

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 08/18/2020
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.			
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F 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review, the facility failed to respect a resident's request that no male caregivers provide care. This failure has the potential to affect one of three residents (R4) reviewed for resident rights in the sample of 11. Findings include: R4's Progress Notes dated 7/3/2020 at 10:35pm document V43 (R4's family) stated no male is to provide cares for R4. R4's electronic medical records dated 7/16/2020 at 2:02pm documents that a male caregiver (V38 - Certified Nursing Assistant) provided cares for R4. On 8/6/2020 at 10:05am, V43 stated R4 has a sign above R4's bed documenting R4 is not to have male caregivers providing cares for R4. V43 stated the facility is violating R4's rights by disregarding this and that the facility has allowed male caregivers to provide care for R4. On 8/12/2020 at 10:02pm, there was a sign that documents no male caregivers on the wall above R4's bed. On 8/17/2020 at 2:55pm, V2 (Director of Nursing) stated if no male caregivers is the request then the facility should make sure that R4 does not have male caregivers providing care.		
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. Based on observation, interview and record review, the facility failed to update a resident's care plan with specific care information. This failure has the potential to affect one of 11 residents reviewed for care plans in the sample of 11. Findings include: R4's Progress Notes dated 7/3/2020 at 10:35pm document V43 (R4's family) stated no male is to provide cares for R4. On 8/6/2020 at 10:05am, V43 stated R4 has a sign above R4's bed documenting R4 is not to have male caregivers providing cares for R4. V43 stated the facility is violating R4's rights by disregarding this and that the facility has allowed male caregivers to provide care for R4. On 8/12/2020 at 10:02pm, there was a sign that documents no male caregivers on the wall above R4's bed. R4's Care Plans dated 5/7/19 do not document R4 is not to have male caregivers. On 8/17/2020 at 2:55pm, V2 (Director of Nursing/DON) stated R4's Care Plans dated 5/7/19 do not document R4 is not to have male caregivers. V2 stated R4's Care Plans should document R4 is not to have male caregivers.		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	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 showers and oral care to four of six residents (R2, R3, R5, R5) reviewed for Activities of Daily Living assistance on the sample list of 11. Findings include: The facility Activities of Daily Living (ADLs), Supporting Policy dated March 2018 documents residents who are unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. 1. R2's undated face sheet documents the following Diagnoses: [REDACTED]. R2's MDS (Minimum Data Set) dated 7/9/20 documents R2 requires total assist for bathing. The facility undated Shower Aide Schedule documents R2 is scheduled for showers twice a week on Tuesday and Friday. The facility did not provide R2's Bath and Skin Report Sheet for June 2020. On 8/12/20, V2 (Director of Nursing) stated the facility does not have any documentation that a shower or bath was given in June 2020. R2's Bath and Skin Report Sheet for July 1, 2020 - August 13, 2020 documents R2 only received a bath/shower on 7/3/20, 7/7/20, 7/24/20, 7/28/20, 7/29/20, 7/31/20 and 8/4/20. There is no documentation as to why R2 did not get a bath/shower on R2's other scheduled days. 2. R3's undated face sheet documents the following Diagnoses: [REDACTED]. R2's MDS (Minimum Data Set) dated 5/4/20 documents R3 requires total assist for bathing. The facility undated Shower Aide Schedule documents R3 is scheduled for showers twice a week on Monday and Thursday. The facility did not provide R3's Bath and Skin Report Sheet for June 2020 or August 2020. On 8/12/20, V2 stated the facility does not have any documentation that a shower or bath was given in June 2020. R3's Bath and Skin Report Sheet for July 2020 documents R3 only received a bath/shower on 7/2/20, 7/6/20, 7/13/20, 7/27/20 and 7/30/20. There is no documentation as to why R3 did not get a bath/shower on R3's other scheduled shower days. The facility Shower/Tub Bath Policy dated August 2020 documents, The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. If a resident refused the shower/tub bath, document the reason why and the intervention taken. 