

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
--	---

(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: 2126807/IL138234.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210)b) 300.1210d)2)3)5) 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 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	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: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
---	---

(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>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>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>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 evidenced by:</p> <p>Based on interview, and record review, the facility failed to ensure the wound bed of a potentially</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
--	---

(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>deteriorating wound was observed and treated by a Physician for one of one resident (R1) reviewed for non-pressure related wound care in a sample of three. This failure resulted in R1's foul smelling wound with purulent drainage (containing or composed of pus) not being observed by a Physician or physician's surrogate for seven days at which time R1 was sent emergently to the hospital with a low blood pressure, a necrotic wound of the abdominal wall with surgical site dehiscence, fecal material draining into the surgical wound, and an intra-abdominal infection.</p> <p>Findings include:</p> <p>A Negative Pressure Wound Therapy policy dated 2/2014 under the heading of Reporting documents for staff to report, "Marked changes in the wound condition from baseline or previous dressing changes. "</p> <p>A Notification of Resident Change in Condition policy dated 11/2016 states, "It is the policy of this facility to promptly notify the resident, their legal representative (s) and attending Physicians of changes in the resident's health condition." This policy states that, "A licensed nurse shall promptly inform the resident and consults with the resident's Physician" with "A need to alter treatment significantly i.e. (that is to say) a need to discontinue an existing form of treatment due to adverse consequences or to begin a new form of treatment." This policy states, "The licensed nurse is to use professional judgment in determining changes in condition based on assessment," and " The licensed nurse will document in the Nurse's notes all assessment findings and all attempts to notify Physicians."</p> <p>R1's Face Sheet documents R1 was admitted to</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
--	---

(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>the facility 8/27/21 with diagnoses to include encounter for change or removal of surgical wound dressing with wound vac (vacuum) therapy.</p> <p>R1's hospitalization records from prior to admission to the facility document that R1 had surgery to Repair Abdominal Wall and using an open approach and had an Inspection of the abdominal wall. These same records document that on 8/26/21 R1's wound vac (negative pressure) dressing was removed during a dressing change and that R1's wound was assessed as showing marked improvement.</p> <p>R1's Physician's Order Sheet (POS) dated 8/27/21 documents R1 was ordered to have a negative pressure dressing to R1's abdominal wound changed every Monday, Wednesday, and Friday.</p> <p>R1's Nursing progress notes dated 9/7/21 at 6:38 AM, document that R1's, "Wound vac dressing on abdomen is on and functioning set at 125mm/hg (millimeters of mercury) as ordered. Scant amount of serosanguinous drainage noted in vacuum tank. JP (Jackson-Pratt) (drainage container) drain insertion site remains free of s/s (signs and symptoms) of infection less than 1 ml (one milliliter) of milky pink drainage noted in drain."</p> <p>R1's Nursing progress notes dated 9/8/21 at 9:50 AM, documented by V4 (Registered Nurse/RN) states, "There appears to be a very foul odor to wound at this time."</p> <p>R1's Nursing progress notes dated 9/8/21 at 3:32 PM, and documented by V3 (Wound Nurse) state, "This nurse assessed, measured, and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
--	---

(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>treated R1's abdominal wounds per TAR (Treatment Administration Record). Right outer abdomen: 1.0 (cm/centimeters) x 1.5 (cm) x 4.1cm, tunnels towards midline wound. This area has purulent drainage and has a very foul odor. The surrounding skin is reddened. Midline abdomen: 5.7 (cm) x 9.5 (cm) x 3.2 (cm). There is a moderate amount of slough (dead or necrotic tissue yellow) noted to this wound and some necrotic (dead tissue brown/black) to the lower half. There is some bleeding noted, to left lower abdomen: This area was scabbed previously, but now has slough and is unmeasurable. A dry gauze was placed over the wound. A fax was sent to PCP (Primary Care physician) asking for an antibiotic due to the wound appearing to be infected. Will await response."</p> <p>A fax dated 9/8/21 documented by V3 and sent to the office of V8 (Nurse Practitioner), V9, and V10 R1's Primary Care Physician states, "R1's abdominal wound is very malodorous and draining purulent drainage. I believe the wound is infected. May we have an antibiotic? And FYI (for your information) R1 goes to the wound clinic on Friday at 9:00 AM, on 9/10/21."</p> <p>R1's Nursing progress notes dated 9/8/21 at 4:30 PM, documented by V4 state, "V9/Nurse Practitioner called facility in response to fax sent by V3 and she V9 stated, after talking to this nurse she would see resident on 9/9/2, no further orders received."</p> <p>R1's Nursing progress notes dated 9/13/21 at 7:45 PM, documented by V4 state, "Wound appears to have a foul odor and wound bed appears to have brown slough with some red tissue, wound edges have some redness noted." This nursing progress note does not document</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
--	---

