

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET 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 Complaint # 1965303/IL114125 Complaint # 1965705/IL114562 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.610a) 300.1010h) 300.1210b) 300.3240a) 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 h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident,	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	TITLE	(X6) DATE 09/04/19
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET 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>injury or change in condition at the time of notification</p> <p>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 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>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to assess a residents feet and obtain treatments for skin concerns for one of four residents (R15) reviewed for alterations of the skin in the sample of 54. This failure resulted in R15 being admitted to the hospital with gangrene, which required an Above the Knee Amputation of R15's lower right leg.</p> <p>Findings Include:</p> <p>The facility undated Risk and Skin Assessment Policy documents, "intact skin is the body's first line of defense." It is the policy of this facility "to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET 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>monitor for skin integrity of our residents for the development of wounds or other skin conditions." All residents will have a visual inspection of their skin: A complete head to toe skin check is completed by the licensed nurse upon admission and weekly.</p> <p>R15's Facesheet dated 8/6/2019 documents the following Diagnoses: Type II Diabetes Mellitus and Unspecified Peripheral Vascular Disease.</p> <p>R15's Progress Notes dated 7/30/2019 at 7:15 am by V15 LPN (Licensed Practical Nurse) document, R15 "complaining of right foot pain. Sock removed. Resident {R15} noted with 3rd and 4th toe of right foot dark purple in color with large dark scab between 3rd and fourth toe. Foot swollen and warm to touch. Call placed to nurse practitioner regarding condition change." Advised to send R15 to the ER (Emergency Room) for evaluation.</p> <p>On 8/6/19 at 9:50 am, V27 Hospital Social Worker stated R15 had been admitted to the Hospital with a diagnosis of Gangrene and ended up having an AKA (Above Knee Amputation). V27 stated the hospital has a concern regarding the care that the facility was providing and what type of assessments were being completed on R15 because when the hospital contacted the facility to see how long R15 had foot problems, they (hospital) were told that R15's feet were normal until that morning. V27 stated according to V30, Medical Student at the hospital, "that {condition of R15's foot} wouldn't happen in one day."</p> <p>R15's Hospitalist History and Physical dated 7/30/19 by V37 Hospitalist documents R15 was transferred to this hospital for possible gangrene of third and fourth toe on the right foot. R15</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET 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>reports development of symptoms of pain in third and fourth toe on the right foot, over a period of one week, symptoms getting worse, with development of black necrotic skin over both toes. "Doppler pulses positive, examined along with vascular surgery resident present, right lower extremity with dry gangrene of third and fourth digits associated tenderness, warmth and edema surrounding; LLE (Left lower extremity) with abrasion on dorsum of foot."</p> <p>R15's Foot and Ankle Surgery Note dated 8/1/19 by V38 DPM (Doctor of Podiatry Medicine) documents "right foot gangrene" and R15 wishes to have an AKA, as R15 does not want to risk infection.</p> <p>On 8/6/19 at 12:07 pm, V15 LPN stated, V20 RN (Registered Nurse) reported to V15 that during the night shift on 7/29/19, R15 was complaining of pain to the right foot and that V20 looked at it and stated V20 thought it was fungal. V15 stated after receiving report, V15 went down and looked at R15's foot and saw two dark purple toes. V15 stated the foot was slightly red above the toes, and between the third and fourth toe was a dark scab. "It just didn't look right and I (V15) wanted it looked at." V15 called an unidentified Nurse Practitioner who gave orders to send R15 to the hospital for evaluation.</p> <p>On 8/6/19 at 12:55 pm, V19 CNA stated R15 always has socks on so V19 has never seen R15's feet but his socks were off that morning (7/30/19). V19 stated R15's toes were black and necrotic, and V19 didn't know how long R15's toes were discolored as R15 would cuss you out if you tried to remove R15's socks.</p> <p>On 8/6/19 at 2:18 pm, V17 CNA stated R15</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET 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>always wore socks but "everyone needs their skin assessed" so V17 insists on removing R15's socks to look at R15's feet. V17 stated R15 has had a lot a dry skin and fungus on R15's feet, between toes on and on top of feet for more than a week now. V17 stated she reported the area to either V31 LPN or V32 LPN.</p> <p>On 8/7/19 at 9:32 am, V20 RN stated around 3 am on 7/30/19, R15 complained of R15's right foot hurting. R15 asked V20 to remove R15's socks and both feet had what looked like a fungus on them; "a solid brown, sticky, wet substance" between the second, third and fourth toes on the right foot and between the first, second, and third toes on the left. V20 stated V20 "got a wash cloth and tried to clean the area but (R15) said it was hurting so (V20) stopped." V20 stated that R15 normally always had socks on so V20 didn't see R15's feet very often. V20 did state that several months ago when V33 Former LPN was training V20, they looked at R15's feet and V33 said "they are always like that" so the physician was not notified for a treatment order at that time. V20 stated the last time seeing R15's feet before 7/30/19 was "probably a month ago" and that time, R15 "had dark wet looking spots between the toes but not as much as now."</p> <p>R15's MAR (Medication Administration Record) dated June and July 2019 document R15 has had weekly skin assessments completed by V15 LPN. There are no documented skin concerns on the MAR's.</p> <p>On 8/7/19 at 9:47 am, V15 stated R15 refused to get out of bed and had a history of getting red in the groin area so when completing R15's weekly skin assessments, V15 would "look at (R15's) butt, back and groin." V15 was unable to</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET 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

remember if V15 checked R15's feet and toes during the weekly checks stating, "that was several days ago."

On 8/7/19 at 2:23 pm, V34 CNA stated that about one and a half - two weeks prior to R15 going into the hospital, V34 noticed R15 had a "brown, crusty, scab like area between (R15's) toes", which V34 reported to V17, a fellow CNA.

On 8/7/19 at 2:33 pm, V31 LPN stated she doesn't recall V17 ever reporting R15's feet problem to V31, and V32 LPN was unable to be reached to confirm if V17 had reported R15's feet condition to V32, as V17 stated V17 had done.

On 8/7/19 at 2:45 pm, V2 DON (Director of Nursing) stated, when skin assessments are completed, they should be a "head to toe assessment" and a residents feet should "definitely be looked at, especially for residents with known PVD (Peripheral Vascular Disease)."

On 8/7/19 at 2:54 pm, V35 NP (Nurse Practitioner) stated, "with (R15) having scabs and dark fungus looking spots between his {R15's} toes, the facility should have notified me or (V36 Physician) so we could look at it. I (V35) would have ordered a venous and arterial doppler at that point and some kind of antifungal, if that is what I (V35) thought it was. Possibly would have consulted with the wound physician as well for recommendations." V35 also stated, we all know that gangrene doesn't change that quickly in that short of time. Based off of test results in the hospital, R15 was still getting some blood flow (to the area). "This might not have had same outcome if treatment would have been provided earlier on."

S9999

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET 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 6 (A)	S9999		

FAC. NAME: CHAMPAIGN REHAB CENTER
LIC. ID #: 0055574
DATE COMPLAINT RECEIVED: 07/22/19 09:45:00

COMPLAINT #: 0114125

IDPH Code	Allegation Summary	Determination
-----	-----	-----
105	IMPROPER NURSING CARE	1 1001010 2
118	RESIDENT RIGHTS	
310	FOOD BORNE ILL/UNSANITARY/UNSAFE FOOD	
402	LACK OF STAFF	
406	ADMINISTRATION	

X The facility has committed violations as indicated in the attached*
 No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

-
- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.