FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED B. WING IL6001630 03/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH ART BARTELL ROAD UNIVERSITY REHAB URBANA. IL 61802** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 2161386/IL131404 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)2) 300.1210d)5) 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

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

and dated minutes of the meeting.

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

> 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 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6001630 03/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH ART BARTELL ROAD UNIVERSITY REHAB URBANA**, IL 61802 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. 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. 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or age nt of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Bas ed on observation, record review and interview the facility failed to implement a physician ordered pressure ulcer treatment for a resident with three (3) Stage III pressure ulcers in a tinnely manner. The facility delayed pressure ulcer treatment by not transcribing a resident's

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6001630 B. WING 03/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH ART BARTELL ROAD UNIVERSITY REHAB URBANA, IL 61802** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD) BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPIRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 physician ordered pressure ulcer treatment for 10 days. The facility also failed to measure a resident's new and worsening pressure ulcers in accordance with facility policy. These failures affected one of three residents (R1) reviewed for pressure ulcers on the sample list of 10. These failures resulted in R1's Stage III pressure ulcer deterioration to a Stage IV and the development of two (2) new Stage II pressure ulcers. Findings include: R1's Minimum Data Set (MDS) dated 11/18/20 documents the following: R1 has severe cognitive impairment, is always incontinent of bowel and bladder, is totally dependent on physical staff assistance with toileting, is at risk for pressure ulcer development, had one, unhealed Stage I pressure ulcer, requires extensive physical staff assistance with bed mobility and personal hygiene, and requires total physical assistance of two staff for transfers. R1's "Physician Order Report" Sheet (POS) dated February 10, 2021 - March 10, 2021 documents the following Diagnoses (DX) and Treatment (TX) orders as follows: DX: "Unspecified Dementia Without Behavioral Disturbance, Cognitive Communication Deficit, Dysphagia, Vitamin Deficiency Unspecified, Acute Embolism and Thrombosis of Unspecified Deep Veins Right Lower Extremities, Anxiety, Chronic Pain. Peripheral Vascular Disease." The same POS documents additional diagnoses, included in the following treatment orders: TX: "STAGE 3 PRESSURE WOUND of the right buttock: cleanse wound with NS (Normal Saline), pat dry. apply house barrier every shift. Every Shift, Night Shift, Day Shift, Start Date 02/01/21 End Date, 03/09/21 'DC Date Date'." "STAGE 3 PRESSURE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6001630 B. WING 03/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH ART BARTELL ROAD UNIVERSITY REHAB **URBANA, IL 61802** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTIO IN PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD) BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROP IRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 handwritten report log documents R1's three facility acquired buttock pressure ulcers were first observed on 11/13/20. This pressure ulcer log documents the new, appropriate physician treatment orders 2/27/21. R1's physician ordered new pressure ulcer treatments were not documented in R1's electronic medical record until 3/09/20, as noted above on R1's POS. The facility "Pressure Related Report" handwritten log dated 3/5/21 documents R1 had the following Buttocks Pressure Ulcers: Right Upper Buttocks Stage IV (downgraded from Stage III pressure ulcer, noted above) Pressure Ulcer, Right Lower Buttocks Stage III Pressure Ulcer, and Left Buttock Stage III Pressure Ulcer. R1's "(Private Company) Wound Evaluation and Management Summary" Note, signed by V16 (Wound Physician) dated 2/27/21 documents the following buttocks, pressure Ulcer measurements and physician treatment orders: 1. "Focused Wound Exam (Site 3), Stage III Pressure Wound of Right, Upper Buttock. Duration 76 days. Wound Size (Length by Width by Depth) 6 cm (centimeters) by 5.2 cm by 0.2 cm. Wound Progress: Deteriorated. Dressing Treatment Plan: Primary Dressing(s) Alginate Calcium Apply once daily for 30 days. Secondary Dressing(s) Foam Dressing apply once daily for 30 days" 2. "Focused Wound Exam (Site 9), Stage III Pressure Wound of Right, Lower Buttock. Duration greater than 7 days. Wound Size (Length by Width by Depth) 5 cm (centimeters) by 2 cm by 0.1 cm. Wound Progress: Improved. Dressing Treatment Plan: Primary Dressing(s) Alginate Calcium Apply once daily for 30 days. Secondary Dressing(s) Foam Dressing apply once daily for 30 days"

