

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001630</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/15/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSITY REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 SOUTH ART BARTELL ROAD URBANA, IL 61802</b>
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S 000	Initial Comments	S 000		
	Complaint Investigation  2069373/IL129090 2069494/IL129215			
S9999	Final Observations	S9999		
	Statement of Licensure Violations  (Violation 1 of 2)  300.610a) 300.1010b) 300.1010c) 300.1210b) 300.1210d)2) 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 300.1010 Medical Care Policies  b) The facility shall have and follow a written program of medical services which sets forth the			
			<b>Attachment A Statement of Licensure Violations</b>	

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>following: the philosophy of care and policies and procedures to implement it; the structure and function of the medical advisory committee, if the facility has one; the health services provided; arrangements for transfer when medically indicated; and procedures for securing the cooperation of residents' personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee.</p> <p>c) Every resident shall be under the care of a physician.</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: 2) All treatments and procedures shall be administered as ordered by the physician.</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>	S9999		

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S9999	<p>Continued From page 2</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure residents received services to safely discharge from the facility to home. These failures affect two of three residents (R13 and R17) reviewed for discharge planning in the sample of 20. These failures caused R17 to be unsafely discharged to home independently without a primary care physician to follow up with and without home health services including therapy, nursing and 24-hour care R17 required. R17 was re-hospitalized on 12/2/2020 with Severe Sepsis, Unstageable Decubitus Ulcer with possible infection, Acute Kidney Injury, Hypothermia, Dehydration and Malnutrition after living independently at home without services upon discharge from the facility.</p> <p>Findings include:</p> <p>1. R17's Physician's Order Report dated November 2020 documents R17's diagnoses including Pneumonia due to inhalation of solids and liquids, Paroxysmal Atrial Fibrillation, Toxic Encephalopathy, Hypertension, Anemia, Hypokalemia, Unilateral Inguinal Hernia, Muscle Weakness, Unsteadiness on feet, Very Low Level of Personal Hygiene and Falls. These orders document R17 requires a pureed diet with honey thickened liquids and a nutritional supplement three times daily with meals. These orders also document R17 is to be on "STRICT aspiration precautions." This report documents orders on 10/6/2020 to obtain a stool sample to test for Clostridium Difficile (C. Diff) antigen and antitoxin after 5 loose bowel movements as well as orders for Xarelto (Blood thinner) 20mg by mouth daily.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R17's Care Plans dated 10/13/2020 document the following:</p> <p>R17 "does not show potential for discharge r/t (related to) care needs." R17 is at risk for falls related to R17's history of falls, Hypertension and Atrial Fibrillation diagnoses. R17 requires a mechanically altered diet with thickened liquids related to a diagnosis of Dysphagia and as of November 2020 R17 has had a significant weight loss x (times) 1 month. R17 requires Anticoagulation therapy related to R17's diagnosis of Atrial Fibrillation and R17 needs protected against injury or trauma.</p> <p>R17's hospital Fiberoptic Endoscopic Evaluation dated 9/29/2020 documents R17 was noted to have silent aspiration with thin liquids with recommendations including mechanical soft solids, nectar thick liquids.</p> <p>R17's hospital Speech Therapy progress notes dated 9/30/2020 document R17 with mild/moderate oral and pharyngeal Dysphagia and that R17 would be "most successful" in an extended care facility and requires ongoing speech therapy due to rehabilitation of current swallow function and will require constant supervision.</p> <p>R17's Laboratory Results for stool specimen dated 10/22/2020 document R17's stool for Norovirus was "Detected Abnormal" (Reference value - Not detected). These laboratory results were not located in the R17's medical records at the facility and there is no documentation the facility notified V48 (R17's Physician) of the abnormal stool results.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R17's Progress Notes document as follows:</p> <p>10/30/2020 2:49pm - R17 received orders to have a barium swallow study. Called radiology, advised to fax orders to the department, radiology. Waiting for the (radiology) department to make an appointment.</p> <p>11/6/2020 2:47pm - R17 is pending a barium swallow procedure per speech therapy recommendations.