

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/12/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ILLINI HERITAGE REHAB & HC	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 CURT DRIVE, SUITE B CHAMPAIGN, IL 61821
--	--

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments First Complaint Certification Revisit to Survey date 12/7/22, Complaint #2269570/IL153892	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)5) 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 300.1210 General Requirements for Nursing and Personal Care 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
ILLINI HERITAGE REHAB & HC

STREET ADDRESS, CITY, STATE, ZIP CODE
**1315 CURT DRIVE, SUITE B
CHAMPAIGN, IL 61821**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>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 sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements were not met as evidenced by:</p> <p>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.</p> <p>Findings include:</p> <p>1.) R4's Wound Evaluation & Management</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/12/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ILLINI HERITAGE REHAB & HC

1315 CURT DRIVE, SUITE B
CHAMPAIGN, IL 61821

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>Summary by V10 Wound Physician dated 12/31/22 documents: R4's left ischium stage 4 pressure ulcer measured 6 centimeters (cm) long by 2.5 cm wide by 2.5 cm deep. R4's wound was cultured, showed Escherichia (E.) coli (bacteria commonly found in the lower intestine), and Levaquin (antibiotic) 750 milligrams by mouth twice daily was ordered for 14 days. The treatment is ordered twice daily to pack the wound with gauze moistened with a bleach solution, apply an abdominal pad, and secure with tape.</p> <p>R4's January 2023 Physician Orders do not document to secure R4's left ischium wound dressing with tape, as ordered by V10. There is no documentation in R4's medical record that R4 has a sensitivity to tape.</p> <p>The facility's Weekly Wound Tracking Report dated 1/6/23 documents R4's left ischium wound measures 6 cm long by 2.5 cm wide by 2 cm deep. The wound has 2 cm of tunneling at 12 o'clock.</p> <p>R4's left ischium wound culture dated 12/22/22 documents the wound contained E. coli, indicating infection.</p> <p>On 1/11/23 at 12:12 PM, V5 Licensed Practical Nurse confirmed R4 is alert and oriented to person, place, and time and able to answer questions appropriately. R4 stated night shift does not always change R4's wound dressing, and the treatments were missed during night shift a few times this month. V10 obtained a wound culture of R4's left ischium wound that showed an E. coli infection. On 1/13/23 at 9:43 AM, R4 stated R4 does not have a sensitivity to tape.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/12/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ILLINIHERITAGE REHAB & HC	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 CURT DRIVE, SUITE B CHAMPAIGN, IL 61821
--	--

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>On 1/11/23 at 1:53 PM, V4 Certified Nursing Assistant and V5 entered R4's room to administer R4's wound treatments. R4 was lying in bed and had soft/formed incontinent bowel movement on the cloth incontinence pad. V4 and V5 provided incontinence care. V5 cleansed R4's left ischium wound, packed the wound with gauze soaked with bleach solution, and loosely laid an abdominal pad over top of the wound. V5 did not secure the dressing with tape, and applied R4's incontinence brief. V5 stated it is difficult to keep the dressing in place, because there is no order for tape to secure the dressing.</p> <p>On 1/11/23 at 10:00 AM, V3 Director of Nursing (DON) In Training confirmed R4's left ischium wound treatment order includes to secure the dressing with tape. V3 confirmed that by not securing the dressing, this could allow for bowel movement to get underneath of the dressing and contaminate the wound.</p> <p>On 1/12/23 at 10:44 AM, V10 stated R4 does not have a sensitivity to tape, and the facility should be securing R4's wound dressing with tape to prevent bowel movement from getting into the wound. V10 confirmed R4's left ischium wound was infected with E. coli. V10 stated there have been issues with the facility not implementing V10's wound treatment orders.</p> <p>2.) R5's Wound Evaluation & Management Summary by V10 Wound Physician dated 12/31/22 documents R4's left heel stage 4 pressure ulcer measured 5.5 cm long by 7.8 cm wide by 0.1 cm deep, and 65 percent of the wound was necrotic (dead) tissue. The treatment order is a petrolatum gauze, covered with an abdominal pad, and secure with a gauze roll to be changed daily. This order is also documented on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/12/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ILLINI HERITAGE REHAB & HC	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 CURT DRIVE, SUITE B CHAMPAIGN, IL 61821
--	--

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>R5's January 2023 Physician's Orders.</p> <p>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.</p> <p>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.</p> <p>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 a gauze wrap.</p> <p>On 1/11/23 at 11:24 AM, R5's left heel wound treatment order and January 2023 TAR were reviewed with V2 DON/Wound Nurse and V3 DON In Training. V2 and V3 confirmed R5's left heel wound treatment is ordered daily, and confirmed R5's TAR does not document the treatment was administered on 1/4, 1/6, 1/7, 1/9, and 1/10/23. V3 confirmed the nurses should sign out the treatment administration on the TAR. V2 stated V2 will need to create a new entry on the TAR for R5's left heel wound treatment where dates are not circled, so that the nurses will know to administer the treatment daily.</p> <p>The facility's Dressing Change policy dated as revised July 2007 documents to obtain a</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/12/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ILLINI HERITAGE REHAB & HC	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 CURT DRIVE, SUITE B CHAMPAIGN, IL 61821
---	--

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 physician's order for dressing changes, cleanse the wound and apply/secure the dressing in accordance with the physician's orders. (B)	S9999		