Illinois D	onartmant of Dubli	- Hoolth	Carter C	Annual consideration of the second	FORM APPR	OVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6004212		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI A. BUILDING	COMPLETED	(X3) DATE SURVEY COMPLETED	
		B. WING		R-C 01/12/202	23	
NAME OF F	PROVIDER OR SUPPLIEF	R STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ILLINIHE	ERITAGE REHAB &	MI.	RT DRIVE, S IGN, IL 618:			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COM	(X5) MPLETE DATE
S 000	Initial Comments	* =	S 000			
		ertification Revisit to Survey applaint #2269570/IL153892		*		
S9999	Final Observation	S	S9999	N €		
	Statement of Lice	nsure Violations	=	75		
	300.610a) 300.1210b) 300.1210c) 300.1210d)5)	at y				
	975 BŽ			#		
	Section 300.610	Resident Care Policies	8		k.1	2
	procedures govern facility. The writte	y shall have written policies and ning all services provided by the n policies and procedures shall a Resident Care Policy		vek at		9
	Committee consis administrator, the		<b>4</b> 6	A 5 8		
	of nursing and oth policies shall com The written policie	er services in the facility. The ply with the Act and this Part. is shall be followed in operating		3.	x 0	
		all be reviewed at least annually documented by written, signed s of the meeting.		E 2	10.2	
	Section 300.1210 Nursing and Perso	General Requirements for onal Care		n =		
20 A	care and services practicable physic	y shall provide the necessary to attain or maintain the highest al, mental, and psychological esident, in accordance with		Attachme Statement of Licen	ent A sure Violations	

Illinols Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1315 CURT DRIVE, SUITE B  CHAMPAIGN, IL 61821  (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE S COMPLI R-C 01/12	ETED	
ILLINHERITAGE REHAB & HC  IXA10 PRIEFM (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  PRIEFM (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  PROVIDERS PLAN OF CORRECTION (EACH CORRECTION (EACH CORRECTION EACH CORRECTION EAC			IL6004212		01/12			
CAMPAIGN   RESULATIVE NETALENT OF DEFICIENCIES   PROVIDERS PLAN OF CORRECTION   PREFIX   RESULATION ON LISC IDENTIFYING INFORMATION   PREFIX   TAG   CROSS-REFERENCED TO THE APPROPRIATE   CANSS-REFERENCED TO THE APPROPRIATE   CANSS-REFERENCE TO THE	NAME OF I	PROVIDER OR SUPPLIER						
(EACH DEFICIENCY MUET BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 1 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.  c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.  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:  5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sored ose not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoldable. A resident having pressure sores were unavoldable. The seldent having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.  These requirements were not met as evidenced by:  Based on observation, interview, and record review the facility failed to implement pressure ulcer treatments as ordered for two (R4, R5) of three residents reviewed for pressure ulcers in the sample list of seven. This failure resulted in an infection of R4's Stage 4 Pressure Ulcer.  Findings include:	ILLINIHI	ERITAGE REHAB & H						
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		by:  Based on observa review the facility fulcer treatments a three residents revite sample list of s	tion, interview, and record ailed to implement pressure s ordered for two (R4, R5) of riewed for pressure ulcers in seven. This failure resulted in					
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Illinois Department of Public Health STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6004212 B. WING				R-C 01/12/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
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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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 2	S9999		× ×		
2		Vound Physician dated				65	-
8	pressure ulcer mea by 2.5 cm wide by 2 cultured, showed E	ts: R4's left ischium stage 4 asured 6 centimeters (cm) long 2.5 cm deep. R4's wound was scherichia (E.) coli (bacteria		ag III			
3-2.	Levaquin (antibiotic twice daily was ord	the lower intestine), and c) 750 milligrams by mouth ered for 14 days. The d twice daily to pack the					
	wound with gauze	moistened with a bleach abdominal pad, and secure		2	· · · · ·	e F	
	document to secure dressing with tape,	Physician Orders do not e R4's left ischium wound as ordered by V10. There is n R4's medical record that R4 tape.		es <sup>(5)</sup>			
	dated 1/6/23 documents of the longest description of the longest descriptio	ly Wound Tracking Report nents R4's left ischium wound ig by 2.5 cm wide by 2 cm las 2 cm of tunneling at 12					
		ound culture dated 12/22/22 and contained E. coli,	).				
	Nurse confirmed Reperson, place, and questions appropriates not always chand the treatments a few times this moculture of R4's left in E. coli infection. On	2 PM, V5 Licensed Practical 4 is alert and oriented to time and able to answer ately. R4 stated night shift ange R4's wound dressing, were missed during night shift onth. V10 obtained a wound schium wound that showed an a 1/13/23 at 9:43 AM, R4 have a sensitivity to tape.				= <sup>N</sup> = 3	

