

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000996	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2022
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NAME OF PROVIDER OR SUPPLIER BLOOMINGTON REHABILITATION & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701
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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 3 300.610a) 300.1010c) 300.1010g)1) 300.1210b) 300.1210d)3) Section 300.610 Resident Care Policies a) 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 c) Every resident shall be under the care of a physician. g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the	S9999	Attachment A Statement of Licensure Violations	

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>following:</p> <p>1) An evaluation of the resident's condition, including height and weight, diagnoses, plan of treatment, recommendations, treatment orders, personal care needs, and permission for participation in activity programs as appropriate.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) 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.</p> <p>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:</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to safely maintain a tracheostomy (surgical opening through the front of the neck into the windpipe/trachea) for one resident (R182) of one resident reviewed for</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Tracheostomy care in a sample of 40 residents. The facility failed to seek physician's orders, assess, document, and ensure proper equipment was available to maintain (R182's) tracheostomy based on professional standards for respiratory care and facility policy for tracheostomy care. This failure caused R182 to be at risk for respiratory complications including hypoxia or death.</p> <p>Findings include:</p> <p>R182's Physician's Order Sheet (POS) dated July 1, 2022, to July 31, 2022 includes the following diagnoses: Quadriplegia, Type II diabetes, Tracheostomy, Tube feeding, Depression, History of Cerebral Vascular Accident, Stercoral Colitis, Sepsis, and Pneumonia. R1's Base Line Care Plan Dated 6/27/22 (one day prior to his admission) does not contain any interventions or information regarding R182's tracheostomy. His POS documents he was admitted 6/28/22. There is no documentation of pulse oximetry measurements every shift since R182 was admitted. There is no documentation a physician has assessed R182 since his admission until 7/13/22 when seen by V16 (Medical Director). Documentation for the 7/13/22 visit does not include recommendations for care and maintenance of R182's tracheostomy</p> <p>On 7/18/22 at 10:00AM, R182 was lying in bed. He was perspiring and his skin was dusky gray. He was struggling to breath. R182's tracheostomy mask (utilized to deliver oxygen and humidity to tracheostomy patients. It is worn around the neck over the tracheostomy tube) was full of thick yellow secretions. R182 had very wet sounding cough. His oxygen tubing was full of condensation from his humidified oxygen as well</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>as thick yellow secretions. R182 suction canister was three quarters full of yellow secretions and his suction tubing was encrusted with yellow debris. R182 is unable to speak, but when asked if he is having difficulty breathing, he was able to shake his head yes. V2 (Director of Nursing/DON) was notified.</p> <p>On 7/19/22 at 2:30PM, R182 was lying in bed. His tracheostomy collar was in place. There was a moderate amount of crusty white secretions in his tracheostomy collar, but the tubing was clear, and the suction container and tubing was clean. V2 (DON), was at the nurse's station. V2 stated "I became aware that R182's tracheostomy and suction needed changed and it was done."</p> <p>On 7/20/22 at 10:00 AM, V12 (Licensed Practical Nurse/LPN) performed tracheostomy care. V12 placed a suction catheter into R182's tracheostomy. V12 did not test the suction before passing the catheter into R182's tracheostomy. The suction did not work. No normal saline was used to lubricate the catheter. V12 withdrew the catheter. V12 then closed the cover of the canister and passed the catheter again (without using normal saline) into R182's tracheostomy. This time V12 suctioned a large amount of white secretions from R182's tracheostomy. There was no inner canula present. R182 is noted to have in place a #6 (millimeter) (Brand Name) tracheostomy device. The spare tracheostomy kit placed in the drawer as back up in case R182's tracheostomy comes out in clearly labeled as a #8(millimeter) device. This is larger than the outer canula in place. When asked why R182 does not have an inner canula and how tracheostomy care is being provided V12 stated "He didn't come in with one, so we just suction him." R182's tracheostomy collar is encrusted with dark yellow</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>dried secretions.