

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002711</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSITY NSG &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1095 UNIVERSITY DRIVE EDWARDSVILLE, IL 62025</b>
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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
S 000	Initial Comments  Complaint 2148487/IL140313 F689G cited	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210b)5) 300.1210d)6) 300.3240a)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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 each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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 300.3240 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> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide a safe transfer to prevent injury for 1 resident (R2) reviewed for accidents/incidents. This failure resulted in R2 sustaining a traumatic tearing injury to the left leg exposing muscle and fatty tissue requiring 17 sutures.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>R2's Nursing Note dated 11/12/21 at 6:35 PM documents "Called to room by CNA (Certified Nursing Aide) reporting a skin tear on resident's leg. Moderate amount of bright red blood coming from LLE (left lower extremity). Direct pressure applied and bleeding controlled. Res (resident) is A&amp;O x3 (alert and oriented to person, place, and time) and responding appropriately. Res reports mild discomfort during assessment/treatment. Large skin tear noted to L (left) lateral lower extremity in shape of the letter "C" with skin flap currently attached. Measurements documented under event completed in chart. Res states, "I must have caught my leg on the wheelchair (WC)." CNA reports transferring res from WC to bed and then noticed blood on resident's leg." It documents NP (Nurse Practitioner), DON (Director of Nursing), etc notified. It continues, "New order to send res to ER (Emergency Room) for eval and treatment of LLE. POA (Power of Attorney) notified. 911 called for transport. Report called to (local hospital) ER."</p> <p>R2's Nursing Note dated 11/13/21 at 2:10 AM documents "Res returned to facility via EMS (Emergency Medical services) and transferred to bed per EMT (Emergency Medical Technicians) x 2. Reoriented to call system and room. Res is Alert and responding per usual. 17 sutures noted to LLE with edges well approximated. PRN (as needed) Tylenol admin (administered) for c/o (complaint of) LLE pain 3/10 on pain scale. LLE elevated in bed. V/S (vital signs) WNL (within normal limits). New orders noted in TAR (treatment administration record). Sutures to be removed in 14 days on 11/26/21. FYI (for your information) sent to NP. POA aware of res return,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>current condition and orders."</p> <p>R2's Hospital report dated 11/12/21 documents "Patient reports that she was being transferred from wheelchair to bed when her lateral left leg got caught on an object and she suffered a large laceration."</p> <p>R2's MDS dated 09/17/21 documents that R1 requires extensive assistance of one-person with transfers.</p> <p>On 11/16/21 at 9:53 AM, R2 stated, "(V4) CNA is rude and mean to me. That night when she was helping into bed. I told her she needed more help. She told me she didn't need help and threw me into the bed. My leg was stuck and I told she was hurting me. I told to stop several times. I reach down to feel my leg because something didn't feel right. I felt a wad of skin and I had blood all over my hand. I got 17 stitches in my left leg. I guess I feel safe now, I didn't before."</p> <p>On 11/16/21 at 1:40 PM, V6, Paramedic stated, "(R2) was thanking us as we were leaving for getting her out that place. She told us that this is not first time they have been rough with her. She stated that they kept pulling on her leg even though she said it hurt. One of the CNAs told us that her leg was stuck but she kept pulling. We had the ER staff take the bandage off so we could see it. It was called into 911 as a skin tear. That was more than a skin tear. It required 17 stitches. We heard her tell the ER nurse that she didn't feel safe there."</p> <p>On 11/16/21 at 3:43 PM, V8, Paramedic stated, "We were called to (Facility) for an elderly female on blood thinners that had a skin tear. Staff said that her (R2) leg was stuck so they had to force it</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>and she got a skin tear. Staff had pictures on her personal cell phone and showed them to me but it was hard to tell how bad it was. They already had it wrapped and it wasn't bleeding. We transported (R2) to the hospital she was visibly shaking and upset. She said she kept telling them it hurt and too stop but they kept forcing her leg. She held my hands and asked me to pray with her. She said that staff had been rough with her before. I witnessed her telling the ER nurse she doesn't feel safe at the facility. The ER nurse cut the bandage off and then I saw that this was not a skin tear. She had 4 inch C-shaped avulsion (a traumatic tearing injury) her left lower leg that had adipose (fatty) tissue and muscle tissue exposed. That's when I knew I had to call and report it. It takes a lot of force to cause that kind of wound."</p> <p>Facility unable to provide a accident/injury policy.</p> <p>(B)</p>	S9999		