Illinois Department of Public Health

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	(X3) DATE SURVEY COMPLETED			
	5. 43 20	IL6004212	B. WING		R-C 01/12/2023	
NAME OF	PROVIDER OR SUPPLIER		- · · · · · · · · · · · · · · · · · · ·	STATE, ZIP CODE		
ILLINIHI	ERITAGE REHAB & H	L,	T DRIVE, S GN, IL 618			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	ON (X5) LD BE COMPLETE PRIATE DATE		
S9999	Continued From pa	ge 3	S9999			
	Assistant and V5 er R4's wound treatme had soft/formed inc the cloth incontinen incontinence care. I wound, packed the with bleach solution abdominal pad over secure the dressing incontinence brief.	PM, V4 Certified Nursing ntered R4's room to administer ents. R4 was lying in bed and continent bowel movement on ce pad. V4 and V5 provided V5 cleansed R4's left ischium wound with gauze soaked and loosely laid and top of the wound. V5 did not with tape, and applied R4's V5 stated it is difficult to keep e, because there is no order ne dressing.				
	(DON) In Training c wound treatment or dressing with tape. ' securing the dressing	AM, V3 Director of Nursing onfirmed R4's left ischium der includes to secure the V3 confirmed that by not ng, this could allow for bowel derneath of the dressing and und.				
	have a sensitivity to be securing R4's wo prevent bowel move wound. V10 confirm was infected with E.	AM, V10 stated R4 does not tape, and the facility should bund dressing with tape to ment from getting into the ed R4's left ischium wound coli. V10 stated there have facility not implementing ent orders.				
	Summary by V10 W 12/31/22 documents pressure ulcer meas wide by 0.1 cm deep wound was necrotic order is a petrolatur abdominal pad, and	luation & Management ound Physician dated & R4's left heel stage 4 sured 5.5 cm long by 7.8 cm o, and 65 percent of the (dead) tissue. The treatment of gauze, covered with an secure with a gauze roll to be order is also documented on	2			

Illinois Department of Public Health

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6004212		(X2) MULTIPL A. BUILDING: B. WING	COMP R-	(X3) DATE SURVEY COMPLETED R-C 01/12/2023		
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	017.	2,2020
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC	CHAMPA  ATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	IGN, IL 6182 ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
S9999	R5's January 2023 Physician's Orders.  R5's January 2023 Treatment Administration Record (TAR) does not document the left heel wound treatment was administered as ordered on 1/4/23, 1/6/23, 1/7/23, 1/9/23, and 1/10/23, and has dates circled three times weekly.  The facility's Weekly Wound Tracking Report dated 1/6/23 documents R5's left heel wound measures 5.2 cm by 7 cm by 0.1 cm.  On 1/11/23 at 2:35 PM, V6 Licensed Practical Nurse removed a dressing dated 1/9/23 from R5's left foot. The dressing was adhered to the left heel wound, and V6 used normal saline to soak and remove the dressing. There was a large amount of tan/bloody drainage on the dressing. R5's left heel wound was approximately golf ball size and contained brown/tan tissue. V6 cleansed the wound, applied the petrolatum dressing, covered with an abdominal pad and secured with					
	treatment order an reviewed with V2 EDON In Training. V heel wound treatment confirmed R5's TAI treatment was adm and 1/10/23. V3 co out the treatment a stated V2 will need TAR for R5's left he	4 AM, R5's left heel wound d January 2023 TAR were DON/Wound Nurse and V3 /2 and V3 confirmed R5's left ent is ordered daily, and R does not document the ninistered on 1/4, 1/6, 1/7, 1/9, onfirmed the nurses should sign administration on the TAR. V2 to create a new entry on the reel wound treatment where ad, so that the nurses will know				

The facility's Dressing Change policy dated as revised July 2007 documents to obtain a

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STATE FORM

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI		(X3) DATE SURVEY COMPLETED	
()		DETAIL TO THOM DETAIL	A. BUILDING:			_
		IL6004212	B. WING			-C 12/2023
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	the wound and ap	for dressing changes, cleanse oply/secure the dressing in he physician's orders.				

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