</p> <p>11/10/2020 5:06pm - R17 "has been cleared for discharge" and would be discharging home on 11/11/2020. A "referral" has been sent to a home health for Physical Therapy, Occupational Therapy and Speech Therapy.</p> <p>11/12/2020 2:25pm - Spoke with V49 (Nurse Practitioner/NP) on 11/8/20. Orders given to discharge (d/c) R17 on 11/11/20. Send home with all scheduled meds (medications). This note documents a different home health (other than the initial home health that was consulted) would be providing physical, occupational and speech therapy as well as nursing services.</p> <p>11/12/2020 2:31pm - R17 discharged to home at 3:00pm on 11/11/20.</p> <p>There is no documentation in R17's electronic medical records the barium swallow study was completed as ordered on 10/30/2020. There is no documentation in R17's medical records regarding coordinating services with therapy nor discussions related to 24-hour caregiver being needed in addition to home health.</p> <p>R17's Physical Therapy Progress and Discharge Summary dated 11/10/2020 documents R17</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>hypothermia. R17's history and physical documents R17's diagnoses including Severe Sepsis, Unstageable Decubitus Ulcer with possible infection, Acute Kidney Injury, Hypothermia, Dehydration and Malnutrition.</p> <p>On 12/9/2020 at 10:40am, V54 (Executive Director of Home Health) stated the facility had sent a referral to their home health for R17. V54 stated R17 did not have a primary care physician to follow R17 when discharged from the facility. V54 stated home health called the physician's group the facility told the home health R17 would be seeing for primary care and that group denied knowing anything related to R17. V54 stated the home health notified the facility they were unable to admit R17 for home health services due to regulations and R17 not having a primary care physician to follow R17 post discharge from the facility. V54 stated the facility reported they had already discharged R17 to home when the home health agency notified the facility on 11/12/2020 that they were unable to admit R17 to their home health services.</p> <p>On 12/14/2020 at 2:30pm, V2 (Director of Nursing) stated social services starts discharge planning on admission. V2 stated home health should be arranged with home health accepting/admitting the resident prior to discharging from the facility. If for some reason the referral does not go through, the facility will make other referrals to find the services the resident needs. V2 stated the orders for discharge should be in the resident's medical record in the Physician's Orders or a handwritten order that has been scanned into the residents medical records and needs to include services the resident will be receiving.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>The facility's undated Discharge Planning policy/procedure documents "regulations require that we provide for a safe transition to any new environment." This involves preplanning for all services needed including referrals, home evaluation for safety, home health or caregiver oversight and meal services, training/education and arrangement of medications, follow-up doctor appointments if needed. The policy also documents the facility will advise nursing of the specifics of the discharge order needed which "helps prevent miscommunication of needs and orders." This policy also documents a follow-up phone call from social work the day following discharge to home is appropriate to ensure the resident is safe and actually receiving services ordered. Social services should chart in the medical record the outcome of the conversation and arrange further services or notify other agencies as appropriate and make additional follow-up calls as needed. Discharge planning involves specific interventions to address specific, individual needs and requires coordination between social workers, nursing, therapies and community resources, etc. This policy documents clear, precise documentation of all meetings, information, arrangements, education provided. This policy also documents to ensure the resident is able to transfer in and out of the vehicle and to help provide for a safe and successful transition into the new environment with a follow-up phone call to ensure all services/needs are met.</p> <p>The facility's Transfer or Discharge Documentation policy dated December 2016 documents when a resident is transferred or discharged, details of the transfer or discharge will be documented in the medical record and appropriate information will be communicated to the provider.</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>The facility's Discharging the Resident policy dated December 2012 documents if the resident is being discharged to home, ensure that the resident and/or responsible party receive teaching and discharge instructions.</p> <p>2. R13 was discharged to home from the facility on 11/30/2020. R13's Plan of Care dated 10/11/2020 documents R13 to discharge home with V46 (R13's Family Member) when clinical and therapeutic goals are met. The same record documents the facility to provide referrals to area resources including home health, therapy services, and care givers, and Hospice to R13 upon discharge.