

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/01/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRADLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 NORTH KINZIE BRADLEY, IL 60915</b>
---	--

(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	S 000		
	Complaint 2175927/IL137145 F600 G			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.3240a) 300.3240e)</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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>		<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Director's or Provider/Supplier Representative's Signature	TITLE	(X6) DATE
--	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/01/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  APERION CARE BRADLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915
--	--

(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>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>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. (Section 2-107 of the Act)</p> <p>e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)</p> <p>These Regulations were not met as evidenced by:</p>	S9999		
	<p>Based on interview and record review the facility failed to ensure residents were free from verbal abuse. This failure resulted in R2 suffering embarrassment when V1 (Administrator) yelled at her in the dining room in front of other residents for sitting in the wrong area. R2 feels uncomfortable if V1 returns and will not leave R2's room if V1 is in the facility.</p> <p>This applies to 2 residents (R1 and R2) reviewed for abuse.</p> <p>The findings include:</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/01/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  APERION CARE BRADLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915
--	--

(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>1. R2 was admitted to the facility January 10, 2020, with diagnoses including cerebral infarction, diabetes, COPD, heart failure, major depressive disorder, and hypertension. R2's most recent minimum data set assessment on June 30, 2021, documented that R1 was cognitively intact, required limited assistance for most activities of daily living except supervision only for eating, and that it was very important to R2 to participate in her favorite activities.</p> <p>On August 19, 2021 at 12:30 PM, multiple residents were noted in the dining room eating lunch, seated at tables with 1 to 3 residents per table. Staff were noted seated throughout and assisting residents as needed. One resident was noted seated at the back of the dining room alone.</p> <p>On August 19, 2021 at 12:35 PM, R2 was noted seated in her room (on a non-quarantine unit) in a wheelchair, with the door open and her lunch tray on her overbed-table between her and the television. R2 was not yet eating. When she was asked why she was eating in her room, R2 stated she eats in her room "and was never going to the dining room again." R2 explained this was because V1 (Administrator) "yelled at" her in the dining room while she was seated at the table with two other residents. R2 stated these residents were her friends and they visited together. R2 continued, and stated V1 "was yelling and told me "You can't sit here you have to go to the back of the room to eat."</p> <p>R2 acknowledged that she was to sit at the back of the room because she refused the Covid vaccine because she is allergic to many things, and was afraid to take it. R2 added, "I will never</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/01/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  APERION CARE BRADLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE BRADLEY, IL 60915
--	--

(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>eat there again. She (V1) just yelled at me and she didn't have to do that. It made me feel like sh*t. Others in the dining room heard it for sure." During the interview R2 was seated with her head down and shoulders rounded, and did not make eye-contact during the interview.</p> <p>On August 19, 2021 at 12:45PM, R3 (Resident Council President) was seated across the hallway in her room watching television. R3 was cognitively intact and confirmed that she was present and sitting at the same table with R2 when V1 (Administrator) "yelled at" R2, and told R2 to sit in the back of the room. R3 stated the incident began with "(V1) coming into the dining room 2 or 3 times and not saying anything, and then on the fourth time, she (V1) just yelled at (R2). I felt bad for (R2). I know she isn't vaccinated, but I have been, and she lives across the hall, we're friends and visit all the time." R3 continued, "And (R2) has a roommate too, and she's vaccinated too I think." R3 added there was another resident seated at the table with R2 and R3 during the incident, and stated she (R3) "didn't say anything, because I don't want it to come back on me."</p>	S9999		
	<p>On August 30, 2021 at 1:05 PM, during follow-up interview R2 was in her room finishing up her lunch. R2 appeared in improved mood, was seated upright in her chair and made socially appropriate eye-contact through out the interview. R2 stated she wanted to know if V1 (Administrator) was returning to the facility. R2 stated she did not feel comfortable with V1 returning to the facility, and stated if V1 does return to the facility, she will stay in her room, and not come out for meals or any other reason. R2 added that she feels the staff is "not as moody" since V1 has not been at the facility. R2 explained</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/01/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRADLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 NORTH KINZIE BRADLEY, IL 60915</b>
---	--

(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>that the staff do their work and seem less anxious.</p> <p>August 30, 2021 at 3:00PM, V2 (Director of Nursing) provided copies of the Final Abuse Investigations for both the current allegations, and stated they were already faxed to the IDPH. It was noted in the section "Summary and Analysis of the Evidence" of the report of investigation regarding R2's allegation, "(V18), CNA, reported that she overheard the Administrator speaking inappropriately to (R2) regarding the incident between R2 and V1. On September 1, 2021 at 12:15 PM, V2 confirmed she interviewed V18 and clarified the completion of the sentence should include the information that V18 confirmed hearing V1 speaking inappropriately to R2 regarding eating in the dining room and wearing a mask.</p> <p>The facility provided email documentation of a follow-up interview by V5 (Social Services Assistant) with R2. The document reported R2 wanted to know if V1 was returning to the facility, that R2 stated she feels uncomfortable with V1 returning, and that if V1 does return, R2 stated she "will stay in her room if the (V1) is here." It was noted this document was shared with V15 (Regional Vice President of Operations).</p> <p>2. R1 was admitted to the facility August 11, 2021, with diagnoses including COPD, congestive heart failure, osteoarthritis, rheumatoid arthritis, generalized anxiety disorder, and pneumonia. R1 was documented cognitively intact on his admission Minimum Data Set (MDS) assessment, and required limited assistance for his activities of daily living.</p> <p>On August 19, 2021 at 10:30AM, V1</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/01/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRADLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 NORTH KINZIE BRADLEY, IL 60915</b>
---	--

