STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: _____ B. WING _____	C 01/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY REHAB	500 SOUTH ART BARTELL ROAD URBANA, IL 61802

(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 2160134/IL130018 2160326/IL130228 Facility Reported Incident of 12-23-20/IL129984	S 000		
S9999	Final Observations Statement of Licensure Violation 300.1210b) 300.1210c) 300.1210d)6) 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 care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 6) All necessary precautions shall be taken to	S9999	**Attachment A** Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: _____ B. WING _____	C 01/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY REHAB	500 SOUTH ART BARTELL ROAD URBANA, IL 61802

(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 1 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. These requirements were not met as evidenced by: Based on interview and record review the facility failed to implement targeted Dementia related interventions to prevent R10's fall. The facility failed to assign dementia care trained staff for resident care, failed to assess for and implement care plan interventions (supervision) for dementia and fall risks, and failed to provide a safe environment for one resident (R10) of three residents reviewed for falls in a sample list of 24. This failure resulted in R10 falling, sustaining a head laceration, hematoma, subdural and subarachnoid brain bleeds which led to R10's death. Findings include: R10's Minimum Data Set (MDS) dated 11/26/20 documents R10's balance while moving from seated position, walking, and turning around is "not steady, only able to stabilize with staff assistance." R10's MDS dated 11/26/20 documents R10 as severely cognitively impaired. R10's Care Plan updated 12/18/20 includes the following diagnoses: Anxiety Disorder, Alzheimer's Disease, Essential Hypertension, Chronic Kidney Disease, Benign Prostatic Hypertrophy, Hyperplasia of Lower Urinary Tract, Insomnia, Repeated Falls, Obstructive and Reflux Uropathy, Anorexia, Cognitive Communication Deficit, and Hearing Loss.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: _____ B. WING _____	C 01/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY REHAB	500 SOUTH ART BARTELL ROAD URBANA, IL 61802

(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 2 R10's Care Plan dated 12/18/20 documents: (R10) at risk for elopement (leaving facility unnoticed) related to dementia and wandering at times. Intervention: Place in supervised areas. (R10) is at high risk for falls. Intervention: Observe frequently and place in supervised area. (R10) requires a specialized unit related to Dementia/Alzheimer's Disease. The care plan does have several generic interventions specific to Dementia/Alzheimer's Disease but does not include targeted, resident specific interventions. The care plan does have several generic interventions specific to Dementia/Alzheimer's Disease but does not include targeted, resident specific interventions (R10) is Hard of Hearing and needs to be placed closer to the source of sound during activities. R10's progress notes document R10 experienced the following falls without injuries: 10/8/20 witnessed fall in day room, 11/25/20 Unwitnessed fall in other resident's room, 12/3/20 fell twice Unwitnessed in the bathroom and witnessed in dining room. R10's progress notes document R10 experienced skin tears of unknown origin on 9/11/20 and 11/3/20 and bruises of unknown origin on 8/10/20 and on 12/4/20 prior to the falls. R10's progress note dated 12/3/20 documents R10 was "up wandering" and stated he needed to "go to the bathroom." R10's Medication Administration Record (MAR) for December 2020 documents R10 received an antibiotic for a Urinary Tract Infection from 11/26/20 until 12/1/20. R10's progress note dated 08/21/2020 at 6:47PM documents "(R10) was resistant to care when approached by CNA (Certified Nurse's Aide) to have him take a shower, refused to be changed,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: _____ B. WING _____	C 01/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY REHAB	500 SOUTH ART BARTELL ROAD URBANA, IL 61802

(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 3	S9999		

just wanted to be left alone. Complied with medications, denies pain and discomfort. Will continue to monitor." (R10's) "Post Incident Interview" documents "(R10) doesn't want assistance, (R10) becomes combative when try to assist." R10's Care Plan updated 12/18/20 does not address rejection of care or combative behavior.

R10's "Post Incident Interview" dated 12/23/20 at 1:30AM by V21 (CNA Agency staff) documents "(R10) was in another room other than his (urinating) in the corner in the dark. As (V21) approached (R10) to tell him he wasn't in the restroom and to come and let's go to the restroom, he snatched away and fell." (R10's) "Post Incident Interview" also documents (R10's) behavior prior to the fall as "wandering, restlessness, and agitation."

R10's progress note by V22 (Licensed Practical Nurse/LPN) dated 12/23/20 at 3:26AM documents "(V21) stated (R10) went in another resident's room. (V21) went in to get him out. (R10) resistant pulled away from her and fell hitting the left side of his head on the floor. Assessed (R10). Noticed a cut which was bleeding. (R10) continued to resist care. Called 911. They arrived at 1:50AM. (R10) alert still resisting care."

