STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008684	A. BUILDING: _____ B. WING _____	C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSHVILLE NURSING & REHAB CTR	135 SOUTH MORGAN STREET RUSHVILLE, IL 62681

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S 000	Initial Comments Complaint Investigation: #2121132/IL131121	S 000		
S9999	Final Observations Statment of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2) 300.1220b)2) 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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, injury or change in condition at the time of notification. 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. 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: 2)All treatments and procedures shall be administered as ordered by the physician. Section 300.1220 Supervision of Nursing Services b)The DON shall supervise and oversee the nursing services of the facility, including: 2)Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities	S9999		

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S9999	Continued From page 2 potential, rehabilitation potential, cognitive status, and drug therapy. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met evidenced by: Based on record review, and interview, the facility failed to obtain treatment orders in a timely manner and ensure a urinalysis was completed for a resident with symptoms of a Urinary Tract Infection, for one of three residents (R1) reviewed for Urinary Tract Infections, in a sample of seven. These failures resulted in R1 having symptoms of a Urinary Tract Infection from 2/11/21 to 2/18/21, without appropriate testing and R1 being hospitalized for Intravenous Antibiotic Treatment of a Vancomycin-Resistant Enterococci (VRE) Urinary Infection. Findings include: The electronic medical record documents R1 was admitted to the facility on 1/28/21, with the diagnoses of Neuromuscular Bladder Dysfunction, and End Stage Renal Disease. A Minimum Data Set assessment, dated 2/03/21, documents R1 as having no cognitive impairment and requiring the help of two plus staff for personal hygiene, and toileting. A Plan of Care, dated 2/05/21, documents R1 has an indwelling	S9999		

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urinary catheter and instructs staff to "report UTI (Urinary Tract Infection) (acute confusion, urgency, frequency, bladder spasms, nocturia, burning, pain, difficulty urinating, low back/flank pain, malaise, nausea/vomiting, chills, fever, foul odor, concentrated urine, blood in urine.)"

A Physician's Order Sheet documents staff were instructed to obtain a 24 hour urine collection on R1, beginning at 6:00 am 2/08/21 through 6:00 am on 2/09/21, with the urine specimen being sent with R1 to her Dialysis appointment on 2/09/21 for analysis. Resident Progress Notes, dated 2/11/21 by V2 (Director of Nursing), document "Fax being sent to (Physician/Nurse Practitioner) in regards to (R1's) urine having a very foul odor and also having a thick consistency. Will await (Physician/Nurse Practitioner) response." There is no documented evidence in R1's electronic medical record that the Physician/Nurse Practitioner responded to V2's 2/11/21 fax notification regarding R1's urine. A Resident Progress Note, dated 2/14/21 by V4 (Licensed Practical Nurse), documents "This nurse notified of dark amber colored urine in (catheter) bag. Fax sent requesting (urinalysis)." A Fax Notification Sheet, dated 2/14/21 by V4, documents "(R1's) Urine is dark and cloudy in (catheter) bag. (R1) believes it is due to increased intake of juice. I believe she needs a (urinalysis) completed. Can we please have orders for a (urinalysis with culture and sensitivity)?" The same Fax Notification Sheet was returned to the facility on 2/15/21, with V11 (Nurse Practitioner) documenting "No - (at) this time, awaiting (Hemodialysis evaluation of) 24 (hour) urine." Resident Progress Notes later, on 2/16/21 (5:00 pm), document, "(R1) returned from dialysis lethargic, clammy, hard to arouse. A full assessment was completed and (vital signs) were

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S9999	Continued From page 4	S9999		

(within normal limits). This nurse and another nurse on duty suspect dialysis (treatment) being the cause." On 2/17/21, Resident Progress Notes document, "(R1) stated that she does not remember anything from the time dialysis hooked her up to their machine through to waking up in the middle of the night at the facility." The Electronic Medical Record contains no documented evidence that the physician was notified of R1's symptoms, on 2/16/21 and 2/17/21, that could have possibly been related to a Urinary Tract Infection. Resident Progress Notes on 2/18/21 document R1 left the facility for Dialysis and R1 was sent to the local Emergency Room from Dialysis facility at 7:00 am. The next Resident Progress Note, dated 2/21/21, documents R1 was ultimately admitted to the Hospital on 2/18/21 for Intravenous Antibiotic Treatment of a Urinary Tract Infection and Anemia.

Hospital Emergency Room notes, dated 2/18/21, describe R1's urine as "grossly cloudy" at the time she presented. Hospital Urine Cultures collected on 2/18/21 document R1 as having VRE infection of the urine, which required Intravenous Antibiotic (IV) Therapy.

On 2/23/21 at 10:01 am, V2 (Director of Nursing) stated she and staff had to fax the Physician/Nurse Practitioner twice on 2/11/21 regarding R1's dark, thick urine with a foul odor. V2 stated they did finally get a response a couple days later, but the Nurse Practitioner instructed the staff to just wait for the 24 hour urine results that had been ordered previously (2/08/21-2/09/21). V2 indicated the dialysis staff had already reported to the facility that they had to "dump" R1's urine sample from 2/08/21, due to it being "incorrectly collected"; however, staff did

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not communicate that to the Nurse Practitioner when she advised them to just await those results to rule out R1 having a Urinary Tract Infection. V2 stated the Nurse Practitioner should have been notified that there were no pending urine tests for R1 on 2/15/21. Additionally, V2 stated staff should have made attempts to contact the Physician/Nurse Practitioner by phone, when they did not get a reply on 2/11/21.

On 2/24/21 at 8:15 am, V16 (Registered Nurse/Dialysis Facility) stated R1's urine specimen from 2/08/21 was not wasted and was actually tested; however, they do not culture the urine to check for infection and only test kidney function. V16 stated, when R1 presented on 2/18/21 for dialysis, she was very lethargic and even the transport bus driver stated something was very wrong with R1. According to V16, R1 would respond to commands, but had to be aroused, which was not her norm, her blood pressure was 69/43, urine was very dark, and cloudy. V16 stated they didn't even initiate dialysis and immediately called 911 to take her to the Hospital.

On 2/23/21 at 2:57 pm, V15 (Emergency Room Registered Nurse) stated when R1 arrived at the Emergency Room on 2/18/21, her indwelling urinary catheter bag contained "very dark, like watered down quicksand, urine that was full of sediment and had a foul odor." V15 stated R1 was diagnosed with a Urinary Tract Infection while she was there and given two different antibiotics, but was transferred to another hospital for continued treatment due to the seriousness of her condition.

On 2/24/21 at 8:45 am, R1 stated she doesn't remember much from 2/16/21 -2/19/21, other

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S9999	Continued From page 6 than she just felt very ill. R1 stated that her daughter kept asking the nurses at the nursing home to test her urine for infection, but they kept putting it off. The facility policy, titled "Notification of Resident Change in Condition Policy (November 2016)", documents "The licensed nurse is to use professional judgement in determining changes in condition based on assessment and findings or signs and symptoms of change which could lead to deterioration if not treated." The policy further documents, "In the event the Physician cannot be reached or does not respond and the resident requires medical intervention or there are clinical complications in the judgement of the nurse, the alternate Physician will be promptly contacted. During the interim, appropriate nursing interventions and monitoring measures will be performed and documented." " B "	S9999		