

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/11/2018
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NAME OF PROVIDER OR SUPPLIER APERION CARE MORTON TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 191 EAST QUEENWOOD ROAD MORTON, IL 61550
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S 000	Initial Comments	S 000		
	Initial Complaint Investigation #1825883 / IL105606			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violation:</p> <p>300.610a) 300.1210b) 300.1210d)1)2)3)5) 300.1610a)1) 300.3220f) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>		<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
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S9999	<p>Continued From page 1</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. <p>Section 300.1610 Medication Policies and Procedures</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>a) Development of Medication Policies</p> <p>1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidence by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received antibiotics in a timely manner for a wound infection, failed to assess and monitor a wound and failed to effectively manage operations to ensure residents received appropriate treatment for wound infections for one of four residents (R2) reviewed for wound infections in the sample of seven. These failures</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>resulted in R2 experiencing increased, constant, and severe pain, increased wound size, edema and redness of the tissues surrounding the wound.</p> <p>Findings include:</p> <p>R2's Left ankle culture and sensitivity collected 8/27/18 and Final report dated 9/1/18 documents the following organisms were cultured: "Pseudomonas aeruginosa, heavy growth; Enterococcus species, Moderate growth; Staphylococcus aureus, Light growth."</p> <p>R2's Progress Notes document the following:</p> <p>8/14/18 - R2's "L (left) outer ankle had opened area and had brownish/green drainage present."</p> <p>8/27/18 at 12:54pm by V5, Physician Assistant-Certified (PA-C), documents "Reason for visit: wound to left ankle. No fevers, vomiting. Wound noted left malleolus with surrounding erythema. Plan: wound culture, Bactrim DS BID (twice daily) x (times) 7 (seven) days and continue to monitor."</p> <p>8/29/18 -a pre-existing allergy to Bactrim, so an order to start Clindamycin 150mg (milligrams), one capsule QID (four times a day) x 7 days was received.</p> <p>8/31/18 - "MD (medical doctor) reviewed gram stain and N.O. (new order) received to start Cipro 250mg BID x 10 days was received. This note documents "R2 has allergy to Levaquin. Awaiting clarification."</p> <p>9/4/18 - "(V4, Primary Care Physician) notified of bright green drainage, redness, swelling, and</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>tenderness. Also notified of patient vomiting, no fever." This note documents pharmacy called facility with recommendation of Vanco (Vancomycin) and Gent (Gentamicin) to treat left ankle wound.</p> <p>9/5/18 - "Wound to left outer ankle remains red and swollen. Bright green drainage remains. Periound is macerated and resident is complaining of pain at times."</p> <p>On 9/6/18 at 10:37am, R2's left outer ankle had a dark red/purplish open ulcer with green drainage, entire peri wound area surrounding the left ankle and circling the distal tibia and extending into the dorsal area of the left foot was red/purple and edematous. R2 complained of severe pain during treatment of the wound and stated the pain had increased greatly over the past two days. R2 stated the pain (in left ankle and foot) is "constant, bad, severe, throbbing." R2 rated the pain on a scale of one to 10 (10 as the worst pain), as a nine.</p> <p>On 9/6/18 at 2:40pm, R2 walked to (R2's) room using a walker, and moaned and grimaced when bearing weight on the left foot. At this time, V8, Licensed Practical Nurse (LPN) viewed R2's wound and stated R2's wound had worsened since V8 had seen it the past Tuesday or Wednesday (8/28/18 or 8/29/18). V8 stated when (V8) had last seen R2's wound it did not have the redness surrounding the wound, and in the foot, or the edema.</p> <p>On 9/6/18 at 3:15pm, V6, Registered Pharmacist, stated the only antibiotic that had been dispensed for R2 between 8/27/18-9/6/18 was Clindamycin 150mg. V6 stated it is the nurse's responsibility to convey to the Physician in a timely manner that</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>residents are allergic to an antibiotic and to obtain from the Physician an appropriate order.</p> <p>R2's Medication Administration Record dated 8/27/18 -9/7/18 at 4:30pm documents the only antibiotic R2 received was Clindamycin 150 mg on 8/30/18 at 9:00am, 12:00pm, 6:00pm, and 9:00pm and one dose on 8/31/18 at 9:00am.</p> <p>R2's Physician Orders dated 9/6/18 document an order for Vancomycin 1000mg IV (intravenously) daily for wound infection, and Gentamicin Sulfate solution 80 mg intramuscularly daily for wound infection. R2's MAR dated 9/6/18 through 9/7/18 at 9:00am document no Vancomycin or Gentamicin was administered, and R2 received the first dose of Gentamycin the morning of 9/7/18.</p> <p>On 9/6/18 at 1:45pm, V2, Director of Nursing (DON) stated "I am the one responsible for overseeing infections and antibiotic use. We played phone tag with the physician and had to wait for pharmacy recommendations for R2's antibiotic orders. R2 was allergic to some antibiotics ordered." On 9/7/18 at 12:29pm, V2 stated (V2) asked pharmacy to send the antibiotics stat on 9/6/18, but the pharmacy stated they had no one to bring the antibiotics to the facility from the pharmacy in Chicago.</p> <p>On 9/6/18 at 3:30pm, V7, Pharmacy IV Technician, stated the pharmacy had received confirmation of the order for the Vancomycin and Gentamicin from the physician on 9/6/18 at 9:57am (previously recommended and dosing calculated by Pharmacy on 9/4/18). On 9/7/18 at 1:58pm, V7 stated the facility had not asked that the Vancomycin or Gentamicin be sent stat on 9/6/18. V7 stated the manifest documenting</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>delivery of the Vancomycin and Gentamicin showed the antibiotics were received and signed for confirmation of delivery on 9/6/18 at 5:37am by V10, LPN and Wound Nurse.