| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6015333 | A. BUILDING _____ B. WING _____ | C 05/23/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE FOREST PARK | 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130 |

| (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<br><br>1992844/IL111460<br>1993705/IL112409 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations:<br><br>300.610 a)<br>300.1210 b)<br>300.3220 f)<br>300.3240 a)<br><br>Section 300.610 Resident Care Policies<br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br>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 | S9999 | **Attachment A**<br>**Statement of Licensure Violations** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6015333 | A. BUILDING: _____ B. WING _____ | C 05/23/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE FOREST PARK | 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130 |

| (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 | Continued From page 1 | S9999 | | |

resident to meet the total nursing and personal care needs of the resident.

Section 300.3220 Medical Care
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 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These regulations are not met as evidenced by:

Based on interview and record review, the facility failed to follow the Physician's Orders for continuous suction of the wound vacuum, and failed to closely monitor a resident on anti-coagulants or blood thinning medications after the wound vacuum was removed, for 1 resident (R1) reviewed for accommodation of needs in a total sample of 8. This failure resulted in R1 being found unresponsive, bleeding from the removal site. R1 was transported to the local hospital where R1 was unable to be resuscitated and expired.

Findings Include:

The Face Sheet documents that R1 was admitted to the facility on 1/7/19, after undergoing a left femoral popliteal bypass surgery, a vascular procedure that increases blood flow to the left foot due to diagnoses of Heart Failure, Peripheral Vascular Disease, Mitral Valve insufficiency, and

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6015333 | A. BUILDING: _____ B. WING _____ | C 05/23/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE FOREST PARK | 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130 |

| (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 | Continued From page 2 | S9999 | | |

clogging of the arteries. The hospital records dated 12/31/18, documents that R1 had the left 4th and 5th toe amputated, and had a wound vacuum, or suctioning device, in place due to a non-healing wound opening up at the amputation site.

The Skin Assessment on admission to the facility dated 1/8/19, documents that R1 had a stapled wound to the left groin, left lower leg, left inner ankle, and a non-healing wound to the left 4th and 5th toe amputation site, with moderate blood tinged drainage and a wound vacuum in place.

The Physician's order dated 1/8/19, documents the wound vacuum should be on continuous suction and changed 3 times weekly. R1 is prescribed Aspirin 81mg and Plavix 75mg daily. Both medications are used as anti-coagulants, or blood thinners, and may increase the risk of bleeding.

The Nurse's Notes dated 1/22/19 at 3:40pm, documents R1's wound vacuum was removed.

The Nurse's Notes dated 1/22/19 at 4:35pm, documents R1 was found unresponsive and bleeding from the left foot wound, where the wound vacuum was removed. The Paramedics were called, and cardiac pulmonary resuscitation (CPR) was initiated.

The Ambulance Run Sheet dated 1/22/19 at 4:47pm, documents Paramedics were dispatched for a cardiac arrest. R1 was unresponsive in bed and was noted with approximately 2-3 liters of blood from the left foot wound where the wound vacuum had been removed. R1 was transported to the local hospital for evaluation and treatment. The Hospital Records dated 1/22/19 at 5:05pm,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6015333 | A. BUILDING _____ B. WING _____ | C 05/23/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE FOREST PARK | 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130 |

| (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 | Continued From page 3 | S9999 | | |

document R1 was found in pool of blood at the facility with approximately 2 liters of blood loss from the wound to the left foot. Resident found unresponsive with no pulse. Asystole confirmed on the monitor. CPR continued with no change. Time of death called at 5:16pm.

On 5/14/19 at 1:10pm, V8(Nurse) stated, "I remember I was doing med pass and a staff member told me they had seen blood on the floor. I went in to assess the resident and R1 was unresponsive so we started CPR and called 911. The paramedics came and the resident was taken to the hospital. The wound vacuum had been removed some time during the day. Residents' should be monitored for drainage and to make sure the wound is ok every 2 hours once a wound vacuum is removed. R1 was fine that morning when I saw the resident, and I hadn't seen the resident since my morning rounds. It was a nice amount of fresh blood on the floor when I went in."

On 5/14/19 at 1:35pm, V3 (ADON) stated, "We do not have a wound vacuum policy or protocol. Our wound nurses are trained on wound vacuums. We have outside vendors that come in and in-service the staff for the wound vacuums because we use different brands. I don't have any documentation to show what education has been done. The facility's practice for residents with wound vacuums is to remove the device, and apply a dry dressing prior to a resident leaving the facility for an appointment. If a resident has an early morning appointment, the wound nurse would remove the wound vacuum the evening before, because sometimes transportation comes before the wound nurses arrive. We do this so that we can keep track of the machine in case the resident is admitted to the hospital, because there

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6015333 | A. BUILDING _____ B. WING _____ | C 05/23/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE FOREST PARK | 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130 |

| (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 | Continued From page 4 | S9999 | | |

have been times where we've sent residents out with the wound vacuum and it was not returned to the facility. There's no policy on monitoring a resident after a wound vacuum has been removed. The staff would monitor the resident every 2 hours unless there's something going on that requires more frequent monitoring."

On 5/14/19 at 3:05pm, V11 (Wound Nurse) stated, "The wound vacuum was being removed due to R1 having a Doctor's appointment with the surgeon the next morning. I removed the wound vacuum closer to the end of my shift around 3:00pm, so that the resident would be ready for the next day. Transportation for appointments can come early in the morning, and the wound team may not be here to remove the wound vacuum at that time. Residents go to appointments without the wound vacuum because sometimes the orders may change after the resident is assessed by the Doctor. I removed the wound vacuum and put a dry dressing in place. The dressing was dry and intact when I left, and there was no active bleeding. We don't have a policy for frequent monitoring after a wound vacuum has been removed. We would just monitor the resident every 2 hours unless there was something going on."

On 5/15/19 at 10:40am, V7 (Physician) stated, "Wound vacuums have a sponge that adheres to the wound. If there is good blood flow to the wound, bleeding can be caused by pulling off a layer of tissue on the wound once that sponge is removed. The resident had good blood flow to the wound because of the vascular surgery that had been done, so it is possible that the bleeding was caused from removing the wound vac. There were no complications noted after the

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6015333 | A. BUILDING: _____ B. WING _____ | C 05/23/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE FOREST PARK | 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130 |

| (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 | Continued From page 5 | S9999 | | |

surgery from my standpoint and no abnormal bleeding. I was unaware that the facility's practice was to remove the wound vacuums the evening before a morning appointment. The wound vacuum should be removed the morning of the appointment, or often residents come to the appointment with the wound vacuum still in place, and I remove it here in the office and send them back to the facility with a dry dressing."

On 5/16/19 at 1:40pm, V7 stated, "The order was for continuous suction, and the expectation is that the resident receives the full benefit of the treatment by keeping the device in place up until the time of transport for the MD appointment. The facility should not have removed the device so that the resident receives the full benefit of the treatment. There is no information out there about how frequent to monitor a resident, but the resident should be monitored for signs of bleeding after removing the device so that pressure can be applied immediately to stop the bleeding."

The Wound Vacuum Operations Manual documents that the residents undergoing negative pressure wound therapy need frequent supervision. Residents' taking anti-coagulants require additional precautions or special care for the safe and effective use of the device.

The Facility has no documentation of additional precautions in place for monitoring the resident.

(AA)