Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008783	A. BUILDING: _____ B. WING _____	C 07/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE SPRING VALLEY	1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362

(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 Complaint 1824839/IL104432	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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. Restorative measures shall include, at a minimum, the following procedures: 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 08/15/18

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S9999	Continued From page 1 and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on record review and interviews the facility failed to supervise and prevent a fall of one resident (R1) reviewed for falls. R1 fell from wheelchair, causing a laceration to crown of head which required two staples to close. Findings include: R1's care plan dated 11/27/17 notes that R1 was admitted to the facility on 11/25/17 and that R1's is at a high risk for falls. Care plan notes that R1 has had multiple falls at home prior to admission. R1's care plan notes that R1 had her left leg amputated just above the knee on 11/19/17. R1's Minimum Data Set dated 12/2/17 noted R1 to have a Brief Interview for Mental Status (BIMS) score of 8 out of 15. BIMS interview notes R1 to have problems with short term memory and recall. R1's incident report and fall investigation dated 12/7/17 noted that R1 was observed just before 9:00 A.M. on 12/7/17 by V14 (Certified Nurse's Aide) in her room leaning forward in her wheelchair for unknown reason. On 7/27/18 at 11:45 A.M, V14 stated that she was pushing another resident down the hall when she	S9999		

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S9999	Continued From page 2 noticed R1 leaned forward in her wheelchair in her room as if R1 was trying to get something. V14 said she told R1 to sit back and that V14 would come back to help R1. V14 said she did not call for someone to help R1 right then and did not go into R1's room at that time. V14 stated that she proceeded to take the other resident to their room, while leaving R1 unattended. V14 stated that by the time V14 got back to R1's room, R1 was on the floor and was bleeding from her head. Local hospital Emergency Department records dated 12/7/17 note that R1 had a laceration to the crown of her head that required two staples to close. (B)	S9999		