3. R4's Care Plans dated 5/7/19 document R4 has a gastrostomy tube through which R4 receives nutrition. These Care Plans also document R4 is NPO (nothing by mouth) with interventions including to provide frequent oral care for R4. These Care Plans also document staff are to provide oral care each shift as tolerated for R4. R4's electronic medical records do not document R4 is receiving oral care as per R4's plan of care. On 8/17/2020 at 2:55pm, V2 stated staff should be documenting each time oral care is provided for R4 and documenting the oral care in R4's electronic medical record. V2 stated V2 could not find documentation in R4's medical record of frequent or every shift oral care for R4. 4. R5's Care Plans dated 10/14/19 document R4 receives enteral nutrition via a gastrostomy tube. These Care Plans also document R5 is to receive oral care twice daily, once in the morning and once in the evening. R5's electronic medical records do not document R5 is receiving oral care as per R5's plan of care. On 8/17/2020 at 2:55pm, V2 stated staff should be documenting each time oral care is provided for R5 and documenting the oral care in R5's electronic medical record. V2 stated V2 could not find documentation in R5's medical record of frequent or every shift oral care for R5.		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow physician orders [REDACTED]. Findings include: 1. R3's POR (Physician order [REDACTED]). R3's Progress Notes dated 5/15/20 by V19 (Former Director of Nursing)) documents, per V20 (Licensed Practical Nurse), at 5:45 am, a CNA (Certified Nursing Assistant) for R3 stated R3 was acting strange. R3 was having a [MEDICAL CONDITION], mostly tonic. V10 (Nurse Practitioner) was notified for V11 (Physician). Orders received for STAT (right now) medications and laboratory tests: CBC (Complete Blood Count), [MEDICATION NAME] Level, CMP (Comprehensive		
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.

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F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) Metabolic Panel) to be completed. R3's medical record contained a CBC, [MEDICATION NAME] Acid {Anticonvulsant} Level and a CMP completed on 5/15/20. R3 did not have a [MEDICATION NAME] Level from 5/15/20 in R3's medical record. On 8/13/20 at 1:14 pm, V2 confirmed R3 did not have a [MEDICATION NAME] Level in R3's medical record that was completed on 5/15/20. R3's POR dated May 2020 documents the ordered laboratory tests were transcribed as a CBC, [MEDICATION NAME] Acid, and CMP. On 8/13/20 at 3:15 pm, V10 stated V10 is aware that a [MEDICATION NAME] Acid level was drawn instead of the [MEDICATION NAME] Level that V10 ordered. V10 stated, when V10 gives a verbal order, the nurses are to transcribe the order and implement them. V10 stated don't know why or how it {laboratory test} was done incorrectly. R3 has been having problems with [MEDICAL CONDITION] but with R3 already taking the maximum dose of [MEDICATION NAME], V10 has been treating the [MEDICAL CONDITION] with [MEDICATION NAME] {Benzodiazepine}. V10 stated V10 did tell staff R3 needed a [MEDICATION NAME] level drawn after they {facility} drew the wrong laboratory test but it hasn't been done. 2. On 8/6/20 at 8:51 am V24 (R2's Family) stated R2 was not being weighed daily as ordered. R2's undated face sheet documents R2 has a [DIAGNOSES REDACTED]. R2's August 2020 Physician order [REDACTED], R2's computerized Weight Log from June - August 2020 does not document weights on 6/11/20, 6/16/20, 6/26/20, 7/2/20, 7/11/20, 7/12/20, or 7/21/20. On 8/13/20 at 1:26 pm, V2 stated, Daily weights are to be documented in the computer; they aren't documented anyplace else. So if they aren't in there, we {facility} don't have a weight for that day.</p>		
F 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>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 perform hand hygiene and use decontaminated equipment during a pressure ulcer treatment and failed to assess a new pressure ulcer and obtain a treatment for two of four residents (R2, R3) reviewed for pressure ulcers on the sample list of 11. Findings Include: 1. On 8/6/20 at 11:16 am, V6 (Certified Nursing Assistant/CNA) stated R3 does not have any open areas that V6 is aware of. V6 stated V6 just laid R3 down and provided peri-care (perineal) at that time. On 8/6/20 at 12:20 pm, V5 (CNA) and V6 (CNA) entered R3's room to provide cares to R3. R3 was lying on a low air loss mattress. R3 had a 0.3 cm (centimeter) by 0.3 cm superficial open area to R3's right buttocks, without a dressing on it. V6 stated, I (V6) didn't realize it was open earlier when I (V6) laid (R3) down. V6 stated V6 would tell the nurse. V5 and V6 then transferred R3 from the bed to a reclining wheeled chair for lunch. R3's Progress Notes do not contain any documentation of R3's open buttock until 8/10/20 {4 days later} by V44 (Licensed Practical Nurse/LPN) which documents bedsores present to R3's right and left upper side of (intergluteal cleft). Progress Notes dated 8/13/20 by V12 (Wound Nurse) documents R3 has a Stage 2 pressure ulcer to the left buttock measuring 0.5 cm by 0.3 cm by not measurable and a stage 2 pressure ulcer to the right buttock measuring 0.3 by 0.2 by not measurable. R3's POR (Physician order [REDACTED]).