(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>that V8 R1's NP, V9, V10 or R1's wound clinic physician were notified regarding R1's wound condition or that R1's wound continued to have a foul odor.</p> <p>R1's Nursing progress notes dated 9/14/21 at 9:24 AM, documented by V4 state, " (Jackson Pratt, JP), drain insertion site remains free of s/s of infection, emptied approximately 5 (five) ml (milliliters) of pinkish brown drainage, foul smell noted." This Nursing progress note does not include documentation that V8, V9, V10 or R1's wound clinic physician were notified regarding the foul odor to R1's wound drainage.</p> <p>R1's Nursing progress notes dated 9/14/21 at 5:46 PM, documents, "Emptied approximately 5ml of pinkish-brown, foul smelling drainage from the JP drain. Insertion site looks to be free from s/s of infection however there is a small open area noted just to the right of and below drains insertion site, that has yellowish exudate/slough noted. Currently covered by drape/wound vac dressing. Notified PCP (Primary Care Physician)." This same progress note does not document R1's wound clinic physician was notified regarding R1's wounds.</p> <p>R1's Nursing progress notes dated 9/15/21 at 8:58 AM, documents, "JP drain patent and draining a brown thickened drainage." At 9:30 AM, R1's Nursing progress notes document, "V8/Nurse Practitioner here at facility today and assessed resident, no new orders received and resident to f/u (follow up) with Wound clinic today."</p> <p>R1's Nursing progress notes dated 9/15/21 document, "Fax from V8 in regard to R1's abdominal wound. Stated 'Received after hours</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
--	---

(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>on 9/14/21-was in facility AM (morning) doing rounds. Wound discussed with staff. F/U (follow up) appt (appointment) with wound clinic scheduled for today."</p> <p>R1's Complete Blood Count laboratory (CBC lab) findings dated 8/26/21, one day before admitting to the facility, document that R1's white Blood Count (WBC) was within normal limits at 6.3 thousand/ul (microliter).</p> <p>R1's CBC findings dated 9/2/21, after R1 was admitted to the facility under V8, V9, V10's care, documents that R1's WBC had risen to 12.0 thousand/ul with the normal range being 3.5-10.0 thousand/ul.</p> <p>R1's CBC findings dated 9/10/21 document R1's WBC had risen again to 14.7 thousand/ul.</p> <p>R1's hospital CBC findings dated 9/15/21, after being sent to the hospital by the wound clinic, had risen to 17.1 thousand/ul.</p> <p>V9's Progress notes dated 9/1/21 document V9 examined R1 on that date. This same note documents when V9 assessed R1's wound, R1's negative pressure wound dressing was in place and V9 did not visually inspect the wound bed of R1's wounds. V9 documented, "Patient R1 is being managed by the wound clinic."</p> <p>V9's progress notes dated 9/9/21 document, "Staff report per fax concerns of odor during dressing change of wound vac. Staff report some eschar (blackened dead tissue) to marginal edges of wound but without s/s (signs/symptoms) of infection." This progress note does not document that V9 evaluated R1's wound without the negative pressure dressing in place. This</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
--	---

(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 7</p> <p>progress note also does not indicate any changes in the treatment of R1's wounds.</p> <p>On 9/20/21 at 9:18 AM, V11 Wound Clinic, NP stated, on 9/15/21, R1 was brought to the clinic by the facility for her wound care appointment. V11 stated "nurses from her clinic provided wound care while R1 was hospitalized in 8/2021". V11 stated "once R1 was brought into the exam room, the clinic nurse thought R1 did not look well and took R1's blood pressure (BP) which was in the 70's systolic blood pressure. V11 stated, "nurse called V11 into the room to evaluate R1 and to also evaluate R1's wound. V11 stated, R1's wound appeared badly infected and appeared as though the abdominal wall had separated exposing a mesh material used to repair R1's abdomen during R1's surgery from 7/2021". V11 stated, "there appeared to be fecal material in R1's wound and draining into the JP drain device". V11 stated, "R1 was sent emergently to the hospital because of having a severely low blood pressure and because of a probable wound infection. V11 stated, she did not think R1's wound was treated appropriately by the facility. V11 stated, R1's wound, "Did not deteriorate like that overnight." V11 stated, R1's wound must have been showing signs of deterioration for quite some time before coming to the wound clinic. V11 stated, this was R1's first wound clinic appointment since being discharged from the hospital 8/27/21. V11 stated, R1's wound did not open up into the bowel or drain fecal material at the time of her discharge from the hospital 8/27/2021, but when R1 arrived at the wound clinic 9/15/21, R1's wound appeared to be open into the bowel causing fecal material to drain from R1's wound. V11 stated, the facility should have been monitoring R1's wound for signs of deterioration and notified R1's Physician</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
---	---