(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>(Administrator) stated there were no active abuse investigations at the facility, and stated she was not aware of any allegations of abuse. V1 provided three folders documenting three reportable facility investigations that she stated had been reported to the Illinois Department of Public Health/IDPH.</p> <p>On August 19, 2021 at 11:50 AM, R1 was noted in his room wearing oxygen by nasal cannula, in bed initially appeared agitated, and this agitation eased as the interview progressed. When asked if there was an incident where staff cursed at him R1 acknowledged, "It happened, but I didn't want to take it further because I thought that would make it worse."</p> <p>R1 stated he did not report the incident to the facility or to IDPH. R1 stated, "A few nights ago on the evening shift" he put his call light on for medication. R1 explained he has anxiety and could feel it was getting worse. R1 continued, "the girl came in and said the nurse would be there soon. I told her I needed my med. She turned off the call light. The nurse did not come. It happened again that I put on my call light and the CNA came." R1 stated the CNA spoke to him and turned off the call light. R1 said that the nurse had not yet come when he put his call light on again for the third time. R1 stated the CNA came to his room again, and he told her to leave the light on because "he wanted her to remember to see him."</p> <p>R1 stated he was getting upset. R1 continued, when "the nurse finally came" V9 (LPN) he was upset. He stated the nurse put the medication cup down on the table, and he looked at it, and it appeared to him that there were "too many pills" in the cup, so he did not take it. R1 stated the nurse said, "I have 20 other patients, not just you." As she walked out of the room I heard her</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/01/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRADLEY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 NORTH KINZIE BRADLEY, IL 60915</b>		
(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>say 'f*ck this sh*t. Then I yelled out to her in the hallway f*ck you too b*tch."</p> <p>R1 continued, "I'm supposed to get my meds at 6, and now it was between 7 and 8. I felt bad, thinking maybe she had some problem at home. But then I'm here for help too."</p> <p>R1 added, I just have this anxiety and need my med or it gets worse to paranoia."</p> <p>R1 stated he was not sure the date of this occurrence, and stated the nurse was (V9) Licensed Practical Nurse/LPN, and that it was dark outside, "adding so it must have been during the night."</p> <p>On August 23, 2021 at 12:50PM, V9 (LPN) reported that she regularly worked the night shift, 6 PM to 6 AM, and that she was assigned to R1 on a night when he was repeatedly put on his call light, and cursing between herself and the resident ensued. She reported that R1's concern was his medication. V9 added, "That night it must have been around 10 or 11 because (V11, CNA) the night CNA was here, standing in the (R1's) door."</p> <p>On August 24, 2021 at 10:25 AM, V11 (CNA) confirmed she worked the night shift, and that her schedule was 10 PM to 6AM. V11 reported that she worked on the night shift on the quarantine hall where (R1) resided. V11 stated she was the only CNA assigned to the hall the night that that R1 repeatedly put his call light on for the nurse (V9), and there was cursing between the resident and the nurse.</p> <p>V11 stated that V9 was was the nurse assigned to the quarantine hall and another hall. V11 confirmed that R1 had put on his call light regarding his oxygen and medications. V11 stated she answered the call light and, "I told</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/01/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRADLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 NORTH KINZIE BRADLEY, IL 60915</b>
---	--

(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>him I'd get the nurse (V9). I told her. She was busy with other residents." V11 continued, "I left and 15 minutes passed and he (R1) turned on the call light, and I came back. That's when he said he was having trouble breathing. I noticed he had taken off his oxygen from his nose. I went to get V9.</p> <p>(R1) was mad at me because he thought I didn't go to the nurse, and I went to get the nurse. V9 came and she asked me to come in the room with her."</p> <p>V11 (CNA) continued, "We were both in the room with him. They ended up cursing at each other. V9 did first, saying 'I can't f*cking do this anymore' while she was in the room facing him. (R1) was cursing when she (V9) turned her back and was walking away, and she was all the way down the hall. The two residents in other rooms close by probably heard it. Both those residents are no longer here."</p> <p>The facility provided their policy, "Abuse Prevention and Reporting" dated January 22, 2019, which stated in part,</p>	S9999		
	<p>"Definitions: Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting...mental anguish," and "Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm."</p> <p>(B)</p>			