

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015333</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/02/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE FOREST PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130</b>
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S 000	Initial Comments	S 000		
	Complaint Investigation #1992828/IL111442			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1010 h) 300.1210 b) 300.3240 a)</p> <p>Section 300.610 Resident Care Policies 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 300.1010 Medical Care Policies 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><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/24/19
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S9999	<p>Continued From page 1</p> <p><b>Section 300.1210 General Requirements for Nursing and Personal Care</b> 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 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><b>Section 300.3240 Abuse and Neglect</b> 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 interview and record review, the facility failed to develop a nutrition and hydration plan to reduce/prevent the risk of an unplanned weight loss and dehydration, for 1 of 3 residents reviewed for weight loss and hydration. This failure resulted in R1 experiencing a 21.94% weight loss over 33 days. R1 had a change in condition, becoming lethargic, and was sent to the local hospital for evaluation. R1 was admitted and treated for the diagnoses of dehydration, Acute Kidney Failure, and hypernatremia.</p> <p>Findings include:</p> <p>R1 was admitted on 03/12/19, with diagnoses including but not limited to: Malignant Neoplasm of Right Breast, Dementia, Hypertension, Hyperlipidemia, Osteoarthritis of Right Hip, and Cognitive Communication Deficit. R1 was acutely</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>discharged to the hospital on 04/17/19 due to lethargy.</p> <p>04/30/19 at 09:08 AM, V6, (Family Member), said "On 04/13/19 or 04/14/19 my husband went to visit and R1 was sleeping during the day. On 4/16/19 I was called by the nurse practitioner about R1's weight of 88 pounds, down from 109 pounds on admission. They drew blood and R1 was dehydrated, malnourished, and sodium level was high. On 4/17/19, R1 was lethargic. R1 lost 20 pounds in a month and I was not informed."</p> <p>05/01/19 at 12:43 PM, V4, (Dietician), said, "We discussed R1's weight loss in a meeting on 4/17/19. Weight loss is a symptom of R1's illness. R1's symptoms are consistent with R1's acute illness that R1 went out with. Significant weight loss is 5% or more in 30 days. The facility notifies the doctor, nurse practitioner, or dietician of the weight loss. R1's weight loss did not trigger in the system because it was less than 30 days. I look at the intake report and I know how many calories were eaten based on the diet that they are on."</p> <p>05/01/19 at 02:45 PM, V3, (Assistant Director of Nursing), said, "If there is a change in the resident's weight we notify the doctor, dietician, and family member. Once the weight is entered, if there is a change in the resident's weight it triggers in our computer system right away. We then receive the weights and care plan. We have bi monthly meetings for weight loss."</p> <p>05/01/19 at 03:10 PM, V15, (Certified Nursing Assistant), said, "I provided R1's ADL (Activities of Daily Living) care and feeding. R1 could feed herself. R1 was picky; if the food touched, R1 would not eat it. I took care of R1 on day shift, and R1 received 2 meals during my shift. R1</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>would not let me feed her, or knock the spoon out of my hand at least 3 times a week. I would try to calm R1 down, then report it to the charge nurse. R1 had a very poor appetite. I did not weigh R1."</p> <p>05/02/19 at 09:38 AM, V2, (Director of Nursing), said, "I interviewed the CNA's (Certified Nursing Assistants) who said R1 is sometimes cooperative, eats slowly, and is a picky eater. R1 lost 5 pounds and we were trying to get R1 back on track. I told the nurse to document what R1 was doing and eating. R1 was not taking things in, and was declining. R1's weight loss did not trigger in the system. R1 was lethargic and not able to take anything oral. When they reported to me, everything was in the critical time on 4/16/19. The nurse should have been notified of the weight changes, decline, called the doctor, family member, and documented. It is important to report any changes in condition. There is a failure with communication. We have a weight meeting twice a month."</p> <p>05/02/19 at 10:15 AM, V16, (Licensed Practical Nurse), said, "The day before or the day R1 went out there was a decline in condition. I don't remember if anyone reported the weight loss. R1 had a poor appetite. They should notify the nurse practitioner or doctor. I was not aware of such a rapid weight loss. There was a failure in communication and documentation."</p> <p>05/02/19 at 11:15 AM, V13, (Licensed Practical Nurse), said, "I did not know R1 lost weight. Restorative does the weights and I think they let the Assistant Director of Nursing know if there is any change in the weight. If there is a change in condition, I should call the doctor and family to let them know."