(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 8</p> <p>with that deterioration. V11 stated, she read through R1's hospital records and spoke with the hospital wound nurses who took care of R1 while she was hospitalized in 8/2021. V11 stated, R1's wounds had greatly deteriorated compared to the condition of R1's wounds at the time of hospital discharge 8/27/21. V11 stated, after she sent R1 to the hospital for treatment, she spoke with V9 regarding the condition of R1's wounds, including that fecal material was draining from R1's wounds. V11 stated, V9 told her V9 was not made aware by the facility that R1's wound had deteriorated to that extent. V11 stated, V9 also told her the facility did call V9 with some concerns regarding R1's abdominal wounds and V9 went to the facility to assess R1's wounds. V11 stated, V9 told her that V9 only looked around the outside of R1's wounds and did not remove the negative pressure dressing to see how the inside of R1's wound looked. V11 stated, the deterioration of R1's wounds should have been recognized sooner to prevent R1's low blood pressure, wound infection, and hospitalization.</p> <p>R1's hospital records dated 9/15/21 to 9/20/21 document that R1 was admitted to the hospital 9/15/21 with a low blood pressure, a necrotic wound of the abdominal wall with surgical site dehiscence, fecal material draining into the surgical wound, and an intra-abdominal infection.</p> <p>On 9/20/21 at 11:25 AM, and 2:16 PM, V3 (Wound Nurse) stated R1's abdominal wounds were not infected when she was admitted 8/27/21. V3 stated, V3 evaluates residents' wounds one time per week by inspecting the wound bed and measuring the wound. V3 stated, if she has concerns about a wound's appearance or if there are signs and symptoms of an infection, V3 will contact residents' Physicians for</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
---	---

(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 9</p> <p>treatment orders. V3 stated, the first time she saw R1's wounds was on 9/1/21 and at that time R1's wounds did not have a foul odor. V3 stated, on 9/8/21 she changed R1's negative pressure dressing to R1's abdomen. V3 explained R1's negative pressure dressing is black the wound cannot be visualized through the dressing. V3 stated, only the areas outside the wound can be assessed without removing the negative pressure dressing. V3 stated, when she removed R1's abdominal wound dressing on 9/8/21, one area of the wound had a foul odor and purulent drainage, which concerned V3. V3 stated, she sent a fax to V9's office regarding R1's wound. V3 stated, V9 called the facility later that day and spoke with V4 (Registered Nurse) about the wound. V3 stated, V9 instructed V4 to go into R1's room and feel around the negative pressure dressing to see if her skin felt warm or if there were any other visible changes. V3 stated that V4 did not see any visible problems with R1's abdomen surrounding R1's negative pressure dressing. V3 stated, because of V4's assessment, V9 decided she would not come to the facility to evaluate R1's wound until the next day. V3 stated, V9 did not give any new treatment orders for R1's wound at that time. V3 stated, V9 came into the facility the next day 9/9/21 and evaluated R1's wound in person but without removing R1's dressing. V3 stated, V9 did not order for any changes to R1's wound treatment and did not order an antibiotic. V3 stated, R1 was supposed to go to the wound clinic to have her wound evaluated the next day on 9/10/21 but that appointment was canceled. V3 stated that R1's wound clinic appointment was rescheduled for 9/15/21. V3 stated that since V9 is the Nurse Practitioner for R1, she did not question why V9 did not make any changes to R1's treatment orders. V3 stated, even though R1's wound clinic appointment was rescheduled</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
--	---