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6001630 03/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH ART BARTELL ROAD UNIVERSITY REHAB URBANA, IL 61802** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 3. Focused Wound Exam (Site 10), Stage III Pressure Wound of Left Buttock. Duration greater than 1 day. Wound Size (Length by Width by Depth) 3.8 cm (centimeters) by 2 cm by 0.1 cm. Primary Dressing(s) Alginate Calcium Apply once daily for 30 days. Secondary Dressing(s) Foam Dressing apply once daily for 30 days" The same 2/27/21 "(Private Company) Wound **Evaluation and Management Summary**" documents "Summarized Wound Care Assessment and Individualized Treatment Plan: Dressing Treatment Plan (Site 3, Site 9 and Site 10) Add Primary Dressing Alginate Calcium, Discontinue House Barrier Cream. Secondary Add Foam Dressing" R1's "(Private Company) Wound Evaluation and Management Summary" Note signed by V16 (Wound Physician) dated 3/07/21 documents the following Buttocks, Pressure Ulcer measurements and Physician Treatment Orders: 1. "Focused Wound Exam (Site 3), Stage IV (downgraded from Stage III 2/27) Pressure Wound of Right, Upper Buttock. Duration greater than 83 days. Wound Size (Length by Width by Depth) 5 cm by 4.2 cm by 0.3 cm. Wound Progress: Deteriorated. Dressing Treatment Plan Primary Dressing(s) Alginate Calcium Apply once daily for 22 days. Secondary Dressing(s) Foam Dressing apply once daily for 22 days' 2. "Focused Wound Exam (Site 9), Stage III Pressure Wound of Right, Lower Buttock. Duration greater than 14 days. Wound Size (Length by Width by Depth) 5 cm by 1 cm by 0.1 cm. Wound Progress: Improved. Dressing Treatment Plan Primary Dressing(s) Alginate Calcium Apply once

daily for 22 days. Secondary Dressing(s) Foam

Dressing apply once daily for 22 days"

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6001630 03/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH ART BARTELL ROAD UNIVERSITY REHAB URBANA, IL 61802** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 3. Focused Wound Exam (Site 10), Stage III Pressure Wound of Left Buttock. Duration greater than 1 day. Wound Size (Length by Width by Depth) 3.5 cm by 2 cm by 0.1 cm. Primary Dressing (s) Alginate Calcium Apply once daily for 22 days. Secondary Dressing (s) Foam Dressing apply once daily for 22 days" R1's Progress note dated as 03/08/2021 at 11:18 am documents the following: "[Recorded as Late Entry on 03/09/2021 11:19] New orders received from (V16) for wounds to bilateral heels and to bilateral buttock area. Nursing (Department) (V14 Wound Nurse entry)." R1's Progress note dated 03/09/2021 at 11:37 am documents the following: "Clarification orders obtained from (V16, Wound Physician) in regard to wounds to Rt buttocks and Left buttocks as well as Rt heel and left heel see order sheet. Nursing (Department) (V14 Wound Nurse entry)." On 3/9/21 at 12:30 pm V13 (Certified Nursing Assistant/CNA) and V9 (Wound Nurse/Licensed Practical Nurse/LPN) repositioned R1 to right side laying position in bed. A strong foul odor permeated the air. V13 then unfastened R1's incontinence brief and exposed an eight inch coccyx type heart shaped, adhesive bordered. foarn dressing that covered R1's coccyx, and bilateral upper and mid buttocks. The adhesive border foam dressing was not dated and was peeled up at the bottom. There was a copious amount of thick, yellow, opaque drainage leaking out of the totally saturated wound dressing. The strong foul odor increased. V13 adjusted R1 to body and face to lean closer to the bed. expanding the viewing area for V9 (Wound Nurse) to perform R1's wound treatment. As V9 rem oved R1's coccyx-type heart shaped;

