

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/05/2019
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY NSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE EDWARDSVILLE, IL 62025
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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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S 000	Initial Comments Annual Licensure and Certification Complaint 1940327/IL108706: F689 FRI of 10/22/18/IL108780: F689	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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 each resident's comprehensive resident care	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/28/19
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S9999	<p>Continued From page 1</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed provide supervision to prevent burns during application of a heating pad for one of one resident (R29) reviewed for burns. This failure resulted in R29 sustaining a second degree burn to her mid back.</p> <p>Findings include:</p>	S9999		

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1. R29's Face Sheet undated, documents R29 was admitted to the facility on 3/23/16 and having part the following diagnoses: Parkinson's Disease, Intervertebral Disc Degeneration, Lumbar Region, and Fibromyalgia.

R29's Treatment Administration Record (TAR), dated 10/1/2018 - 10/31/2018, documents, "Heat pack to lower back three times a day," with a start date of 11/30/2017.

R29's Minimum Data Sets (MDS), dated 10/22/18 and 12/4/18, documents R29 has a Brief Interview for Mental Status score of 15, indicating cognition intact. The MDS further documents R29 requiring extensive assistance with care.

On 1/28/19 at 1:05 PM, R29 stated she received a burn with blisters from having received a hot pack onto her back sometime last October and "It was too hot when she (V37, Certified Nursing Assistant/CNA) put it on me."

Facility's Report of Incident, dated 10/25/2018, at 12:44 PM, documents "Report to IDPH (Illinois Department of Public Health). Resident (R29), Date of Incident 10/22/2018 (notified staff of pain to area 10/24/18)." The Report also documents R29 received a burn. The Report documents R29 complained of pain to her mid/lower back and upon assessment, R29 was "noted with 2 areas of fluid filled blistering with red peri-wound. Assessment indicates residents has 2nd degree burn to mid/lower back. Upon interview resident reported to staff nurse that she believes the burn is from the application of a heat pack." The Report further documented that after review of video camera footage it was determined that on 10/22/2018 at 2015 (8:15 PM) V37 obtained the

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S9999	<p>Continued From page 3</p> <p>heat pack and applied it to the resident's back in a pillow case. The Report also stated the CNA as well as the nurse responsible for the resident's care at the time of the event received education and disciplinary actions per protocol.</p> <p>Disciplinary Action Notice, dated 10/22/18, documents V37 (CNA) violated the facility policy for application of heat pack that was not in the scope of her practice.</p> <p>On 1/22/19 at 1:21 PM, V2, Director of Nursing (DON), stated in part, "It is not the policy of the facility to have a CNA apply a heat pack of any kind, including a heating pad. Currently don't have any type of heat packs, and therapy doesn't use them. The CNA was counseled and re-educated on her scope of practice. The blisters are healed and resident did receive a second degree burn."</p> <p>On 1/23/19 at 11:23 AM V17, Certified Occupational Therapy Assistant (COTA), stated the therapy department does not use heat packs.</p> <p>On 1/22/19 at 1:21 PM, V2, DON, stated the facility does not have a policy on heat packs, as they are not used in the facility.</p> <p>(B)</p>	S9999		