| AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BUILDING: | | COMPLETED | | |
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| IL6008684 | | B. WING | | C 02/24/2021 | | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS CITY | STATE, ZIP CODE | | |
| | | 135 SOUT | TH MORGAN | | | |
| RUSHVII | LLE NURSING & REH | AR CTR | LE, IL 6268 | | | |
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| S 000 | Initial Comments | | S 000 | | | |
| | Complaint Investiga | ation: #2121132/IL131121 | | | in an analysis of the state of | |
| S9999 | Final Observations | | S9999 | | | |
| | Statment of Licensu | re Violations: | | | • | |
| 긛 | 300.610a) 300.1010h) 300.1210b) 300.1210d)2) 300.1220b)2) 300.3240a) | | | | | |
| | a) The facility shall it procedures governing facility. The written be formulated by a land Committee consisting administrator, the admedical advisory conformed and other policies shall comply The written policies the facility and shall by this committee, of and dated minutes of Section 300.1010 Medical solutions. | dvisory physician or the mmittee, and representatives a services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually locumented by written, signed of the meeting. | | | | |
| | of any accident, injuresident's condition safety or welfare of | notify the resident's physician ry, or significant change in a that threatens the health, a resident, including, but not | | Attachment A Statement of Licensure Vic | lations | |
| llingie Depart | tment of Public Health | | | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ C B. WING __ IL6008684 02/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET **RUSHVILLE NURSING & REHAB CTR** RUSHVILLE, IL 62681

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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 | Continued From page 1 | S9999 | | |
| | limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. | | | |
| | 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. 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. | | | |
| | Section 300.1220 Supervision of Nursing Services | | | |
| | b)The DON shall supervise and oversee the nursing services of the facility, including: 2)Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities | | | |

Illinois Department of Public Health

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| AND DIAM OF CORRECTION IDENTIFICATION NUMBER | | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | IL6008684 | B. WING | | 02/2 | 4/2021 |
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| | potential, rehabilitat and drug therapy. | ion potential, cognitive status, | | | | |
| | Section 300.3240 A | Abuse and Neglect | | | | |
| | | ee, administrator, employee or all not abuse or neglect a -107 of the Act) | | | | |
| | These requirements | were not met evidenced by: | | N | | } |
| | failed to obtain treat manner and ensure for a resident with s Infection, for one of for Urinary Tract Infe These failures resul a Urinary Tract Infect without appropriate hospitalized for Intra | view, and interview, the facility ment orders in a timely a urinalysis was completed ymptoms of a Urinary Tract three residents (R1) reviewed ections, in a sample of seven. ted in R1 having symptoms of ction from 2/11/21 to 2/18/21, testing and R1 being avenous Antibiotic Treatment esistant Enterococci (VRE) | | | | |
| | Findings include: | | | | | |
| | admitted to the facili diagnoses of Neuron Dysfunction, and En Minimum Data Set a documents R1 as he and requiring the he personal hygiene, at | cal record documents R1 was ity on 1/28/21, with the muscular Bladder and Stage Renal Disease. A assessment, dated 2/03/21, aving no cognitive impairment up of two plus staff for and toileting. A Plan of Care, ments R1 has an indwelling | Ţ | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| IL6008684 B. WING | | 8 | C 02/24/2021 | | |
| PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| LLE NURSING & REH | ABCIR | | STREET | | |
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| 4) ID SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL | D BE | (X5) COMPLETE DATE |
| Continued From page | ge 3 | S9999 | | | |
| urinary catheter and (Urinary Tract Infect urgency, frequency, burning, pain, difficupain, malaise, nauso odor, concentrated of A Physician's Order instructed to obtain a R1, beginning at 6:0 am on 2/09/21, with sent with R1 to her I 2/09/21 for analysis dated 2/11/21 by V2 document "Fax bein Practitioner) in regar very foul odor and a consistency. Will av Practitioner) response vidence in R1's elethe Physician/Nurse V2's 2/11/21 fax notif A Resident Progress (Licensed Practical Inurse notified of dard (catheter) bag. Fax A Fax Notification St documents "(R1's) U (catheter) bag. (R1) increased intake of ju (urinalysis) complete orders for a (urinalys sensitivity)?" The sa was returned to the f (Nurse Practitioner) of time, awaiting (Hemothour) urine." Reside | I instructs staff to "report UTI ion) (acute confusion, bladder spasms, nocturia, alty urinating, low back/flank ea/vomiting, chills, fever, foul urine, blood in urine.)" Sheet documents staff were a 24 hour urine collection on to am 2/08/21 through 6:00 the urine specimen being Dialysis appointment on Resident Progress Notes, (Director of Nursing), g sent to (Physician/Nurse rds to (R1's) urine having a lso having a thick vait (Physician/Nurse se." There is no documented ctronic medical record that Practitioner responded to fication regarding R1's urine. Shote, dated 2/14/21 by V4 Nurse), documents "This k amber colored urine in sent requesting (urinalysis)." heet, dated 2/14/21 by V4, Urine is dark and cloudy in believes it is due to uice. I believe she needs a red. Can we please have sis with culture and time Fax Notification Sheet facility on 2/15/21, with V11 documenting "No - (at) this ordialysis evaluation of) 24 ent Progress Notes later, on | S9999 | | | |
| dialysis lethargic, cla assessment was cor | mmy, hard to arouse. A full npleted and (vital signs) were | | | | |
| ֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜ | PROVIDER OR SUPPLIER LLE NURSING & REHAMING CACH DEFICIENCY REGULATORY OR LS Continued From particularly Catheter and (Urinary Tract Infect urgency, frequency, burning, pain, difficularly pain, malaise, nauso odor, concentrated of A Physician's Order instructed to obtain R1, beginning at 6:0 am on 2/09/21, with sent with R1 to her I 2/09/21 for analysis, dated 2/11/21 by V2 document "Fax bein Practitioner) in regal very foul odor and a consistency. Will av Practitioner) response vidence in R1's ele the Physician/Nurse V2's 2/11/21 fax notion A Resident Progress (Licensed Practical Inurse notified of dar (catheter) bag. Fax A Fax Notification St documents "(R1's) L (catheter) bag. Fax A Fax Notification St documents "(R1's) L (catheter) bag. (R1) increased intake of j (urinalysis) complete orders for a (urinalysis) sensitivity)?" The saws returned to the four (Nurse Practitioner) time, awaiting (Hemothour) urine." Reside 2/16/21 (5:00 pm), dialysis lethargic, cla | IL6008684 PROVIDER OR SUPPLIER STREET AD 135 SOUT RUSHVIL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ILEOURSECTION ILEOURSING & REHAB CTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 urinary catheter and instructs staff to "report UTI (Urinary Tract Infection) (acute confusion, urgency, frequency, bladder spasms, nocturia, burning, pain, difficulty urinating, low back/flank pain, malaise, nausea/vomiting, chills, fever, foul odor, concentrated urine, blood in urine.)" A Physician's Order Sheet documents staff were instructed to obtain a 24 hour urine collection on R1, beginning at 6:00 am 2/08/21 through 6:00 am on 2/09/21, with the urine specimen being sent with R1 to her Dialysis appointment on 2/09/21 for analysis. Resident Progress Notes, dated 2/11/21 by V2 (Director of Nursing), document "Fax being sent to (Physician/Nurse Practitioner) in regards to (R1's) urine having a very foul odor and also having a thick consistency. Will await (Physician/Nurse Practitioner) response." There is no documented evidence in R1's electronic medical record that the Physician/Nurse Practitioner responded to V2's 2/11/21 fax notification regarding R1's urine. A Resident Progress Note, dated 2/14/21 by V4, (Licensed Practical Nurse), documents "This nurse notified of dark amber colored urine in (catheter) bag. Fax sent requesting (urinalysis)." A Fax Notification Sheet, dated 2/14/21 by V4, documents "(R1's) Urine is dark and cloudy in (catheter) bag. Fax sent requesting (urinalysis)." A Fax Notification Sheet, dated 2/14/21 by V4, documents "(R1's) Urine is dark and cloudy in (catheter) bag. Fax sent requesting (urinalysis)." 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The same Fax Notification Sheet | IDENTIFICATION NUMBER: IL 6008684 RROWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET RUSHVILLE, IL 62881 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 urinary catheter and instructs staff to "report UTI (Ulrinary Tract Infection) (acute confusion, urgency, frequency, bladder spasms, nocturia, burning, pain, difficulty urinating, low back/flank pain, malaise, nausea/vomiting, chilis, fever, foul odor, concentrated urine, blood in urine.)* A Physician's Order Sheet documents staff were instructed to obtain a 24 hour urine collection on R1, beginning at 6:00 am 2/08/21 through 6:00 am on 2/09/21, with the urine specimen being sent with R1 to her Dialysis appointment on 2/09/21 for analysis. 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The same Fax Notification Sheet was returned to the facility on 2/15/21, with V11 (Nurse Practitioner) documenting "No - (at) this time, awaiting (Hemodialysis evaluation of) 24 (hour) urine." Resident Progress Notes later, on 2/16/21 (5:00 pm), document, "(R1) returned from dalysis letharqic, clammy, hard to arouse. A ful | ILEOUSER ILEOUSER ILEOUSER STREET ADDRESS, CITY, STATE, ZIP CODE 135 SOUTH MORGAN STREET SUMMARY STATEMENT OF DEPTICIENCY (SAND REPOSITION MUST BE PROCEDED BY PUL (RECULATORY OR LISC IDENTIFYING INFORMATION) COntinued From page 3 urinary catheter and instructs staff to "report UTI (Urinary Tract Infection) (acute confusion, urgency, frequency, bladder spasms, nocturia, burning, pain, difficulty urinating, low back/flank pain, malaise, nausea/womiting, chilis, Rever, foul odor, concentrated urine, blood in urine,)" A Physician's Order Sheet documents staff were instructed to obtain a 24 hour urine collection on R1, beginning at 6:00 am 2/08/21 through 6:00 am on 2/09/21, with the urine specimen being sent with R1 to her Dialysis appointment on 2/09/21 for analysis. Resident Progress Notes, dated 2/11/21 by V2 (Director of Nursing), document "Fax being sent to (Physician/Nurse Practitioner) response." 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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: ___