</p> <p>On 7/20/22 at 10:15 AM, V2 (DON) stated "I think they told us from the hospital he had a #8 (millimeter) tracheostomy. That's why the #8 (millimeter) is at bedside." I don't know why he doesn't have an inner canula. I don't know that much about tracheostomies. We have a respiratory therapy company on contract, but they came in and set the supplies up the day before he came, and they haven't seen (R182) yet.</p> <p>On 7/20/22 at 11:30AM, V16 (Respiratory Care Professional/RCP) arrived at the facility to assess R182. V16 stated "R182 has a #6 (DCFS) disposable cuffless, flexible, (Brand name, tracheostomy) outer canula. He needs an inner canula. The purpose of the inner canula is to prevent mucus plugs and allow the cleaning of the tracheostomy. Without the inner canula, it would be impossible to utilize the manual resuscitation device. Manual resuscitation device is there for if the resident goes into respiratory distress, you can assist him to maintain breathing. There should also be an order for and the availability of Albuterol (Bronchodilator) for this resident in case he had difficulty breathing. I see there is no order. I believe R182 could have experienced respiratory distress or even death without the availability of the inner canula so that it would be possible to use a manual resuscitation device. It should never be suctioned without an inner canula since the suction could damage the airway. This is a cuffless tracheostomy, so it is only held in place by the strap around R182's neck. It is imperative that a spare tracheostomy kit of the exact size as well as a down sized kit be readily available in case the tracheostomy becomes somehow dislodged. R182 should have a pulse oximeter reading at least every shift and</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>when he is being suctioned."</p> <p>R182's Respiratory Assessment dated 7/20/22 at 11:30AM by V16 (RCP) documents "Recommendations: 1. Order Albuterol 2.5 milligrams every four hours as needed. Also, saline packets. 2. Facility has no disposable inner cannula 6- and 8-centimeter (Brand name, tracheostomy). They will be ordered. 3. Please update Physician's Order Sheet by having treatment for tracheostomy care and tracheostomy suctioning. 4. Nursing staff was instructed on how to change aerosol tubing."</p> <p>On 7/20/22 at 2:00PM, V5 (Registered Nurse/RN) stated, "I have only done tracheostomy care one time on R182. I hadn't cared for a resident with a tracheostomy in 20 years before that. I looked to V2 (DON) for guidance. She said if he didn't come here with an inner canula he probably didn't need one."</p> <p>On 7/21/22 updated the physician's orders for tracheostomy care noted in medical record by V2 (DON) on 7/20/22 with 6/28/22 (R182's admission) date. There was no other documentation when the orders started only an end date of 7/31/22.</p> <p>On 7/22/22 at 1:30PM, V20 (Pulmonologist) stated "I saw R182 while he was a patient at (Hospital name). R182 has had a tracheostomy for a long time. I have seen R182 during other admissions. We send him home with an inner canula and he comes back without an inner canula."</p> <p>R182's hospital emergency room report dated 7/21/22 documents "Medical Decision Making: quadriplegic presented for evaluation of</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>tracheostomy assessment. Inner canula was placed without difficulty. Per discussion with respiratory therapy, patient currently has an old (Brand name, tracheostomy) which requires a specific canula which may no longer be in production. Extra supplies were sent back to the nursing home with patient. Spoke to nurse at nursing home and advised that patient should need ENT (Ear, Nose, Throat) follow-up for possible new tracheostomy if unable to get more supplies. Patient was observed in Emergency Department for up to one hour status post canula placement without evidence of respiratory distress."</p> <p>On 7/25/22 at 10:23AM, V16 (RCP) stated "(On 7/20/22) the patient (R182) handled it fine, without any respiratory distress. After I replaced the inner canula I did a pulse oximetry check on room air and he was fine. His oxygen saturations remained at 91%-92% even on room air."</p> <p>The facility's policy Tracheostomy Care revised 3/29/19 states "Tracheostomy Care should be performed once per shift or as often as required to maintain patency of the airway and minimize the risk of infection. When the tracheostomy is fenestrated (equipped with opening for some air flow outside the outer canula) the inner canula is to be in place while bagging or suctioning. Depending upon the Physician's Order/Feeding policy the inner canula should be in during feeding and 30 minutes afterward. A replacement tracheostomy tube is to be placed at the head of the bed at all times clearly visible."