(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 10</p> <p>for 9/15/21, and no Physician or NP had actually seen R1's wounds since before R1's admission on 8/27/21, V3 did not reevaluate R1's wounds after V3 noted a foul odor and purulent drainage to R1's abdominal wound, despite knowing that V9 had only looked at R1's abdomen around the black negative pressure dressing. V3 stated she was not planning to assess R1's wounds until 9/15/21, the day R1 was sent emergently from the wound clinic to the hospital, and seven days after noting the foul odor and purulent drainage in R1's wound.</p> <p>On 9/20/21 at 3:06 PM, V4 (Registered Nurse) stated, she had cared for R1 several times since her admission. V4 stated, on 9/8/21 she reported to V3 that R1's abdominal wound had a very foul odor. V4 stated, R1's wound bed contained a brown slough. V4 stated, after V3 sent a fax to V8, V9, and V10's office with concerns over the condition of R1's abdominal wounds, V9 telephoned the facility and asked to speak to V4. V4 stated, V9 asked V4 to assess R1's wound around R1's negative pressure dressing and let her know if the wound had signs of infection. V4 stated, R1's abdomen around the negative pressure dressing looked ok, and R1 did not have a fever. V4 stated, after she reported that information to V9, V9 stated, she would be in the facility the next day to examine R1. V4 stated that she only reported concerns with R1's wound one time and that V4 reported those concerns to V3 (Wound Nurse). V4 stated, she was R1's nurse the morning of 9/15/21 when R1 went for R1's first wound clinic appointment. V4 stated, she believes she checked R1's blood pressure before sending R1 to the appointment and she thinks R1's vital signs were normal. V4 stated, she does not believe she documented those vital signs in R1's medical record.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681
--	---

(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 11</p> <p>R1's Vital Signs log dated 8/27/21 to 9/15/21 document R1's weight was the only thing recorded under vital signs for that date (9/15/21).</p> <p>On 9/21/21 at 12:11 PM, V9 (Nurse Practitioner) stated, she had seen R1 two times since R1's admission. V9 stated, she had never assessed R1's wound without the dressing in place. V9 stated, after V3 sent a fax to her office with concerns over R1's abdominal wound, V9 called the facility and asked R1's nurse, V4, to evaluate R1's wound around the dressing to see if it had signs or symptoms of infection such as warmth or redness. V9 stated that V4 reported that R1's abdomen was not warm, had no redness, and R1's temperature was normal. V9 stated that she told V4 she would come to the facility the next day to evaluate R1's wounds. V9 stated that on 9/9/21, V9 examined R1's wound around R1's negative pressure dressing. V9 stated that, since the dressing had just been changed and V9 thought R1 was going to the wound clinic on 9/10/21, she would be able to determine if there were any signs or symptoms of a wound infection by looking at R1's abdomen around the black negative pressure dressing. V9 stated that she determined that R1 did not have an infection and, therefore, did not make changes to R1's abdominal wound treatment orders. V9 stated that R1's rising WBC level didn't mean R1 had an infection but that it could have meant that R1 had an inflammatory process occurring. V9 stated that the facility did not notify V9 when R1's wound clinic appointment was canceled for 9/10/21. V9 stated, if she had known R1's appointment had been canceled; she would have examined R1's wound without the dressing in place.</p> <p>On 9/21/21 at 1:49 PM, V6 (Transportation Aide)</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008684	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2021
NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681		
(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 12 stated, she drives residents to their appointments and schedules residents' Physicians' appointments. V6 stated, on 9/10/21 she was scheduled to take R1 to a wound clinic appointment. V6 stated, when she went to R1's room, she was not dressed and ready to leave. V6 stated, nursing staff caring for R1 stated, they did not know R1 had an appointment for that day. V6 stated, she called the wound clinic to see if she could reschedule the appointment. V6 stated, the wound clinic informed her the soonest they could schedule R1 was on 9/15/21. V6 stated, V4 received a call from a nurse from V8, V9 and V10's office who stated, R1 needed to be seen by the wound clinic that day. V6 stated, the nurse told V4 she would call and arrange for R1 to be seen by the wound clinic that day and would call V4 back with the details. V6 stated that V4 stated that the nurse for V8, V9, V10's office never called the facility back stating they were able to have R1 seen on 9/10/21, therefore, V6 took R1 to her wound clinic appointment 9/15/21. On 9/20/21 at 2:00 PM, V1 (Administrator) stated, she spoke with V10 (R1's Primary Care Physician) regarding the situation with R1's wound. V1 stated, V10 stated, he did not condone V9 examining R1's wound without removing R1's negative pressure wound dressing. V1 stated, that V10 told her that he would expect his colleagues to remove the dressing from a wound to examine it after staff report concerns there may be an infection. " A "	S9999		