

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2022
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NAME OF PROVIDER OR SUPPLIER CHAMPAIGN URBANA NRSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 302 WEST BURWASH SAVOY, IL 61874
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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 Investigations: 2264680/IL148006 Investigation of Facility Reported Incident of 05-28-2022/IL147852	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.1210d)3)6) Section 300.1210 General Requirements for Nursing and Personal Care 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 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. These Regulations are not met as evidenced by: Based on interview and record review the facility	S9999	Attachment A Statement of Licensure Violations Attachment A	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>failed to prevent a fall with injury by ensuring a wheelchair was safely equipped for one (R1) of three residents reviewed for falls with injury (left parietal subgaleal hematoma and scalp laceration with 12 staples) on the total sample list of 15.</p> <p>Findings include:</p> <p>R1's incident report dated 5/28/22 documents that at approximately 9:55AM, R1 was sitting at the nurse's station and attempted to stand up from a wheelchair with pedals, stood up and attempted to walk, got her feet tangled up in the pedals and fell. R1 fell backward, hitting her head on the nurse's desk and was sent to the emergency department for evaluation and treatment.</p> <p>On 6/13/22 at 2:00PM, V11 Licensed Practical Nurse (LPN) stated, "On 5/28/22 (R1) had been standing up all day and so we had her at the nurse's station to keep an eye on her. I ran to the nurse's station as soon as I heard her fall. I found her laying on the floor with her head next to the nurse's station, facing her wheelchair. The only way that could have happened was by getting her feet tangled up in the pedals."</p> <p>On 6/13/22 at 3:49PM, V12 LPN stated, "(On 5/28/22 V11 LPN) and I were standing at the med (medication) cart. (R1) had been standing up and moving around all day, so (V11) LPN had her close to the nurse's station to keep an eye on her. I turned my back for one second and I heard her fall. She had to have gotten her feet tied up in the pedals to fall the way that we found her."</p> <p>On 6/14/22 at 9:55AM V5 Physical Therapy Assistant (PTA) stated that he knew R1 to use her legs in the wheelchair more than her arms.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>"(R1) could move the wheelchair when she wanted to."</p> <p>On 6/13/22 at 1:45PM V10 Nurse Practitioner stated, "I saw (R1) wheeling around in her room using her legs on 5/23/22."</p> <p>R1's minimum data set dated 5/25/22 documents R1 as severely cognitively impaired.</p> <p>R1's fall assessments on 3/4/22, 5/18/22 and 5/28/22 all document R1 as a high fall risk.</p> <p>R1's care plan dated 3/4/22 documents R1 as a high fall risk.</p> <p>R1's May physician orders document Xarelto (anticoagulant) 20 milligrams every day by mouth.</p> <p>R1's care plan dated 5/11/22 documents, "Resident is able to ambulate 10 feet, uses a four wheeled walker for walking and requires limited assistance by staff for locomotion in manual wheelchair."</p> <p>On 6/13/22 at 10:00AM V6 Physical Therapy Assistant stated, "If a resident can move the wheelchair with their legs, they should not have pedals."</p> <p>At 10:30AM, V8 Therapy Director stated, "If a person can propel their own wheelchair, they should not have pedals for safety."</p> <p>At 11:40AM, V7 Physical Therapist stated, "If a person can stand or wheel themselves around, they should not have pedals on their wheelchair. It is a fall hazard."</p> <p>R1's emergency room notes dated 5/28/22</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>document resident fall with strike to head with a history of anticoagulant use resulted in a left parietal subgaleal hematoma and scalp laceration with 12 staples.</p> <p>On 6/14/22 at 10:56AM V7 Physical Therapist stated, "Therapy did not recommend foot pedals, with or without straps. We would not have done that with (R1's) decreased cognition and ability to wheel herself around in the wheel chair."</p> <p>On 6/13/22 at 1:45PM V10 Nurse Practitioner stated, "The laceration, staples and head bleed are a result of (R1) getting her feet caught in the pedals and falling."</p> <p>(A)</p>	S9999		