertension) and Acute Heart Failure. This same document includes the following physician orders: Dialysis on Tuesday, Thursday and Saturday at 1:00 P.M.; Access site left arm, observe access site for bleeding or S/SX (signs/symptoms) of infection every shift.; Check Bruit every shift, if applicable; Regular Renal Diet and Lidocaine/Prilocaine 2.5% Cream, apply 1 unit to dialysis site 1 hour prior on Tues, Thurs, Sat.</p> <p>R14's Dietary Progress Note, dated 11/21/19, documents, "Dialysis/Nutrition status: (R14's) weights will fluctuate related to fluid shifts with dialysis. Diet order: CCD (Carbohydrate controlled), Renal, limit milk to 1/2 cup daily with 2000 ML (milliliters) fluid restriction."</p> <p>R14's Progress Note, dated 11/23/19 at 3:00 PM documents, "(R14) unable to go to dialysis due to lack of transportation. Spoke with (local bus service), they stated (R14) wasn't scheduled for transportation today. (R14) aware of issue. Spoke with (dialysis center), made aware of situation."</p> <p>R14's Progress Note, dated 11/23/19 at 3:30 PM documents, "(R14) called this nurse to room, stating (R14) didn't feel well. Went on to say that (R14) felt fatigue and nausea. Requested to go to ER (emergency room) to get emergency dialysis. Per (R14's) request, transported via AMT to (local hospital)."</p> <p>R14's Nursing Home to Hospital Transfer Form, dated 11/23/19, documents, "Missed dialysis Thursday (11/21/19) and today (11/23/19)."</p> <p>R14's Hospital Progress Note, dated 11/23/2020,</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>documents, "(R14) with a past medical history of pulmonary embolism, anemia of chronic disease, hyperlipidemia, well controlled type 2 diabetes, HTN, ESRD (End Stage Renal Disease) on hemodialysis who presents with weakness due to missed dialysis sessions. (R14) was discharged about 4 days ago and since that time, (R14) reports that he has missed 2 dialysis sessions. He had been discharged to (nursing facility) and reports he was told he would not be able to get transportation to his dialysis session today. (R14) reports that while he was in his room today, he started having nausea without vomiting and also noted weakness. (R14) notes that due to missed dialysis (R14) decided to call (local ambulance) for presentation to the ED. Admitted for uremic symptoms and volume overload."</p> <p>R14's (facility) 24 Hour I and O (Intake and Output) Report, dated 11/19/19 to 12/22/19, fail to accurately document physician ordered intake and output levels on 23 out of 28 days.</p> <p>R14's Treatment Administration Record, dated March 2020, documents that facility staff failed to document, "Observation of access site for bleeding or signs/symptoms of infection every shift" and "Check bruit every shift" for 9 out of 14 opportunities.</p> <p>On 3/9/2020 at 9:30 AM, R14 stated, "My brother and I were homeless. I came to the facility in November because my Case Manager wanted me to be here so I had transportation to my dialysis appointments. Just before I came here, I had missed a couple of dialysis appointments and I got very sick. My heart had stopped beating and I ended up in the ICU (Intensive Care Unit) for a few days. I go to dialysis on Tuesday, Thursday and Saturday at 1:00. I missed two treatments</p>	S9999		
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after I first came here because for some reason the City bus didn't come and pick me up and the facility didn't take me to my appointments. Finally after I missed the second appointment, I was feeling so sick I told the nurse I was going to call the ambulance and go to the ER (Emergency Room). She didn't want to call for me, but she finally did. They did emergency dialysis on me for a couple of days and then sent me back here."

On 3/10/20 at 1:30 PM, V16/Admissions stated, "(R14) was admitted to our facility in November (2019). We knew prior to admission (R14) received dialysis three times a week. We do have a facility van which is available to transport residents to dialysis or doctor's appointments, with no charge. I don't know why (R14) was not provided transportation to dialysis (on 11/21/19 and 11/23/19)."

On 3/10/20 at 1:46 PM., V15/Advanced Practice Nurse (APN) for (local) Dialysis Clinic stated, "(R14) was admitted to the (facility) in November (19,2019) after (R14) had been hospitalized with heart failure secondary to being homeless and missing dialysis appointments due to transportation problems. The facility assured us they would be able to provide transportation or arrange transportation for (R14) so (R14) could receive (R14's) scheduled dialysis appointments. After (R14) missed two dialysis appointments (11/21/19 and 11/23/19), (R14) needed to be hospitalized again to receive emergency dialysis for two days. When a resident does not receive scheduled dialysis, toxins build up in the body, which the body can not get rid of, which will lead to septicemia and death."

On 3/11/2020 at 9:30 AM, V1/Administrator stated, "Our facility has a facility van that we use

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S9999	<p>Continued From page 11</p> <p>to transport residents to doctor's appointments. Last fall our van was broken and we didn't have a van driver. I don't know why (R14) wasn't provided transportation in November to (R14's) dialysis appointments. We could have called a non-emergency transport to take (R14)."</p> <p>On 3/11/2020 at 11:00 AM, V2/Director of Nurses (DON) verified the facility did not transport R14 or assist in obtaining transportation for R14 for dialysis appointments in November.</p> <p>On 3/11/2020 at 11:05 AM, V14/Corporate Nurse verified facility staff did not complete physician ordered Intake and Outputs or physician-ordered dialysis site observations or bruit checks for R14, as ordered.</p> <p>(A)</p>	S9999		
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