On 1/8/21 at 10:45AM V21 (CNA) stated, "I work for a staffing agency. I had not worked in the Dementia Unit for at least three months prior to 12/23/20. The facility had never given me any kind of orientation. I usually work PM shifts and I would just come in and they would tell me what unit I was assigned to and what residents I was responsible for. I am not certified in dementia care. On the night (R10) fell he was sitting in a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: _____ B. WING _____	C 01/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY REHAB	500 SOUTH ART BARTELL ROAD URBANA, IL 61802

(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 4	S9999		

chair in the dining room in the middle of the dementia unit. He was nodding off. Earlier I had asked (V22, Licensed Practical Nurse) when I noticed (R10) looked like he was falling asleep while standing if I needed to get him to bed and she said, 'Oh he always does that.' I went into another resident's room to help another resident. I was away from (R10) for about 10-15 minutes. (R10) was not in the chair after I came back to the dining area. I went to look for (R10). (R10) was not in his room. I finally found (R10) in another resident room in the far back of the unit. (R10) had his pants down and was urinating on the floor. I took (R10's) arm to lead him out of the room. (R10) pulled his arm back and either slipped on the wet floor or tripped over his wet pants. It happened very fast. (R10) did not break the fall with his hands and fell onto the floor face first. (R10's) head was bleeding. If I'd known (R10) wandered and he was combative at times I would have kept a better eye on him, and I wouldn't have physically led him out. I flipped the light switch, but the light wouldn't come on and it was dark in the room. I called the nurse and (R10) went to the hospital."

On 1/13/21 at 2:08PM V24 (Dementia Care Coordinator) accompanied surveyor to look at the lights in the room where R10 fell on 12/3/20. V24 tried to turn on the light with the switch by the door. The light would not come on until the other two switches halfway in the room were in the on position. V24 stated he was aware that the switches "in the corner rooms are oddly set up." On 1/21/21 at 2:17PM V37 (Maintenance Supervisor) stated he was not aware of the issue with the light switches in the corner rooms, but he would attend to it.

On 1/11/21 at 12:32PM V22 (LPN) stated, "I was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: _____ B. WING _____	C 01/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY REHAB	500 SOUTH ART BARTELL ROAD URBANA, IL 61802

(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 5	S9999		

at the desk charting. I had noticed (R10) about 15 to 20 minutes prior to the fall sitting in the dining area like he always did. He would sleep on and off. (R10) does wander and is combative and resistive to care sometimes. (R10) is incontinent and was known to urinate in inappropriate places. I was not supervising (R10) when (V21) went to help the other resident; I was behind the desk charting. I did not notice when (R10) got up and left. The first I knew of the incident was when (V21) called for help. I went in and (R10) was on the floor bleeding. I called 911 and got (R10) to the hospital.

On 1/12/21 at 2:00PM V2 (Director of Nursing/DON) stated, "We are aware of the lack of orientation for agency staff." Documentation of dementia training for current staff was requested. The facility did not provide any documentation of dementia training for facility or agency staff.

On 1/13/21 at 1:40PM V24 (Dementia Unit Manager) stated, "When we get a resident, we observe their behaviors for a while, and I do the Social Service section of the MDS (Minimum Data Set). Then we assess them quarterly after that. The Care Plan Coordinator does the Care Plan. I have a certificate for Dementia Care, but I'm not sure if other staff does. I know they use agency staff, but I really don't have much to do with that. Before we admit to this unit, we do a screening to see if the resident is appropriate. I am just learning the computer system and I don't know yet how to chart behaviors in the program."

The facility's policy "Dementia and Special Care Unit Clinical Protocol" dated September 2017 states "The physician will help staff adjust interventions and the overall plan depending on the individual's responses to those interventions,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: _____ B. WING _____	C 01/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY REHAB	500 SOUTH ART BARTELL ROAD URBANA, IL 61802

(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 6	S9999		

progression of dementia, development of new acute medical conditions or complications, changes in family's wishes etc." There was no documentation provided indicating physician helping staff with adjustments of interventions and overall plan.

R10's Emergency Room report dated 12/23/20 at 2:45AM by V31 (Medical Doctor/Hospitalist) documents, "Upon my examination I (V31) felt this is likely a brain bleed given the patient's blunt head trauma. A CT (CAT/Computerized Tomography) scan is obtained on the (R10). There is a left frontal scalp contusion as well as a subarachnoid hemorrhage as well as subdural (hemorrhage). There is a 3-4 millimeter shift (of brain tissue). I discussed the case with the patient's daughter." This note goes on to say (R10) was admitted to the hospital with comfort care. R10 died in the hospital on 12/29/20.

On 1/14/21 at 10:42AM V30 (Emergency Room Medical Doctor) stated, "I specifically remember this case. It was very sad. I would say the fall one-hundred percent caused the brain bleed with shift of tissue and I can one-hundred percent say that it hastened the end of (R10's) life. I remember the family coming in after I called to let them know (R10) had a life ending injury from the fall at the nursing home. (R10) had quite a laceration too. It was bleeding so intensely that it shot blood all the way across the room. I had to put a retention suture in it to just stop the bleeding. This kind of injury (the brain bleed) is very painful."

On 1/19/21 at 10:00AM V10 (Family member) stated, "We were called by the doctor early 12/23/20. We were told that (R10) had fallen at the nursing home. Then the doctor said '(R10)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: _____ B. WING _____	C 01/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY REHAB	500 SOUTH ART BARTELL ROAD URBANA, IL 61802

(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 has a life ending brain bleed and we need to discuss his wishes for comfort care.' We did put (R10) on comfort care. He was expected to die sooner, but he lasted for six more days. I know (R10) had Alzheimer's Disease, but he was not in the end stage." (A)	S9999		