</p> <p>(A)</p> <p>Statement of Licensure Violations 2 of 3</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>300.610a) 300.1210b) 300.1220b)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) 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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) 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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall 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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to follow respiratory policy and procedures, failed to monitor residents and develop a care plan for Bi-level positive airway pressure (BiPAP) and Continuous positive airway pressure (CPAP) for two of two residents (R21, R185) reviewed for respiratory services. The facility also failed to maintain respiratory tubing and equipment in a sanitary manner for two additional residents (R182, R29). This failure affects four (R21, R185, R182, R29) six residents were reviewed for respiratory care in a sample list of 40 residents.</p> <p>Findings include:</p> <p>1. R182's Physician's Order Sheet (POS) for July 1, 2022, to July 31, 2022 includes the following diagnoses: Chronic Obstructive Pulmonary Disease, and Asthma. R182 has a current physician's order for Duoneb hand held nebulizer treatment every four hours as needed for wheezing. There is no physician's order</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>documented to indicate the liter flow or delivery mode of oxygen for R182.</p> <p>On 7/18/22 at 11:45AM, R182 is resting in his room. R182 has oxygen in place continually at 2 liters per nasal canula his oxygen tubing is strung across the floor. It is not dated as to when it was last changed. It is encrusted with white dried material. R182's nebulizer machine tubing and mask is also not dated to indicate when it was last replaced. The nebulizer tubing and mask is covered with white crust. The nebulizer mask was lying on the bed side table uncovered.</p> <p>2. R29's Physician's Order Sheet (POS) for July 1, 2022 to July 31, 2022 includes the following diagnoses: Sepsis, Dementia, Dyspnea, and pulmonary infiltrate. There is no documentation of a physician's order for oxygen.</p> <p>On 7/18/22 at 10:00AM, R29 was in his bed. R29's oxygen tubing was draped across the oxygen concentrator and was not in use. The tubing was dusty and there was no marking to indicate the last time it was changed.</p> <p>On 7/20/22 at 10:15 AM, V2 (DON) stated "The tubing and mask as well as the humidity bottles should be changed weekly and it should be dated."</p> <p>The facility's policy "Oxygen Therapy revised March 2019 states "Oxygen therapy may be used provided there is a written order by the physician. The order must state liter flow per minute, mask or canula, and time frame." Under "Procedure" this policy also states "Change oxygen tubing/mask/canula and/or tracheostomy on a weekly basis. If using an oxygen tracheostomy mask, wash with warm soap and water daily and</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>PRN (as needed) in between changing. Date tubing and document on the treatment sheet."</p> <p>3. On 7/25/22 at 10:30 AM, R21 stated I wear the CPAP at night, I have had it for a couple years now. R21 had CPAP machine on R21's night stand, connected to the CPAP machine was tubing and a mask lying on R21's over the bed table. R21's mask had dried white particles on the inside. R21 stated, "the staff do not clean my mask and tubing that i am aware of."</p> <p>On 7/25/22 at 10:35 AM, R185 had a BiPAP on R185's night stand, there was tubing with a mask connected to the BiPAP machine. the mask was covered with a plastic bag.</p> <p>R21's physician order sheet dated July 2022 documents, "Diagnosis: Obstructive Sleep Apnea. Treatment Orders: Site CPAP (on at night, off in morning)."</p> <p>R21's medical record did not document R21's CPAP pressure settings, physician orders for cleaning of R21's tubing or mask, the completion of cleaning R21's tubing or mask. R21 did not have a comprehensive care plan for CPAP use.</p> <p>R185's physician order sheet dated July 2022 documents, "Diagnosis: Obstructive Sleep Apnea. Treatment Orders: Site BiPAP (at bedtime). BiPAP Machine: clean daily on day shift."</p> <p>R185's medical record did not document R185's BiPAP pressure settings, R185 had no physician orders for cleaning of BiPAP filers. R185 did not have a comprehensive care plan for BiPAP use.</p> <p>On 7/25/22 at 11:50 AM, V2 (DON) stated, "when a resident has orders for a BiPAP or CPAP,</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>Respiratory Therapy (RT) sets up the machines unless they come from home with their machines already set up. If they are coming from the hospital with orders we notify RT and they set up the machine. I know R(185) was seen by RT, I am not sure about (R21) as he was here before I started working here. Staff are to clean the CPAP/BIPAP tubing and masks every day on day shift with soap and water. V2 stated residents should have a care plan for CPAP/BiPAP use and I need to add to the orders when the units and filters should be cleaned."