</p> <p>R13's Electronic Medical Record (EMR) documents on 11/30/2020 R13 was discharged home in the care of V46. On 11/30/2020 at 7:28am, R13's EMR documents V46 was provided discharge instructions and R13 to receive follow up care at home by local Home Health Agency. On 11/30/2020 at 4:34pm, R13's EMR documents the facility notified multiple Home Health Agencies and none were currently accepting new clients. The same record documents V46 was aware of no available home health services and V47 (Social Service Director/SSD) to follow up with family.</p> <p>R13's Electronic Medical Record does not document a Physician's Order for R13's discharge, follow up referrals/services provided to R13 or V46, and no family follow up by V47 (SSD).</p> <p>On 12/9/2020 at 2:15pm, V45 (Infection Preventionist) could not confirm that the facility obtained and documented a Physician's Order for</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>R13's discharge, follow up referrals/services provided to R13 and V46, and no family follow up by V47 (SSD).</p> <p style="text-align: center;">(A)</p> <p>(Violation 2 of 2)</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a)</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 practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</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>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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</p>	S9999		

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S9999	Continued From page 11 resident. (Section 2-107 of the Act)  These requirements were not met as evidenced by:  Based on interview and record review, the facility failed to complete thorough post fall investigations and implement fall care plans for three of three residents (R11, R13 and R14) reviewed for falls in the sample of 20. These failures contributed to R13's fall which resulted in a fracture of R13's right hip and right sacrum.  Findings include:  The facility's Falls and Fall Risk, Managing policy dated March 2018 documents based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try and prevent the resident from falling and try to minimize complications from falling. The staff along with input from the resident's physician will implement a resident-centered fall prevention plan to reduce the specific risk factors of falls for each resident at risk or with a history of falls.  The facility's Assessing Falls and Their Causes procedure dated October 2010 documents this procedure is to provide guidelines for assessing a resident after a fall and to assist staff in identifying the causes of the fall. This procedure documents staff are to document relevant details of the fall. This procedure documents the facility will continue to collect and evaluate information until they identify the cause of falling or determine a cause cannot be found. The Unit Manager or Director of Nursing Services should consult with the attending physician or Medical Director of the facility as needed to confirm specific causes from	S9999		

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(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 12 among multiple possibilities.</p> <p>1. R13's Fall Risk Assessment dated 10/9/2020 documents R13 is at a high risk for falls.</p> <p>R13's Care Plans dated 10/12/2020 document R13 is a high risk for falls related to fall with injury prior to admission to the facility, use of Antipsychotic and narcotic medication and deconditioning. Interventions on this care plan document to keep R13's bed in lowest position with wheels locked and to keep the call light within reach at all times. These care plans document R13 requires extensive assistance of staff for transfers, bed mobility and toileting. R13's care plans also document R13 takes diuretic medications.</p> <p>R13's Post Incident Interview form dated 10/21/2020 documents R13 was last seen at 1:15am and R13 was in bed asleep. There was a noise that came from R13's room and R13 was found on the floor sitting on R13's buttocks with R13's back against the wall. The area for "call light in reach" is blank. There is no documentation as to when the last time R13 had been toileted or provided cares.</p> <p>R13's Nurse Manager Fall Investigation form dated 10/21/2020 documents R13's fall occurred on 10/21/2020 at 2:00am. There is no documentation as to time R13 had last been taken to the toilet. The root cause of R13's fall is documented as R13 "attempted self-transfer" but does not go into an analysis of why R13 transferred R13's self or if R13's call light was within reach at the time of the fall.</p> <p>R13's Root Cause Analysis Form dated 10/21/2020 documents R13's root cause of the</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>fall as R13 "attempted to self transfer to use bathroom" and R13 was sent to the emergency room for evaluation. The last toileting documentation in R13's medical records is R13 was assisted to the toilet 10/20/2020 at 8:16am.