

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145647	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY REHAB AT NORTHMOOR		STREET ADDRESS, CITY, STATE, ZIP 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to ensure pressure relieving devices were in use for one of three residents (R2), reviewed for pressure wounds, in a sample of eight. FINDINGS INCLUDE: The facility policy, Wound Care, dated (revised) 11/1/16, directs staff, When a new pressure injury is identified, ensure the resident has an appropriate (pressure-relieving) cushion in (the) wheelchair. R2's Pressure Ulcer Risk Assessment, dated 4/30/20, documents R2 is at risk for skin breakdown. R2's Nursing Progress Notes, dated 7/9/20, document, This writer assessed (R2's) buttocks per CNA (Certified Nursing Assistant) request. (R2) noted to have open area to left lateral buttock (that measures) 2.7 CM (centimeters) X 2.5 CM. Wound bed bright red with light serous drainage noted. Smaller area on right medial buttock, approximately 1.5 CM X 0.7 CM. New (physician) orders obtained. Will have Wound doctor (V20) see on next visit. (R2) is incontinent. R2's Wound Evaluation and Management Summary form, dated 7/13/20, documents, A thorough wound care assessment and evaluation was performed today. (R2) has a shear wound of the lower sacrum. There is moderate serous exudate. Shear wound of the left, upper sacrum measuring 3 CM X 3 CM. Dressing treatment plan: [REDACTED]. Gel cushion to chair: add any available pressure relief cushion to wheel chair. R2's Care Plan, dated 7/23/20, includes the following Interventions: Use of pressure reducing mattress and wheel chair cushion are ongoing. R2's Wound Evaluation and Management Summary form, dated 8/24/20, document, (R2) has a stage 4 pressure wound of the left, upper sacrum measuring 1 CM X 1 CM X2 CM with 6 CM of undermining at 3 o'clock. On 8/30/20 at 8:56 A.M., R2 was seated in a high back wheel chair, in (R2's) room, feeding self the morning meal. No pressure relieving cushion was in R2's wheelchair. On 8/30/20 at 10:30 A.M., R2 was seated in a high back wheel chair, talking with (R2's) daughter via cell phone. No pressure relieving cushion was in R2's wheelchair. At that same time, V6, Licensed Practical Nurse (LPN), verified that R2 did not have a pressure relieving cushion in her wheelchair. On 8/31/20 at 9:30 A.M., V2, Director of Nurses, stated, (R2) should have a pressure relieving cushion in her wheelchair, due to a stage four pressure wound. I'm not sure why (R2) doesn't have one.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to perform proper hand hygiene during incontinence care for one of three residents (R7), reviewed for infection control, in a sample of eight. FINDINGS INCLUDE: R7's Urine Culture, dated (collected) 8/19/20, documents, Urine culture results: greater than 100,000 colonies of [MEDICATION NAME] Faecalis and greater than 100,000 colonies of Aerococcus Urinae. R7's current Physician order [REDACTED]. On 8/31/2020 at 9:10 A.M., V15, Certified Nursing Assistant (CNA), and V14, Registered Nurse/Unit Manager (RN), prepared to assist R7 to the toilet. V15, CNA, turned on the water faucet in R7's room, applied soap to her hands, lathered her hands for no more than five seconds, and turned the water off. V15, CNA, dried her hands with paper towels and applied gloves. After assisting R7 into the bathroom, V15, CNA, removed R7's urine soaked disposable brief and assisted R7 to sit on the toilet. V15, CNA, removed her gloves, turned on the water faucet, applied hand soap and rubbed her hands together for no more than five seconds, rinsed her hands, turned of the faucet and applied gloves. V15, CNA, then performed incontinence care for R7, applied a dry, disposable brief and assisted R7 to the wheelchair. At this time, V14, Registered Nurse, verified that V15, CNA, did not wash her hands for 20 seconds or greater prior to assisting R7 to the toilet, and prior to performing incontinence care for R7. The facility policy, Handwashing/Hand Hygiene, dated (revised) 3/2018, directs staff, This facility considers hand hygiene the primary means to prevent the spread of infections. Use an alcohol-based hand rub containing at least 62% alcohol or, alternatively, soap and water in the following situations: before and after direct contact with residents, after removing gloves. Vigorously lather hands with soap and water and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) under a moderate stream of running water, at a comfortable temperature. Rinse hands thoroughly under running water. Dry hands thoroughly with paper towels then turn off faucets with a clean, dry paper towel. Discard towels into trash.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.