

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/12/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH RIDGELAND AVENUE OAK LAWN, IL 60453
--	--

(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	<p>Initial Comments</p> <p>Statement of Licensure Violations</p> <p>Facility Reported Incident of 11-17-17/IL98647</p> <p>1 of 1 Violations</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1010h) 300.1210d)3) 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>	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

01/12/18

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/12/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH RIDGELAND AVENUE OAK LAWN, IL 60453
--	--

(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
S9999	<p>Continued From page 1</p> <p>Section 300.1010 Medical Care Policies</p> <p>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 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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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> <p>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.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/12/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH RIDGELAND AVENUE OAK LAWN, IL 60453
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</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 evidenced by:</p> <p>Based on observation, interview and record review facility failed to follow their resident care standards for one resident (R3) out of three residents by failing to monitor R3 vital signs resulting in R3 not getting better management of her vital signs.</p> <p>Findings Include:</p> <p>Facility's resident care standards denotes following standards are to be practiced by all nursing employees in the performance of direct and indirect care procedures for or with the resident, whether using equipment for technical procedures or when assisting residents to carry out self-care activities. These standards will not be repeated again in the individual procedures unless significance warrants repetition. Nursing care is planned and provided to: Timely medications and treatments. Timely initiate appropriate nursing interventions. Provide care to prevent complications of immobility, such as pressure ulcers and decline in activities of daily living.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/12/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH RIDGELAND AVENUE OAK LAWN, IL 60453
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>R3's care plan initiated 10-31-17 denotes with activity intolerance secondary to cardiac arrhythmia. Interventions medications as ordered and monitor for changes in ability to tolerate activities, increase in symptoms of arrhythmia, shortness of breath, dizziness, etc. and report to doctor.</p> <p>R3's physician progress note dated 11-17-17 written at 1:35 pm denotes chronic atrial fibrillation controlled by Coreg 6.25 milligrams moderate/severe tricuspid regurgitation. Labs BUN 71, creatinine 1.3 and potassium 5. Assessment: Dehydration; plan start 0.9 normal saline one liter Monitor for bleeding, daily weights, discussed with nursing.</p> <p>R3's nurse note dated 11-17-17 written at 3:00pm denotes IV 0.9 running as ordered. Blood pressure 109/53, R20, pulse 96, remains alert and oriented no signs of distress.</p> <p>V7 (Assistant Director of Nursing) stated on 12-5-17 at 1:00 pm the nurse practitioner (NP) had just left but before she left gave an order for Lasix. V7 stated assessed R3 and noted her blood pressure low and spoke with NP who ordered discontinue Lasix. V7 stated NP also stated to continue R3s IV fluids as ordered and continue to monitor. V7 stated during rounds the nurses should had at least once during their shift, taken R3 vital signs.</p> <p>R3's nurse note dated 11-17-17 written at 4:52 pm denotes blood pressure 98/53 Nurse practitioner notified. IV push Lasix order discontinued and potassium on hold for two days. R3 to continue IV fluids.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/12/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH RIDGELAND AVENUE OAK LAWN, IL 60453
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>R3's medication sheet denotes potassium 20 meq held on 11-17-17.</p> <p>R3's medication sheet denotes Lasix 40 milligrams discontinued.</p> <p>Surveyor noted from facility camera video V5 arrived on the unit at 10:45 pm on 11-17-17 for the night shift did rounds and entered R3's room with no blood pressure cuff or stethoscope in her hand only a piece of paper at 10:51:33 pm and exit R3's room at 10:52:47 pm on 11-17-17.</p> <p>Surveyor noted from facility camera video V5 doing rounds and enter R3's room with no blood pressure cuff or Stethoscope in her hand only a piece of paper at 12:18:15 am and exit at 12:18:44 am on 11-18-17.</p> <p>Surveyor noted from facility camera video V5 doing rounds and enter R3's room empty handed with no blood pressure cuff or stethoscope on 11-18-17 at 2:47:11 am exit at 2:47:50 am run to medicine cart and retrieve blood pressure cuff stethoscope and call for help.</p> <p>Surveyor noted from facility camera video staff on 11-18-17 at 2:48:50 three nurses running with crash cart and oxygen to R3's room and another nurse on the phone.</p> <p>Surveyor noted from facility camera video on 11-18-17 paramedics coming on the unit at 3:03 am and going to R3's room.</p> <p>V6 (Certified Nurse Aide) stated on 12-5-17 at 2:30 pm started her shift on 11-17-17 at 10:30pm on 11-17-17. V6 stated when V5 entered R3's room V6 was already cleaning R3 up because R3 had a bowel movement. V6 stated the only time V6 saw V5 go in R3's room was at that time. V6</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/12/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH RIDGELAND AVENUE OAK LAWN, IL 60453