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adhesive bordered foam dressing, there were

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Illinois Department of Public Health						
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	for Friday rounds. V9 stated, "(V16) does the					
	measurements for new and existing pressure ulcer, and the facility has been told not to date the					
	dressings when pressure ulcer treatments are done." At this time V9 did not measure R1's buttock pressure ulcers. V9 completed R1's buttock pressure ulcer treatments as clarified on					
						j .
	3/8/21 by V14 (Wound Nurse) and completed the same Calcium Alginate and Foam Dressings treatments to R1's two new buttock pressure ulcers. V9 stated V9 will notify V16 to report the drainage of R1's right upper buttocks and report the treatments V9 initiated on R1's two new					
	pressure ulcers.					ļ .
	R1's "/Private Comp	any) Wound Evolution and				
	R1's "(Private Company) Wound Evaluation and Management Summary" Note signed by V16 (Wound Physician) dated 2/27/21 and 3/07/21 do not document the presence of R1's two, new buttock pressure ulcers, located on R1's left medial buttock and R1's right inner low buttocks.					
						dia
į		trongit mile low battocks.				
	On 3/9/21 at 1:37 pm	7 V14 (Wound Nurse LPN)				
	stated, "It is the facili	ty policy not to sign and date				
	wound dressings. I a	m new (working for the				
	facility) here and I wa	as surprised, but we have			j	
	been told not to (sign	and date wound dressings).				1
	We do not measure	new or existing wounds				
	either. (V16, MD) do	es them on Friday." V14 also				1
	stated, "I just put (V1	6's) treatment orders (from	[
	2/27) in the compute	r for (R1). I had done those				
	treatments on (R1) ye	esterday (3/8/21) according			m-p-aden us	
	to (V 16's) note 2/27/2	21 ("(Private Company)				
ļ	Woulnd Evaluation ar	nd Management Summary").				
	(R1) had no drainage	or odor and did not have				
	any new areas yester	rday. We messed up and				
	missed the order (V1	6) switched for (R1's)				i i
	Dutto ck pressure ulce	er treatments. The barrier			İ	J _e
	cream to the calcium	alginate and foam was				10
	ordered to start 2/27/	21." V14 also stated.				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6001630 B. WING 03/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH ART BARTELL ROAD** UNIVERSITY REHAB **URBANA, IL 61802** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPIRIATE TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 "Barrier cream was the only treatment we (V9 and V14) had been doing because (V16's) 2/27/21 wound progress note had not been scanned into (R1's) electronic medical record." On 3/10/21 at 12:55 V24 (Advanced Practice Nurse/APN) stated, "I (V24) can tell you that (V6, Medical Director) and I expect to be notified of (R1's) care needs immediately. The facility nurses are to call with any new orders they need from (V16, Wound MD) and don't get, or any changes that occur in (R1's) pressure ulcers that are needed for treatment orders. There is a true problem in this facility with communication. I have made it clear and so has (V6, Medical Director). Staff are expected to call us (V6, Medical Director, V23 and V24 APN's) with any concerns or needs the residents may have. There are multiple issues that should have been communicated to us (V6, V23 and V24). (R1's) new and deteriorated pressure ulcers were most certainly avoidable. Even though (R1) is on Hospice, the appropriate treatments would have prevented this deterioration and should have been ordered by (V16) and implemented by the facility nurses. The barrier cream to (R1's) stage of pressure ulcers is not appropriate. New treatment orders should have been obtained and implemented right away to prevent (R1's) new and worsening pressure ulcers. This is a delay in treatment and definitely caused this avoidable pressure ulcer deterioration. Staff nurses need to be documenting (R1's) pressure ulcers well and include very detailed information including a clear description of the appearance, drainage, signs and symptoms of infection and of course wound measurement when these changes occur. These are the standard of nurse practice. My expectation is to include dating the wound dressing, so it is clear when the treatments are

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