

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145647	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY REHAB AT NORTHMOOR		STREET ADDRESS, CITY, STATE, ZIP 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to revise a Care Plan for one of three residents (R4) reviewed for care plans in a sample of six. Findings include: R4's Nurses' Notes, dated 5/23/2020 at 3:00 PM, document, Resident complaining of discomfort to buttocks. In bed resting with eyes open. Area observed noted denuded area to left buttock measuring 1 centimeter x 1.5 centimeter x not measurable (superficial). Area cleansed with moisture barrier ointment and zinc applied. MD (Medical Doctor) notified. New order see Physician order [REDACTED]. Will continue to monitor. R4's Current Care Plan was reviewed and does not contain documentation related to skin integrity, skin assessments, or wounds. On 7/23/2020 at 2:00 PM, V8/MDS (Minimum Data Set Assessment) Coordinator stated, Yes (R4's) care plan should have included skin integrity and skin assessments, and if a wound was found it should have been added.		
F 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to monitor and document weekly skin assessments for two of three residents (R4 and R6) reviewed for pressure ulcers in the sample of six. Findings include: The facility's Standards and Guidelines Identification of Skin Condition Changes policy, dated 11/1/16, states, Standard: It is the policy of this facility that the facility monitors the skin integrity of the residents for changes in the condition. Guidelines: 1. The Weekly Skin Integrity Review will be completed at least once weekly by a licensed nurse for a full body evaluation to monitor for changes in skin condition. In the event the licensed nurse fails to utilize this specific form, alternate documentation in the clinical record identifying that a full body 'skin sweep' or evaluation was completed may serve as documentation to fulfill this requirement. 1. The facility's Wound Report, dated 7/22/20, documents R6 developed unstageable, facility acquired pressure ulcers to the left lateral ankle, left lateral foot, right proximal medial first toe, and right heel. On 7/23/20 at 11:42 AM, V3 (Assistant Director of Nursing) performed R6's pressure ulcer dressing change. V3 removed R6's old dressings and a large open area to R6's left ankle was noted, black with necrotic tissue noted covering half of R6's left, lateral foot, and a golf ball sized black, necrotic area was noted to R6's right heel. R6 was noted to be contracted at the left knee and R6's left foot was positioned under R6's right leg. R6's Facesheet documents R6 was admitted to the facility on [DATE]. R6's Facesheet also documents R6 has [DIAGNOSES REDACTED]. R6's Pressure Ulcer Risk Assessment on 4/10/20 documents R6 is at moderate risk for developing a pressure ulcer and prevention protocols should be implemented. R6's current Physician order [REDACTED]. R6's Treatment Administration Records (TAR) for the month of May, June, and July 2020 document R6 is to receive weekly skin assessments. R6's TARs for these same months, document R6 received a weekly skin assessment on 5/25/20 only. A TAR for the month of April could not be produced by the facility. On 7/23/20 at 12:18 PM, V2 (Director of Nursing) confirmed R6's weekly skin assessments should have been documented as done for the months of May, June, and July on the TAR but those assessments were not. On 7/22/20 at 2:25 PM, V7 (Licensed Practical Nurse) stated weekly skin assessments are to be signed off on the TAR and stated, If it is not charted, it's not done. R6's Shower Record/Skin Audit sheet, dated 6/18/20, documents a 4 (centimeter/cm) by 3 (cm) with 1 cm depth open area to left ankle bone, 2.5 (cm) by 1.5 (cm) intact eschar measuring 4 (cm) by 3 (cm) intact eschar to left lateral side of foot, and 6 (cm) by 5 (cm) area to right heel. No additional shower record/skin audit sheets for R6 could be provided by the facility. On 7/22/20 at 10:40 AM, V2 stated a full house skin sweep was completed on 6/18/20 and that is when R6's wounds were found. V2 confirmed R6's wounds were not identified prior. On 7/23/20 at 12:18 PM, V2 confirmed if weekly skin assessments on R6 were done, R6's wounds could have been found sooner. 2. R4's Admission Nursing Assessment, dated 5/5/2020 at 2:00 PM, documents R4 had no wounds on admission. R4's Pressure Ulcer Risk Assessment, dated 5/5/2020, documents a score of 17, and indicates high risk for pressure ulcer. R4's Physician order [REDACTED]. R4's Treatment Administration Record, dated 5/5/2020 through 5/31/2020, documents, weekly skin assessment Monday 6:00 AM - 6:00 PM and is blank and does not documents any skin assessments or wounds. R4's Nurses Notes, dated 5/23/2020 at 3PM, documents, Resident complaining of discomfort to buttocks. In bed resting with eyes open. Area observed noted denuded area to left buttock measuring 1 centimeter x 1.5 centimeter x not measurable (superficial). Area cleansed with moisture barrier ointment and zinc applied. MD (Medical Doctor) notified. New order see Physician order [REDACTED]. Will continue to monitor. R4's Treatment Administration Record/TAR, dated 5/5/2020 through 5/31/2020, documents, 5/23/2020 Moisture Barrier Ointment with Zinc. Apply to buttocks four times a day and as needed. Nurse to apply. TAR documents treatment was done twice on 5/23/2020 and twice on 5/24/2020. R3's TAR did not contain documentation for 5/25/2020 treatment. R4's History and Physical, dated 5/25/2020 at 9:04 PM, from a local hospital, documents, Wounds: Pressure Ulcer 5/25/2020 Coccyx Mid Stage two -wound length 4.5 centimeters x 2 centimeters x 0 centimeters. R4's Current Care Plan does not include skin integrity, skin assessments, or wounds. On 7/23/2020 at 2:00 PM, V8/MDS coordinator stated, Yes (R4's) care plan should have included skin integrity and skin assessments, and if a wound was found it should have been added. On 7/22/2020 at 11:20 AM, V6/Licensed Practical Nurse/LPN stated, Yes I found the area. I only documented it on the Nurse Note. I should have documented it on the Treatment Administration Record as well. On 7/23/2020 at 2:00 PM, V2/Director of Nurses/DON stated, Yes (R4's) Care Plan should have included skin integrity and assessments and any areas of concern. The wound should have also been documented on the Treatment Administration Record as well. Yes, he (R4) was suppose to have weekly skin assessments and there are not any documented.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.