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>stated while V6 was cleaning and changing R3, did not see V5 take R3's vitals/blood pressure.</p> <p>R3's nurse note dated 11-17-17 upon making rounds at 10:40 pm received R3 responsive with certified nurse aide providing care to R3, blood pressure 76/50, pulse 128.</p> <p>R3's nurse note dated 11-18-17 written at 4:43 am denotes at 12:55 am certified nurse aide went to R3's room to provide care because R3 had moved R3s bowels, vital signs taken blood pressure 54/36, pulse 124 Oxygen and breathing treatment at this time.</p> <p>R3's nurse note dated 11-18-17 written at 4:56 am denotes blood pressure 45/31 pulse 179, called for help other staff at bedside CPR was started while 911 called.</p> <p>R3's nurse note dated 11-18-17 written at 5:16 am denotes 911 arrived, tried to revive R3 to no avail, R3 confirmed expired.</p> <p>V1 (Director of Nursing) stated on 12-5-17 at 1:30 pm R3 at one point had low blood pressure (BP) and an order was given to start intravenous fluids and to monitor R3. V1 stated the pm shift documented during their shift that R3 blood pressure was stable. V1 stated the night shift came in and V5 did rounds and documented that R3s BP was low 76/50 and continued to monitor. V1 stated that V5 also documented later that R3s blood pressure was 54/36. V1 stated they questioned V5s documentation after they reviewed the chart and V5 told them that the only time she manually checked R3's blood pressure was at the beginning of V5s shift. V1 stated V5 told them she got scared and panicked because that was the first time dealing with a CODE and</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/12/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH RIDGELAND AVENUE OAK LAWN, IL 60453
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>falsified that she retook R3's blood pressure after it was only taken once. V1 stated suspended V5 and during the investigation V5 resigned and told them V5 was not coming back to work. V1 stated completed their investigation and concluded that V5 had falsified documentation based on the video and her statement. V1 stated that V5 should have taken R3's vital signs during her shift and since V5 falsified R3s records can't say she did that.</p> <p>V5s' signed statement denotes V5 arrived at work and began making rounds on residents assigned to her. Initial round on R3 was at 10:50 pm R3 was alert, responsive 0.9 IV infusing vital signs BP 76/50 and pulse 128. Doctor was not notified because previous shift had just initiated IV fluids for hypotension. Documentation recorded in nurse notes at 12:55am was inaccurate.</p> <p>V5's employee report dated 11-18-17 denotes suspension pending investigation regarding Code Blue event on 11-18-17.</p> <p>V8 (Doctor) stated on 12-5-17 at 3:30 pm V5 falsified records and can't tell if she really knew that she should have taken R3's vitals before she expired. V8 stated V5 should have been monitoring and acting according to the facility's protocol for taking R3's vitals since there was no specific order to take them and that she should have used her nursing judgement and taken R3's vitals at least once during her shift before R3 expired. V8 stated management problem cannot be proved as neglect because the nurse judgement at that time was lack of knowledge that V5 should have been monitoring R3's blood pressure, R3 was getting the intravenous fluids for abnormal labs. V8 stated if resident has low blood pressure it could cause atrial fibrillation. V8</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2017
NAME OF PROVIDER OR SUPPLIER APERION CARE OAK LAWN		STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH RIDGELAND AVENUE OAK LAWN, IL 60453		
(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
S9999	<p>Continued From page 7</p> <p>stated there are no written rules for monitoring and taking blood pressure but it is a clinical judgement of the nurse. V8 stated V5 should have called them when R3s BP was 76/50 and pulse 128 so it could have been managed at the hospital. V8 stated it is common sense of a good nurse to call the doctor. V8 stated if the nurse knew or believe the blood pressure was not okay and still did not make the phone call would have been neglect. V8 stated because V5 falsified the records can't say what V5 knew and didn't know only what V5 should have done. V8 stated that V5 acted more incompetent than negligent and believes V5 falsified V5s notes to cover up her mistakes. V8 stated if V5 knew or believe the blood pressure was not okay and still did not make the phone call would have been neglect. V8 stated can't say for sure that if the V5 had taken R3's vitals and called the ambulance that R3 would have not expired. V8 stated if V5 did take R3's vitals she should have called him and would have sent R3 to the hospital becuase they could have managed R3s situation better than the nursing home. V8 stated having low blood pressure can cause a resident with a history of chronic atrial fibrillation to go into AFIB with is a harmful situation for the resident.</p> <p>R3's death certificate denotes dated of death 11-18-17 causes chronic atrial fibrillation and Dementia.</p> <p>(A)</p>	S9999		