

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/08/2016
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NAME OF PROVIDER OR SUPPLIER APERION CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments First Probationary Licensure Survey Annual Certification Survey	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.670k)1)2)3) Section 300.670 Disaster Preparedness k) Coordination with Local Authorities 300.670k) 1), 2), and 3) Disaster Preparedness Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction. Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 300.2620d), to the local health authority and local emergency management agency having jurisdiction. Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local management agency having jurisdiction. The facility shall inform the local authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed. These requirements were not met as evidence by the following: Based on record review and interview, the facility failed to provide copies of the facility's disaster plan, emergency water plan, and the source of	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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>emergency power to the local health authority and local emergency agency. This failure has the potential to affect 91 residents.</p> <p>Findings include:</p> <p>The facility's disaster plan, water plan, and loss power plan were reviewed and no evidence that the emergency disaster plan, emergency water plan and the emergency power plan had been reviewed by the local authorities. E1, Administrator stated on 3-3-16 at 9:15 A.M. that E1 could not find evidence that the facility's disaster plan, emergency water plan and the source of emergency power was given to the local health authority and local emergency agency.</p> <p>According to the facility's "Resident Census and Condition of Resident" dated 2-29-16, 91 residents reside at the facility.</p> <p style="text-align: center;">(B)</p> <p>----- 300.3260c)</p> <p>300.3260c) Resident Funds The facility may accept funds from a resident for safekeeping and managing, if it receives written authorization from, in order of priority, the resident or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediate family member any, such authorization shall be attested to by a witness who has no pecuniary interest in the facility or its operations and who is connected in any way to facility personal or the administrator in any manner whatsoever. (Section 2-201(2) of the Act)</p> <p>This requirement was not met as evidenced by</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>the following:</p> <p>Based on record review and interview, the facility failed to obtain written authorizations to manage Resident Trust Funds witnessed by someone who has no connection with the facility for 13 of 17 sampled residents (R2, R3, R4, R6, R10, R12, R16, R18, R19, R21, R23, R24, and R26) reviewed for Trust Funds, and for 61 residents (R1, R5, R8, R9, R11, R13, R14, R15, R17, R29, R30, R32, R33, R37, R38, R40, R42, R43, R45, R49, R50, R52, R53, R54, R55, R56, R57, R58, R60, R61, R62, R64, R65, R66, R68, R69, R70, R72 through R79, R81, R85 through R89, R91, R92, R93, R95, and R97 through R103) on the supplemental sample.</p> <p>The finding includes:</p> <p>E15, Bookkeeper provided a "Trial Balance" report dated 2-29-2016. The Trial Balance report listed 77 residents having trust funds in the Resident Trust Fund account. The facility's binder that had the Resident Trust Fund authorizations were reviewed.. E15 stated on 3-1-16 at 2:10 P.M., that all the Resident Trust Fund authorizations were in the binder.</p> <p>Trust fund authorizations for R2, R3, R4, R6, R10, R12, R16, R18, R19, R23, R24, and R26 were not witnessed. R21's Trust Fund authorization was witnessed by an employee..</p> <p>Trust fund authorizations for R1, R5, R8, R9, R11, R13, R14, R15, R17, R29, R30, R32, R33, R37, R38, R40, R42, R43, R45, R49, R50, R52, R53, R54, R55, R56, R57, R58, R60, R61, R62, R64, R65, R66, R68, R69, R70, R72 through R79, R81, R85 through R89, R91, R92, R93, R95, and R97 through R103 were not witnessed or</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>witnessed by someone having no connection with the facility. R55, R56, R57, R65, and R74 had no Trust Fund Authorizations. R76's authorization was witnessed by an employee.</p> <p>E15 confirmed at the time of the review the Trust Fund Authorizations were not appropriately witnessed.</p> <p>(B)</p>	S9999		