

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY REHAB		STREET ADDRESS, CITY, STATE, ZIP 500 SOUTH ART BARTELL ROAD URBANA, IL 61802	
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 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to provide timely assistance with mobility to for one resident (R2) of three residents reviewed for activities of daily living in the sample of four residents Findings include: R2's physician's orders [REDACTED]. R2's physician order [REDACTED]. R2's Nursing Progress Note dated 3/6/20 states resident to continue on (full mechanical lift) transfers until evaluation by therapy. R2's Care Plan dated 1/2/2020 states (R2) requires Total assist with ADLs (activities of daily living). The approaches state: (Full Mechanical) lift with 2 (two) assist for transfers. R2's Admission Minimum (MDS) data set [DATE] documented R2 has moderate cognitive impairment and is totally dependent upon two staff for transfer between surfaces including to and from the bed, chair, or wheelchair and extensive assistance of one for bed mobility. R2's weight was 247 pounds. On 3/16/20 at 8:45 am R2 was seated in the corridor outside of the bedroom. At 9:00 am R2 was pushed to his wheelchair to the dining room for breakfast by V6 (Certified Nurse Aide/CNA). At 9:15 am R2 was eating breakfast at the dining room table. When asked if R2 likes to sleep in, R2 responded, I didn't sleep in; it is just whenever they come in to get me up. On 3/16/20 at 11:37 am R2 stated, You never know what time you will get up. On Friday (3/13/20) they couldn't find a (mechanical lift) sling to get me up (out of bed). They didn't started looking for it until 1:00 pm. (V7) (CNA) stated that she could not find a big enough sling and V7 stated I can't use the standing lift. R2 stated that he didn't get out of the bed until after 3:00 pm on Friday. R2 stated he is working on using the standing lift in physical therapy because he doesn't like the total lift. R2 estimated that about 6 or 7 times he has had to wait to get transferred from bed or his wheelchair because they can't find the right sling or lift. R2 stated it is hard for R2 to move around when in bed. On 3/16/20 during a telephone interview at 11:40 am V10 (R2's spouse) stated that V10 arrived at noon on Friday and R2 was still in bed. R2 ate lunch in the room and they finally got R2 up at 3:00 pm. V10 stated R2 has to be gotten up with a (mechanical lift) and two staff. The staff stated they could not find the right (mechanical lift) equipment. V10 has spoken in the past to the Director of Nursing about why they are so late getting R2 out of bed. On 3/16/20 during telephone interview at 1:40 pm V7 confirmed V7 worked on Friday and stated It was a crazy day. There was one resident who kept trying to fall out of bed. I couldn't find the right size sling to get R2 up with the (mechanical) lift. I found several small slings but no extra large. Usually if we can't find the slings on other units then we can go downstairs to laundry to get one. I didn't have time to leave the unit to get one because I was monitoring the other resident. V7 did not call laundry or request another staff to locate a sling. On 3/16/20 at 4:20 pm V9 (Physical Therapy Aide/PTA) confirmed during telephone interview that V9 went to R2's room for therapy on Friday late afternoon. V9 stated when she arrived around 3:30 pm the staff were just getting R2 out of bed. On 3/16/20 at 4:00 pm V15 (laundry staff) stated they have a lot of mechanical lift slings of all sizes. Slings are delivered to the floors in the morning and in the afternoon if a sling is needed the CNAs can come downstairs to get a sling. V15 stated, If they call down to the laundry and I have time I can bring up a sling, but I am usually working alone and don't have time. On 3/16/20 at 4:15 pm V2 (Director of Nursing) stated V2 did have a conversation in the past with V10 who was questioning why R2 was not out of bed for breakfast. V2 stated the staff started doing rounds to make sure R2 was getting up. V2 was asked what V7 should have done when V7 couldn't find the right sling for R2 last Friday. V2 stated I would expect the CNA to notify the nurse or unit manager and follow chain of command. If they let me know I would even go down there (to the laundry) and get a sling.</p>		
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.