{4 days after developing}. On 8/13/20 at 1:14 pm, V2 (Director of Nursing) stated when a resident develops a new wound, it is to be reported to the floor nurse immediately to get a treatment in place, then the floor nurses pass it on to V12 to make referrals to the Wound Physician if needed. The facility Pressure Ulcers/Skin Breakdown Clinical Protocol dated April 2018 documents the nursing staff will assess and document a full assessment of pressure sore including the location, stage, length, width, depth, and presence of exudate or necrotic tissue and report it to the physician to obtain a pertinent treatment order. 2. R2's August 2020 Physician order [REDACTED]. Cut the rolled gauze after you pack the wound, leaving a small tag, and cover with a bordered foam dressing twice a day. This Physician order [REDACTED]. R2's Sacral Pressure Ulcer Culture dated 8/12/2019 [MEDICAL CONDITIONS] in the wound. R2's Nasal Swab Culture dated 2/15/20 [MEDICAL CONDITION] of the nares. On 8/6/20 at 1:45 pm, V4 (LPN) entered R2's room to complete the ordered pressure ulcer treatment. After donning PPE (Personal Protective Equipment), V4 instructed R2 to roll onto R2's side. V4 removed the intact dressing and packing to R2's sacral wound, which was saturated in bloody drainage. V4 then changed V4's gloves but did not perform hand hygiene. V4 then completed the treatment as ordered. Once the wound was packed with Dakins soaked gauze, V4 pulled a pair of scissors out of V4's uniform pocket to cut the gauze and then completed the treatment. On 8/6/20 at 2:12 pm, V4 confirmed V4 did not perform hand hygiene after removing R2's blood soaked wound packing and stated V4 cleaned the bandage scissors prior to putting them in V4's uniform pocket but stated V4 did not re-clean and disinfect them prior to use. The facility Infection Control Guidelines for all Nursing Procedures dated August 2012 document Employees must wash their hands for 10-15 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: before and after direct contact with a resident, when hands are visibly dirty or soiled with blood or other body fluids, after removing gloves, after handling items potentially contaminated with blood, bodily fluids, or secretions.</p>		
F 0693 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the total amount of tube feeding formula administered was documented in the resident's medical record. This failure has the potential to affect one of three residents (R4) reviewed for gastrostomy tube feeding in the sample of 11. Findings include: R4's physician's orders [REDACTED]. R4's Medication Administration Record [REDACTED]. On 8/17/2020 at 2:55pm, V2 (Director of Nursing/DON) stated the facility should be documenting the actual amount administered each shift to ensure R4 is receiving what R4 is ordered to receive. The facility's Enteral Tube Feeding via Continuous Pump dated November 2018 documents the person performing the procedure should document information in the resident's record related to the feeding including the amount administered.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow their isolation guidelines by failing to place signage on the door of a resident in isolation, failed to don new disposable PPE (Personal Protective Equipment) prior to entering an isolation room and failed to keep finger nails on employees short per the facility dress code policy. These failures affect three of four residents (R2, R3, and R5) reviewed for infection control on the sample list of 11. Findings include: The facility Dress Code Policy dated 2/24/20 documents long fingernails and excessive nail treatments are not permitted. Fingernails must be clean and neatly trimmed, nails cannot be longer than 1/4 inch overhang from fingertip. The facility Isolation-Categories of Transmission-Based Precautions Policy dated October 2018 documents Transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. Transmission-based precautions are additional measures that protect staff, visitors, and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. Types of transmission-based precautions are contact, droplet, and airborne. