

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Illini Heritage Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE  1315 Curt Drive, Suite B Champaign, IL 61821	

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)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>35380</p> <p>Based on interview and record review the facility failed to administer a dietary supplement according to physician's orders for one resident (R3) of one resident reviewed for following physician's orders in the sample list of three.</p> <p>Findings include:</p> <p>R3's undated Cumulative Diagnosis Log, documents R3's diagnosis as: Transischemic Attack (TIA) and Cerebral Infarction.</p> <p>R3's Physician Order Sheet (POS) dated 7/1/24 to 7/31/24, documents Med Pass 2.0 Supplement 60 milliliters (ML) by mouth twice a day.</p> <p>R3's Medication Administration Record (MAR) dated 7/1/24 through 7/31/24, documents Med Pass 2.0 Supplement as not given to R3 on the following dates: 7/7/24, AM and PM; 7/11/24 AM and PM; 7/16/24 PM; and 7/19/24 AM.</p> <p>On 7/18/24 at 3:06 PM, V2 Director of Nursing (DON), verified on previous dates, R3 did not receive Med Pass Supplement.</p> <p>R3's Care Plan dated 3/22/24, documents to provide and serve supplements as ordered.</p> <p>The facility's Conformance with Physician Medication Orders dated Reviewed 9/27/17, documents all medication, headache remedies, vitamins, etcetera shall be given upon written order of a physician.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35380</p> <p>Based on observation, interview, and record review the facility failed to employ a clinically qualified Director of Food and Nutrition. This failure has the potential to affect all 47 residents residing in the facility.</p> <p>Findings include:</p> <p>On 7/18/24 at 10:40 AM, V1 Administrator stated they do not have a Dietary Manager at this time, V1 stated the facility had a Dietary Manager for five days but that person abandoned the job so we let him go. V1 stated V1 has been working in the kitchen a lot and comes in every weekend and at other times to cook. V1 stated V2 Director of Nursing (DON) has also been helping to cook.</p> <p>On 7/18/24 at 12:30 PM, V2 DON stated V2 has been cooking for the past one and a half to two weeks.</p> <p>Throughout this survey, from 7/18/24 through 7/19/24, a Dietary Manager was not present in the facility.</p> <p>The facility's Food Service Manager job summary dated 10/16, documents qualifications for this position include: must have taken or be willing to take the Dietary Managers Course and have passed the sanitation test or be willing to take the course approved by the state the facility is in.</p> <p>The facility's room roster dated 7/18/24, documents 47 residents reside in the facility.</p> <p>The Facility assessment dated [DATE], documents a Dietician or other clinically qualified nutrition professional to serve as the director of food and nutrition services 8 hours per day.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35380</p> <p>Based on observation, interview and record review, the facility failed to have qualified dietary aides and a cook. This failure has the potential to affect all 47 residents who reside in the facility.</p> <p>Findings include:</p> <p>The Facility assessment dated [DATE], documents food and nutrition services staff be in the facility 14 hours per day.</p> <p>The facility's Diet Aide job summary dated 10/16, documents a dietary aide must have passed the sanitation test or be willing to take the course approved by the state the facility is in and must receive food handler's training within 30 days of employment.</p> <p>On 7/18/24 at 12:30 PM, V2 Director of Nursing (DON) stated V2 has been cooking at the facility for one and a half to two weeks.</p> <p>On 7/18/24 at 3:30 PM, V1 Administrator stated V4, the cook, does not have a cooking/sanitation certificate, also V5 and V6 diet aides do not have a food handlers certificate at this time. At this same time, V1 stated V1 was not aware that V4 needed a cooking/sanitation certificate.</p> <p>On 7/18/24 at 3:45 PM, V2 DON stated V2 does not have a certificate to be cooking.</p> <p>On 7/19/24 at 8:30 AM, V4, cook, stated V4 does not have a cooking/sanitation certificate and just found out today (7/19/24) that V4 needed it.</p> <p>The facility's Room Roster dated 7/18/24, documents 47 residents reside in the facility.</p>