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 R-C B. WING IL6001457 08/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **302 WEST BURWASH CHAMPAIGN URBANA NRSG & REHAB SAVOY, IL 61874** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2264680/IL148006 First Certification Revisit to Complaint Investigation survey of 06/22/2022. S9999 Final Observations S9999 Statment of Licensure Violation: 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)3)5) 300.1220b)3) 300.2040b)2) 300.3240a) Section 300.610 Resident Care Policies 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 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant

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:** A. BUILDING: COMPLETED R-C B. WING IL6001457 08/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **302 WEST BURWASH CHAMPAIGN URBANA NRSG & REHAB SAVOY, IL 61874** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not 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 Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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.

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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:** COMPLETED A. BUILDING: -R-C B. WING IL6001457 08/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH **CHAMPAIGN URBANA NRSG & REHAB** SAVOY, IL 61874 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.2040 Diet Orders Physicians shall write a diet order, for b) each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian. The diet shall be served as ordered. 2) Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations are not met as evidenced by: Based on record review and interview the facility failed to monitor documented weight loss, failed to nutritionally assess one (R48) resident after documented significant weight loss and failed to update Care Plan interventions for significant weight loss for one (R48) resident out of three residents reviewed for weight loss in a sample list of 27 residents. R48 sustained a severe. unplanned, 25.4-pound weight loss between 5/4/22 an 8/1/22. During this period of time R48 also developed multiple pressure ulcers.

Findings include:

The facility policy titled 'Weight Assessment and

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHAMPAIGN URBANA NRSG & REHAB 302 WEST BURWASH SAVOY, IL 61874			
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
Continued From page 4	S9999		
following: "The multidisciplinary team will strive prevent, monitor, and intervene for undesirable weight loss for our residents. Any weight chan of 5% of more since the last weight assessme will be retaken the next day for confirmation. It the weight is verified, nursing will immediately notify the Registered Dietician (RD) in writing. Verbal notification must be confirmed in writing. The RD will respond within 24 hours of receipl written notifications. The threshold of significal unplanned and undesired weight loss will be based on the following criteria (where percents of body weight loss = (usual weight -actual weight)/ (usual weight) x100]: one month-five weight loss is significant; greater than 5% is severe. Three months-7.5% weight loss is significant; greater than 5.5% is severe. Six	e to e ge ent If g. t of nt age		
documents R48's medical diagnoses as Stage Four Pressure Ulcer of Sacrum, Pressure Induced Deep Tissue Damage of Right Heel, Stage Two Pressure Ulcers of Left Buttock and history of Alzheimer's Disease. R48's Minimum Data Set (MDS) dated 8/1/22 documents R48 as moderately impaired and requires extensive assistance of two people for bed mobility and extensive assistance of one person for transfers, eating, toileting and person hygiene. R48's Mini Nutritional Assessment Screening	d or onal		
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Intervention' revised June 2012 documents th following: "The multidisciplinary team will striv prevent, monitor, and intervene for undesirabl weight loss for our residents. Any weight chan of 5% of more since the last weight assessme will be retaken the next day for confirmation. the weight is verified, nursing will immediately notify the Registered Dietician (RD) in writing. Verbal notification must be confirmed in writing. The RD will respond within 24 hours of receip written notifications. The threshold of significan unplanned and undesired weight loss will be based on the following criteria (where percent of body weight loss = (usual weight) actual weight) (usual weight) x100]: one month-five weight loss is significant; greater than 5% is severe. Three months-7.5% weight loss is significant; greater than 7.5% is severe. Six months-10% weight loss is significant; greater than 7.5% is severe. Six months-10% weight loss is significant; greater than 10% is severe." R48's undated Face Sheet documents an admission date of 4/29/22. This same Face SI documents R48's medical diagnoses as Stage Four Pressure Ulcer of Sacrum, Pressure Induced Deep Tissue Damage of Right Heel, Stage Two Pressure Ulcers of Left Buttock anhistory of Alzheimer's Disease. R48's Minimum Data Set (MDS) dated 8/1/22 documents R48 as moderately impaired and requires extensive assistance of two people for bed mobility and extensive assistance of one person for transfers, eating, toileting and person hygiene. 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dated August 1-31, 2022, documents a House

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