

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY REHAB		STREET ADDRESS, CITY, STATE, ZIP 500 SOUTH ART BARTELL ROAD URBANA, IL 61802	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to remove unused medical supplies from one of three resident rooms (R1) reviewed for intravenous therapy on the sample list of seven. Findings Include: On 9/2/20 at 9:40 am, R1 was sitting up in a wheelchair in R1's room. There was a 1000 ml (milliliter) bag of 0.45% Sodium Chloride, several normal saline syringes and extension tubing, and an IV (Intravenous) dressing kit lying on the overbed table. At this time, R1 stated the facility attempted to start an IV on R1 last Tuesday (seven days prior) and couldn't get it started. R1 stated, They (facility) haven't even bothered to pick up the mess. R1's Physician order [REDACTED]. On 9/2/20 at 1:22 pm, V2 (Director of Nursing) stated that the IV supplies need to be discarded after use and should not have been left in R1's room.		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide incontinence care timely for one of seven residents (R1) reviewed for staffing on the sample list of seven. Findings Include: On 9/2/20 at 9:40 am, R1 stated on 8/24/20, the facility only had 1 (Certified Nursing Assistant/CNA) to care for 50 residents from 7:00 pm - 9:00 pm. R1 stated R1 had been incontinent of feces and had to wait 30 minutes to get changed. R1's Minimum (MDS) data set [DATE] documents R1 is alert and oriented, has limited ROM (Range of Motion) in one upper extremity and bilateral lower extremities, requires one assist for toileting and is always incontinent of both bowel and bladder. The facility Daily Assignment Schedule for 8/24/20 documents V12 (CNA) was the only CNA assigned to the hall that R1 resides on from 7:00 pm - 10:30 pm. On 9/2/20 at 1:35 pm, V2 (Director of Nursing) stated V2 normally has three - four CNA's on R1's unit in the evenings, however on 8/24/20 V2 had a couple staff not show up for work. Therefore there was only one CNA working from 7:00 pm - 8:30 pm or 9:00 pm. V2 stated staff should not have left the facility knowing their replacement had not shown up and should have notified V2 sooner so V2 could get the hall staffed appropriately.		
F 0694 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to complete a Peripherally Inserted Central Catheter dressing change per physician orders [REDACTED]. Findings Include: 1. R3's Physician order [REDACTED], R3's Progress Notes dated 8/19/20 document R3 had a PICC line placed at the hospital, due to having R3's PICC come dislodged. V10 (Licensed Practical Nurse/LPN) documented on R3's August 2020 TAR (Treatment Administration Record) that the ordered PICC line dressing change was not completed on 8/20/20 and 8/27/20, but did not specify why. On 9/1/20 at 1:35 pm, R3 was sitting up in a wheelchair in R3's room. R3's PICC line, located in the right upper arm, was covered by a dressing, with the edges curled up, dated 8/19/20. R3 stated nobody has changed the dressing since the PICC line was inserted at the hospital on [DATE]. On 9/2/20 at 2:25 pm, V2 (Director of Nursing) stated that PICC line dressing changes should be completed weekly and PRN (as needed). The facility Infusion Therapy Procedures Dressing Change for Vascular Access Devices dated August 2016 documents Central Venous Access Device and Midline dressing changes will be done at established intervals and immediately if the integrity of the dressing is compromised. Transparent semi-permeable membrane dressings are changed every seven days and PRN. The initial dressing change after catheter placement will be changed PRN if saturated, and 24-48 hours post insertion of a PICC. 2. R1's August 2020 Physician order [REDACTED]. R1's Progress Notes dated 8/25/20 does not document V5 or V11's attempt to start the IV line. On 9/2/20 at 1:18 pm, V2 stated the starting or attempted starting of an IV, the number of attempts, size of catheter used, location of IV, resident response and that the IV is flushable should all be documented. 3. R2's Physician order [REDACTED]. Infusion completed and IV removed. On 9/2/20 at 1:18 pm, V2 stated V2 believes that V6 (Licensed Practical Nurse) started the IV and should have documented the starting of the IV, the number of attempts, size of catheter used, location of IV, resident response, that the IV is flushable and infusing without problems. On 9/2/20 at 2:17 pm, V6 stated V6 did not start R2's IV line. V6 stated he passed it on to V10 (LPN), whom V6 believes started it. The facility Charting and Documentation Policy dated July 2017 documents all services provided to a resident shall be documented in the medical record, including treatments or services performed.		

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.