</p> <p>R13's Emergency Department Provider notes dated 10/21/2020 documents R13 had a fall at the facility and came to the emergency room with shortening of the right leg and possible dislodgement of the wound vacuum.</p> <p>R13's hospital History and Physical (H&amp;P) dated 10/21/2020 documents R13 presented to the emergency room after falling at the facility. R13 reported to the hospital R13 tried sitting down in a chair and missed the chair. R13 reported pain in the middle of R13's back. This H&amp;P documents R13 "was found to have a comminuted Intertrochanteric fracture of the right femur and a nondisplaced right sacral ala fracture."</p> <p>R13's hospital Procedure Note dated 10/21/2020 documents R13 had to have surgery for the Right Closed Intertrochanteric Femur Fracture in which a "Right Long Cephalomedullary Nail Placement" was performed.</p> <p>There is no documentation of toileting on 10/20/2020 at 10:30pm in R13's medical record as reported in the Final Investigation Report.</p> <p>On 12/8/2020 at 3:56pm, V2 (Director of Nursing) stated there "had to be" documentation R13 was toileted on 10/20/2020 at 10:30pm since it is documented in the Final Investigation Report to the Illinois Department of Public Health. This documentation was not found or supplied by the facility. V2 stated R13 had been in bed and attempted to self transfer from R13's bed to</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>wheelchair.</p> <p>2. R11's Face Sheet documents R11 admitted to the facility on 10/16/2020. This sheet documents R11's diagnoses including Traumatic Subdural Hemorrhage, Dementia, Repeated Falls, Difficulty in Walking and Muscle Weakness.</p> <p>R11's Care Plans dated 11/5/2020 do not document R11's history of or risk for falls.</p> <p>R11's Post Fall Observation dated 10/17/2020 documents R11 was found on the floor in front of the nurse's station beside R11's wheelchair. This observation documents R11 was confused and unable to ambulate. This observation also documents a summary of potential factors possibly contributing to R11's fall as R11 "needed to be changed and laid down."</p> <p>R11's Post Incident Interview documents staff last provided care to R11 around 6:30pm which was giving R11 dinner. This interview sheet documents there was one certified nursing assistant (CNA) who "had to leave (R11) for a few minutes" to pick up dinner trays and that this CNA was told R11 was "sitting at the nurse station because (R11) needs to be watched."</p> <p>R11's Nurse Manager Fall Investigation dated 10/17/2020 documents R11 said R11 was "going home" and was last toileted "prior to supper" but there is no documentation as to when/how long it had been since R11 had been toileted. This investigation documents a "new fall intervention: Assess for appropriate w/c (wheelchair)." There is no documentation R11's care plans were updated to include R11's risk for or actual falls and/or interventions.</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>R11's Root Cause Analysis form dated 10/17/2020 documents R11's "Root Cause Determination: (R11) was up around in w/c at nurse's station due to wandering tendencies." This form does not document why or how R11 ended up on the floor.</p> <p>On 12/8/2020 at 3:10pm, V2 (Director of Nursing) stated R11 had been up at the nurse's station because R11 had a history of wandering. V2 stated R11 admitted from the hospital with a history of a recent fall with head injury and that R11 should have had a care plan with appropriate interventions upon admission but did not. V2 stated the root cause of R11's fall was R11 wanted to go home. V2 stated she had not reviewed the schedules regarding staffing in relation to the interview documenting there was one CNA. V2 stated she was unsure of the last time R11 was actually toileted that evening prior to R11's fall.</p> <p>3. R14's Fall Event Report dated 10/24/2020 documents R14 lost balance resulting in a fall to the floor. The same record documents Physical Therapy to assess R14's balance and walking and R14's Care Plan was updated.</p> <p>R14's Physician Order Report documents an order on 10/24/2020 for Physical Therapy to evaluate.</p> <p>R14's Fall Event Report dated 11/6/2020 documents R14 lost balance resulting in a fall to the floor. The same record documents the Facility will initiate Fall Prevention Program, encourage activity involvement, and R14's Care Plan was updated.</p> <p>R14's Care Plan reviewed on 12/9/2020 failed to</p>	S9999		



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S9999	Continued From page 16  document any fall interventions in response to R14's 10/24/2020 and 11/6/2020 falls.  R14's Electronic Medical Record (undated) failed to document a Physical Therapy assessment for R14's 10/24/2020 fall.  On 12/9/2020 at 11:13am, V45 (Infection Preventionist) confirmed R14's Care Plan had not been updated. V45 could not confirm a Physical Therapy Assessment on R14 had been completed, as ordered, after R14's 10/24/2020 fall.  (A)	S9999			