(X3) DATE SURVEY COMPLETED

IL6008684

C 02/24/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING _

| RUSHVILLE NURSING & REHAB CTR 135 SOUTH MORGAN STREET RUSHVILLE, IL 62681 | | | | | | |
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| \$9999 | Continued From page 4 (within normal limits). This nurse and another nurse on duty suspect dialysis (treatment) being the cause." On 2/17/21, Resident Progress Notes document, "(R1) stated that she does not remember anything from the time dialysis hooked her up to their machine through to waking up in the middle of the night at the facility." The Electronic Medical Record contains no documented evidence that the physician was notified of R1's symptoms, on 2/16/21 and 2/17/21, that could have possibly been related to a Urinary Tract Infection. Resident Progress Notes on 2/18/21 document R1 left the facility for Dialysis and R1 was sent to the local Emergency Room from Dialysis facility at 7:00 am. The next Resident Progress Note, dated 2/21/21, documents R1 was ultimately admitted to the Hospital on 2/18/21 for Intravenous Antibiotic Treatment of a Urinary Tract Infection and Anemia. | S9999 | | | | |
| | Hospital Emergency Room notes, dated 2/18/21, describe R1's urine as "grossly cloudy" at the time she presented. Hospital Urine Cultures collected on 2/18/21 document R1 as having VRE infection of the urine, which required Intravenous Antibiotic (IV) Therapy. On 2/23/21 at 10:01 am, V2 (Director of Nursing) stated she and staff had to fax the Physician/Nurse Practitioner twice on 2/11/21 regarding R1's dark, thick urine with a foul odor. V2 stated they did finally get a response a couple days later, but the Nurse Practitioner instructed the staff to just wait for the 24 hour urine results that had been ordered previously (2/08/21-2/09/21). V2 indicated the dialysis staff had already reported to the facility that they had to "dump" R1's urine sample from 2/08/21, due to it being "incorrectly collected"; however, staff didment of Public Health | | | | | |

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL | E CONSTRUCTION | (X3) DATE | SURVEY |
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| \$9999 | not communicate the when she advised the to rule out R1 having V2 stated the Nurse been notified that the tests for R1 on 2/15 staff should have many Physician/Nurse Pradid not get a reply on 2/24/21 at 8:15 a Nurse/Dialysis Facily specimen from 2/08 actually tested; however to check for infunction. V16 stated 2/18/21 for dialysis, even the transport of was very wrong with would respond to concused, which was pressure was 69/43, cloudy. V16 stated the Hospital. On 2/23/21 at 2:57 pregistered Nurse) semergency Room of urinary catheter bag watered down quicks sediment and had a was diagnosed with while she was there antibiotics, but was the seminary catheter and the seminary catheter antibiotics, but was the seminary catheter antibiotics, and catheter antibiotics and catheter antibiotics. | hat to the Nurse Practitioner hem to just await those results g a Urinary Tract Infection. Practitioner should have ere were no pending urine //21. Additionally, V2 stated ade attempts to contact the actitioner by phone, when they | \$9999 | | | |
| | | m, R1 stated she doesn't m 2/16/21 -2/19/21, other | | | | |

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| | | AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 1 ' ' | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|-----------|--|-----------|--------------|---|-------------------------------|--------------------------|
| NAME OF PROVIDER OR SUPPLIER RUSHVILLE NURSING & REHAB CTR ((A) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 6 than she just felt very ill. R1 stated that her daughter kept asking the nurses at the nursing home to test her urine for infection, but they kept putting it off. The facility policy, titled "Notification of Resident Change in Condition Policy (November 2016)", documents "The licensed nurse is to use professional judgement in determining changes in condition based on assessment and findings or signs and symptoms of change which could lead to deterioration if not treated." The policy further documents, "In the event the Physician cannot be reached or does not respond and the resident requires medical intervention or there are clinical complications in the judgement of the nurse, the alternate Physician will be promptly contacted. During the interim, appropriate nursing interventions and monitoring measures will be performed and documented." | | IL6008684 | | B. WING | | | |
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