</p> <p>The facility's policy, with a revision date of 3/8/2013, titled "Policy for Bi-level positive airway pressure (BiPAP) and Continuous positive airway pressure (CPAP)" documents, "1.- Description: A: CPAP provides continuous positive pressure to the airways of spontaneously breathing residents. CPAP is delivered via circuit to nasal mask, full face mask or nasal pillows. B: BiPAP provided continuous positive pressure to the airways of spontaneously breathing residents but it allows for different pressures on inspiration and expiration. On some BiPAP machines a back-up rate can also be set. BiPAP is delivered via circuit to nasal mask, full face mask or nasal pillows. 3- Equipment needed: 1: CPAP/BiPAP unit. B: Circuit (6 foot length of non-disposable corrugated tubing). C: Nasal mask, full face mask, nasal pillows. 4 Policy: B- CPAP/BiPAP must be ordered by a physician. C- All orders must include the following: 1- type of unit (CPAP or BiPAP), 2 - Pressure settings "a: IPAP (inspiratory positive airway pressure) for CPAP, b: IPAP and EPAP (expiratory positive airway pressure) for BiPAP. D - BiPAP residents must be monitored every four hours by nursing staff. E- Circuits are to be cleaned every week and as needed. F- External filters should be cleaned</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000996	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2022
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NAME OF PROVIDER OR SUPPLIER BLOOMINGTON REHABILITATION & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701
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S9999	<p>Continued From page 12</p> <p>once a week and as needed."</p> <p>(B)</p> <p>Statement of Licensure Violations 3 of 3</p> <p>300.610a) 300.1210b) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) 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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) 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.</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>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:</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to safely transfer one resident (R7) of one resident reviewed for falls in a sample list of 40 residents. This failure resulted in R7 falling to the floor, sustaining a bruised eye, and experiencing emotional distress including fear and anxiety.</p> <p>Findings include:</p> <p>R7's Physician's Order Sheet (POS) for July 1 through July 31, 2022 includes the following diagnoses: Morbid Obesity, Cerebral Palsy, Type II Diabetes with Neuropathy, and cellulitis of the Left Lower Extremity. R7's POS documents R7 receives Xarelto (anticoagulant) 10 mg. (milligrams) once a day.</p> <p>R7's Minimum Data Set (MDS) dated 4/22/22 documents R7 is cognitively intact and did not exhibit any behavioral issues</p> <p>R7's fall Care Plan updated 4/19/22 documents R7 requires "(Slings Type mechanical Lift) with</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>assist of two staff to electric wheel chair." R7's Care Plan was updated 5/22/22 to document "Use three people when transferring."</p> <p>The "Timeline of Events" dated 5/22/22 documents (R7) V24 (Certified Nursing Aide/CNA) and V27 (Certified Nursing Aide/CNA) stated R7 on the floor. (Mechanical Lift) sling was not proper (Mechanical Lift) sling for bariatric resident. R7 complained of headache and was emotional, but no injuries noted."</p> <p>On 7/18/22 at 12:10PM, R7 was sitting in her wheelchair in her room. R7 had an old bruise to her left eye. R7 stated " That black eye happened when two Agency CNA's (Certified Nursing Aides) were lifting me with the (Sling Type Mechanical Lift). It was a few weeks ago, but I take blood thinners so it's not healed yet. They didn't use the right sling and I fell out of the lift and hit the floor. The hook hit me in the eye. All I got was a bruised eye, but I was scared. I cried. It's always kind of scary to be lifted, but now I'm really afraid."</p> <p>A witness statement dated 5/21/22 at 5:30AM by V24 (CNA) documents "On the night of 5/21/22 at 5:30AM while working at (the facility), me and V27 were transferring R7 with the (sling type mechanical lift.) and the weight shifted and the lift tipped. We tried to catch it but it was too heavy."</p> <p>A witness statement dated 5/21/22 at 5:30AM by V27 (CNA) documents "On the night of 5/21/22 at 5:30AM while working at (the facility), me and V24 were transferring V7 with the (sling type mechanical lift.) and the weight shifted and the lift tipped. We tried to catch it but it was too heavy."</p> <p>On 7/18/22 at 2:00PM, V2 (Director of</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>Nursing/DON) stated "R7 fell from the (Sling type mechanical lift) on 5/22/22 at 5:30PM. She was being lifted by V24 and V27. Both of these CNAs were sent here by an agency. I tried to reach them by phone for more information, but I was not able to reach them by the phone number supplied by the agency."</p> <p>(B)</p>	S9999		