

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/16/2018
NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL		STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702			
(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	Final Observations Statement of Licensure Violation: 1 of 1 Violation 300.610a) 300.1210b) 300.1210d)5) 300.3240a) 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. 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	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/12/18

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S9999	Continued From page 1 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) This Requirement is not met as evidenced by:	S9999			

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S9999	Continued From page 2 Based on observation, interview and record review the facility failed to prevent a resident from developing a stage 4 pressure ulcer, failed to follow physician orders for pressure ulcers and failed to turn and reposition residents with pressure ulcers for 3 of 3 residents (R81, R90, R79) reviewed for pressure ulcers in the sample of 58. Findings include: 1. R81 was admitted to the facility on 4/13/2011, with diagnosis of Chronic Obstructive Pulmonary disease, Hyperkalemia, Hypoxemia, Major Depressive Disorder, Hypertension, Cerebralvascular Disease, Muscle Wasting and Atrophy, Dysphasia, Muscle Weakness, Bipolar Disorder, Hypothyroidism, Abnormal Posture. The facility wound report dated 5/8/18 documents R81 developed a facility acquired pressure ulcer on 4/24/18 to her right heel, Stage 4 with measurements of 1.3 X 0.7 X unable to determine (UTD). 50% necrotic, 50% granulation. V23's Wound Doctor, wound care specialist evaluation record dated, 4/24/18 documents in part, Stage 4 pressure wound of the right heel-Initial evaluation, Recommendations: Off load wound, float heels in bed. R81's Physician Order Sheet (POS) dated 7/2018 documents in part, Heel boots to bilateral lower extremities (BLE) at all times every shift for wound care. R81's care plan dated 6/26/18 does not document off loading wound and float heels in bed or heel boots to bilateral lower extremities at all times.	S9999			

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S9999	Continued From page 3 On 7/9/18 2:59 PM, V22 Licensed Practical Nurse (LPN), removed the blankets on R81's legs, the right heel is on the bed, the foam floater is on the top of her leg, V22 stated, "Yes, her heel should be floating, her left leg has the heel boot and that should be on the right leg as well. The floater should have been under her leg to float her heel. I don't know why she does not have the heel boot on her right heel, it should be on all the time." On 7/10/18 at 10:00 AM, R81 is resting in bed, both right and left heel boots are on the roommate's dresser, not on R81's heels. On 7/10/18 at 2:40 PM, V23 Wound Doctor, stated R81 "Should have the heel boots on all the time to off load the heels." The facility Policy and Procedure for Pressure Injury and Skin Condition Assessment dated, 11/28/12, revised 1/17/18 documents in part, Purpose: To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other ulcers and assuring interventions are implemented. #17. The resident's care plan will be revised as appropriate, to reflect alteration of skin integrity, approaches and goals for care. 2. R90's Minimum Data Set (MDS), dated 10/17/17 documented R90 with two unstageable deep tissue injury's. The MDS further documents in part, R90 at risk for pressure ulcers. R90's Wound care special evaluation dated 5/15/18 documented a wound to right posterior thigh resolved. R90's Care Plan last review dated 6/27/18,	S9999			

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S9999	Continued From page 4 documented in part, Potential for impairment to skin integrity related to decreased mobility, fragile skin, incontinence, Spinal Stenosis and Edema, the same care plan interventions documented in part, Turn and Reposition with care: Every two hours and PRN (as needed). On 7/10/18 at 9:05 AM, R90 was transferred to a wheeled high back chair. R90 was observed from 9:05 AM through 11:46 AM, with 15 minute intervals, R90 remained in the room and in his chair. 3. R79's MDS, dated 6/18/18, documented in part, always incontinent of bowel, at risk for pressure ulcers. R79's Braden Assessment, dated 4/26/18, documented in part, R79 is occassional moist and chairfast reflected in a score of 15, indicating "At Risk". On 7/10/18 at 8:55 AM, R79 was transferred to wheeled high back chair by a full mechanical lift. R79 was observed from 8:55 AM through 11:45 AM, with 15 minute intervals, R79 remained in the room in chair. On 7/11/18 at 2:25 PM, V2 stated she had asked staff to assure residents were turned and repositioned Facility Policy revision dated 1/15/18, entitled Pressure Ulcer Prevention, documents in part, "Purpose: To prevent and treat pressure sores/pressure injury. 5. Turn dependent resident approximately every two hours or as needed and position resident with pillow or pads protecting bony prominence's as indicated. 11. Use positioning devices or pillows, rolled	S9999			

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S9999	Continued From page 5 blankets, etc. to reduce pressure and friction/shearing from heels, toes and malleoli as indicated." (B)	S9999			