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>05/02/19 at 12:07 PM, V18, (Licensed Practical Nurse), said, "R1's plan of care was comfort measures, making sure R1 was clean, and pain relief. I consider eating a comfort measure. I was not aware R1 was not eating, or had weight loss. I would assess the resident and find out why they were not eating, then notify the doctor and family."</p> <p>05/02/19 at 12:20 PM, V17, (Licensed Practical Nurse), said, "I was R1's nurse the day R1 went to the hospital. R1 wasn't eating too well. I was told R1 had not eaten in a couple of days. If a resident has a poor appetite and weight loss, we contact the family, manager, doctor, and get doctor orders."</p> <p>05/02/19 at 12:57 PM, V11, (Licensed Practical Nurse), said, "I did not know that R1 had a decline in weight. To my knowledge, R1 was eating. The CNA's will let the nurse know if a resident is not eating, and the family, physician, and dietician will be notified."</p> <p>05/02/19 at 01:21 PM, V19, (Certified Nurse Assistant), said, "R1 was a total assist when on the 4th floor. R1 fed herself, and sometimes ate 75-100% of breakfast and lunch. R1 never refused meals. If you let R1 know what you were doing R1 was fine but would push you away if you did not. When R1 was transferred to the 2nd floor I don't know what happened."</p> <p>05/02/19 at 01:32 PM, V20, (Nurse Practitioner), said, "The first day that I was notified of R1's weight loss was the day before R1 went to the hospital on 4/16/19. (Surveyor referred to progress note written by V20 on 04/09/19 indicating R1 had poor intake lately, weighed 107.6 pounds on 03/14/19 and 102.6 pounds on</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>03/27/19, if p.o. (By Mouth) intake does not pick up will consider adding mirtazapine). V20 said, "R1 had some weight loss. R1 was comfort care, nothing aggressive or invasive. R1 was doing well on the 4th floor. I was not notified of the next weight loss. I am assuming R1 not eating caused dehydration that led up to the hospitalization. IV fluids were given because R1 was lethargic and was not eating. R1 was not improving with IV hydration. Acute kidney injury was caused by the dehydration."</p> <p>05/02/19 at 02:39 PM, V14, (Licensed Practical Nurse), said, "On 04/16/19, the Nurse Practitioner came to the nurse's station and said R1 was not looking good. We started an IV (Intravenous) line and checked R1's vital signs. R1 only responded to pain. I informed the family. If there is a change in condition we are to call the doctor, get orders, notify the family, and do interventions here first. If we cannot maintain the resident they are sent out. I did not check the weight loss."</p> <p>05/02/19 at 03:57 PM, V21, (Licensed Practical Nurse), said, "R1 was on the second floor for comfort care including making R1 comfortable, feeding R1 if R1 wanted to be fed, changing diapers and alleviating pain. I attempted to feed R1 once, but R1 refused. We approached R1, and asked if R1 wanted to be fed, but R1 did not want to eat, and just took sips of water. Nothing was ever reported, and I was not aware of any weight loss."</p> <p>Record review: MDS (Minimum Data Set) dated 03/19/19, indicates R1 required Extensive assistance with eating with one person physical assist. Order Summary Report dated 05/01/19, "Order summary General diet regular texture." Dietary Initial/Quarterly/Annual dated 03/13/19,</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>indicates R1 weighed "109.4 pounds on 03/14/19, Appetite good and Eating assistance: supervision." Nutrition Assessment date 03/14/19, indicates R1 has "inadequate p.o. (by mouth) intake, assistance with eating, weight status; no weight change, oral nutrition intake 26-75% with overall risk category &gt; (greater than) 8 Points High Risk." Care Plan focus area indicates R1 needs "assistance with Eating, have potential for altered Nutrition." Weight and Vitals Summary dated 05/01/19, indicates R1 weighed on 03/14/19 at 09:37 109.4 pounds, 03/14/19 at 14:49 107.6 pounds, 03/27/19 102.6 pounds, 04/11/19 88.8 pounds and 04/16/19 85.4 pounds. Percentage of meals eaten from 04/04/19 through 04/17/19, R1 ate 0-25% for 8 meals 26-50% for 3 meals, 51-75% for 4 meals, and 76-100% for 1 meal. Progress notes dated from 03/12/19 through 04/17/19, Nurse Practitioner states "I was not made aware of R1 weight loss until 4/16/19." No documentation of weight loss notifications found in progress notes until R1's change in condition on 04/17/19.</p> <p>Record review of Hospital medical records dated 04/17/19, R1 has a diagnoses of Acute Kidney Failure, Hyperosmolality, hypernatremia, and dehydration. R1 had a critical lab result (sodium 163).</p> <p>Policy: Titled Nutrition Intervention Program, not dated. "Residents identified as needing additional nutrition interventions will be started on the NIP Program.</p> <ol style="list-style-type: none"> <li>1. Significant weight loss at 1 month, 3 month, 6 months.</li> <li>2. Significant change in food intake."</li> </ol>	S9999		



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