</p> <p>On 9/7/18 at 2:50pm, V12, Corporate Nurse Consultant, provided the drug manifest which documented the Vancomycin and Gentamicin were received at the facility on 9/6/18 at 5:37am and signed for by V10. V12 stated the antibiotics were still inside a sealed box from pharmacy.</p> <p>On 9/6/18 at 2:30pm, V4, R2's Primary Care Physician, stated "(R2) has gone too long without treatment (with an antibiotic). I assume the resident is getting the medication I ordered unless the nursing home tells me otherwise. I was not made aware of the timeline with this resident. The nursing home should have kept me informed if antibiotics were not given or if it's too expensive. If they couldn't get antibiotics started in two to three days, they should have sent (R2) to the hospital. Something should have been done."</p> <p>On 9/7/18 at 8:25am, V5, Physician's Assistant-Certified, stated V5 examined R2's ankle yesterday (9/6/18) and "it (ankle wound) looks bad, nasty! I referred (R2) to the wound physician. It is not acceptable that this resident did not receive antibiotics for this length of time. When an order is given, it should be implemented the same day."</p> <p>On 9/7/18 at 9:30am, V2, Director of Nursing (DON), provided a document with R2's wound measurements dated 9/2/18. V2 stated "We only have one measurement for (R2's) wound. (V10), LPN, Wound Nurse, just heard about R2's wound on 9/2/18. If (V10) doesn't know about it, (V10)</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>can't measure it." On 9/7/18 at 12:29pm, V2 stated they have not yet determined the type of R2's ulcer.</p> <p>On 9/7/18 at 10:25am, V10 stated (V10) first saw and measured R2's wound on 8/31/18. V10 stated (V10's) hours dedicated to performing wound care activities have been decreased to two days per week. V10 stated (V10) rounds with the wound physician on Mondays and provides resident treatments on Tuesdays. V10 stated (V10) saw R2's left ankle wound last night (9/6/18) but does not remember if the wound had changed.</p> <p>R2's Treatment Administration Record (TAR) dated 8/16/18- 9/6/18 documents R2 received treatment to the left outer ankle wound daily. There are no wound measurements or descriptions of the wound on the TAR.</p> <p>R2's current care plan documents "9/3/18- left lateral malleolus (ankle) open lesion- 2.1 x 1.8cm."</p> <p>R2's medical record contains the following Skin and Wound Assessments: 8/9/18-skin intact, no foot problems; 8/16/18 callus left outer ankle open, callus right outer ankle closed, no measurements of the open wound, type or description of the wound and periwound; 8/23/18 skin intact, no foot problems; 8/30/18 open area left ankle, right outer ankle scabbed, no measurements of open wound, type or description of the wound and periwound; 9/6/18 open lesion left lateral malleolus, area 35.9cm (centimeters), length 7.3cm, width 6.1cm; and documents only blanching and no edema of surrounding tissue.</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>The facility's Infection Control logs dated 8/2018 and 9/2018 do not document the date of onset of R2's wound, date of culture and culture results, signs and symptoms of infection, and dates antibiotics were initiated and discontinued.</p> <p>R2's Wound Evaluation and Management Summary dated 9/10/18, written by V13, Wound Care Physician, documents "(Wound) started as abrasion over lateral ankle, developed infection with pseudomonas leading to extensive breakdown of lateral leg. Foot is cool to touch which may be due to edema." "Wound size (Length by (x)Width x Depth)- 13 x 12 x not measurable cm (centimeters)." "Significant edema in legs contributing to high exudate volume. Large area weeping result of infection and edema. Extensive breakdown appears consistent with pseudomonas infection."</p> <p>The facility's Infection Prevention and Control Program (effective 11/28/12) documents "3. The designated Infection Control employee and Quality Assurance committee is responsible for monitoring the effectiveness of the program and continually improving outcomes. 6. The program provides for the recording of each suspected infection and surveillance activities as they relate to individual resident infections. A log is maintained of suspected and actual infections on a day-to-day basis. 7. Antibiotic use will be logged and tracked to ensure prescribing practices and outcomes are monitored for trends."</p> <p>The facility's Non-Controlled Medication Order Documentation Policy (effective 10/27/2014) documents "C. The prescriber is contacted by nursing to verify or clarify an order (e.g. when the resident has allergies to the medication, there are contraindications to the medication, significant</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>drug interactions are present, or the directions are confusing. D. The prescriber is contacted by nursing for direction when delivery of a medication will be delayed or the medication is not or will not be available."</p> <p>The facility's Pressure Injury and Skin Condition Assessment policy (effective 11/28/12) documents "3. A wound assessment will be initiated and documented in the resident chart when pressure and /or other ulcers are identified by licensed nurse. 10. Pressure injuries and other ulcers (arterial, diabetic, venous) will be measured at least weekly and recorded in centimeters in the resident's clinical record. 11. A wound assessment for each identified open area will be completed and will include: a. Site location; b. Size ((length x (by) width x depth)); c. Stage of pressure ulcer; d. Odor; e. Drainage; f. Description; g. Date and initials of individual performing the assessment. 16. The licensed nurse is responsible for notifying the attending physician, Director of Nursing and legal representative of any suspected wound infection."</p> <p>(B)</p>	S9999		
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