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution. The signage informs the staff of the type of CDC (Centers for Disease Control) precautions, instructions for use of PPE (Personal Protective Equipment), and/or instructions to see a nurse before entering the room Contact Precautions may be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Droplet Precautions may be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large particle droplets {larger than 5 microns in size} that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning). Masks will be worn when entering the room. Gloves, gown and goggles should be worn if there is risk of spraying respiratory secretions. 1. On 8/6/20 at 11:16 am, there was an isolation equipment and supply cart outside of R3's room that contained vital sign equipment, ABHR (Alcohol Based Hand Rub), gloves, tissues, and isolation trash bags. There was no isolation sign hanging on the door. Inside the door of R3's room, there were two disposable isolation gowns hanging on hooks along with two isolation barrels, one for garbage and the other for laundry. V6 (Certified Nursing Assistant/CNA) stated at this time that V6 was not sure why R3 was on isolation. R3's Physician order [REDACTED]. by at least 3/4 of an inch. V6 stated at that time that V6 knows that administration has told other staff members that they were not able to have long nails but they have never said anything to me. After entering R3's room, V5 and V6 each donned one of the disposable gowns that were hanging up in R3's room. The gown that V6 had on had a hole across the chest of the gown that went 3/4 across V6's chest. V6 stated, V6 isn't sure how often the disposable gowns are changed</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 2)</p> <p>out and confirmed that with the hole, V6's uniform was not protected due to the hole in the gown. After completing cares, V5 and V6 hung the disposable gowns back up on the hooks in R3's room, then removed gloves and washed hands prior to exiting the room. On 8/6/20 at 1:30 pm, V2 (Director of Nursing) stated V2 does not know why R3 is on isolation. V2 stated Unit 2 uses washable isolation gowns so those are used all shift and hung up inside of the resident room but that Unit 3 and Unit 1 {where R3 resides} are to be using disposable gowns and a new one is to be used each time staff enter the room. V2 stated V2 isn't sure why staff are reusing the disposable gowns because we {facility} have plenty of PPE. On 8/6/20 at 1:35 pm, V4 (Licensed Practical Nurse/LPN) stated R3 is on droplet isolation due to returning from the hospital and still being in the 14 days COVID -19 isolation phase. 2. On 8/6/20 at 11:25 am, there was an isolation supply cart outside of R2's room that contained vital sign equipment, ABHR (Alcohol Based Hand Rub), gloves, tissues, and isolation trash bags. There was a sign hanging on the wall next to R2's door that read stop, see nurse before entering. There was one disposable isolation gown hanging on a hook inside of R2's room. At this time, V4 (LPN) stated R2 was on isolation due [MEDICAL CONDITIONS] in R2's wounds. R2's Physician order [REDACTED]. and stopped right inside the door and donned the disposable isolation gown hanging inside of R2's room. V45 gave R2 R2's lunch tray then removed the gown and hung it back up on the hook, removed gloves and washed hands prior to exiting R2's room. On 8/6/20 at 1:45 pm, V4 was outside of R2's room wearing a face mask and stated, V4 had to wait to use the gown as there is only one of them. There was an unidentified staff member in R2's room wearing the disposable isolation gown. Once the unidentified staff removed the gown and hung it up, V4 donned gloves and entered R2's room then donned the disposable isolation gown. V4 completed a pressure ulcer treatment and [MEDICAL CONDITION] care on R2. Once cares were completed, V4 removed the isolation gown and hung it back up. V4 stated, V4 don't like sharing gowns because you never know what kind of mess I (V4) made on the gown and then someone else come in and puts it on. V4 stated, V30 the Infection Preventionist told us to re-use the gowns. V4 stated V4 is unsure how often the gowns get changed. On 8/6/20 at 1:30 pm, V2 stated Unit 2 uses washable isolation gowns so those are used all shift and hung up inside of the resident room but that Unit 3 and Unit 1 {where R2 resides} are to be using disposable gowns and a new one is to be used each time staff enter the room. V2 stated V2 isn't sure why staff are reusing the disposable gowns because we {facility} have plenty of PPE. 3. On 8/6/20 at 10:50 am, V8 (CNA) was in R5's room and stated V8 had given R5 a bath around 8:00 am and was getting ready to check R5 again. V8, along with V7 (CAN) were repositioning resident and checked to ensure R5 didn't need peri-care. V8's fingernails were long, sticking out past the end of V8's fingertips by at least an inch. V8 stated V8 has never been told V8 couldn't have long nails.</p>		