

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2021
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NAME OF PROVIDER OR SUPPLIER APERION CARE MIDLOTHIAN	STREET ADDRESS, CITY, STATE, ZIP CODE 3249 WEST 147TH STREET MIDLOTHIAN, IL 60445
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S 000	Initial Comments Complaint Investigation: 2196270/IL137583-	S 000		
S9999	Final Observations Complaint Investigation: 2196270/IL137583 STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 100.1010h) 300.1210d)3) 300.1210b) 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 300.1010 Medical Care Policies h)The facility shall notify the resident's physician of any accident, injury, or significant change in a	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>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>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 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>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:</p> <p>3)Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review, this facility failed to follow their post fall policy by not properly</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>assessing and perform range of motion after an unwitnessed fall for 1 of 1 (R3) residents reviewed for post fall assessments. This failure resulted in R3 having documented behaviors of restlessness/lethargy, complaints of leg pain upon movement and being assessed to have a left leg fracture that went unidentified for nine days. The facility failed to follow their pain management program by not assessing the cause or source pain, or notifying the physician of the new onset of pain post fall incident for 1 of 1 residents reviewed for pain management. This failure resulted in R3 having complaints of leg pain, abnormal baseline behaviors after a fall incident where R3 was assessed to have an unidentified left leg fracture for nine days</p> <p>Findings include:</p> <p>R3 has the diagnosis of Dementia, Alzheimer and fracture to left femur. Minimal data section C (cognitive skill for daily decision making) dated 8/18/21 documents R3 is severely impaired. Fall occurrence dated 7/29/21 documents: R3 had an unwitnessed fall. Management incident investigation form dated 7/30/21 documents: R3 has decrease attention span and exhibiting behaviors such as restlessness/lethargy. Nursing note dated 7/30/21: R3 was sitting in wheelchair with a restless condition, nurse to nurse report given, R3 was restless before going to bed during the evening shift. Physician progress note dated 8/5/21 documents: Per staff R3 complained of pain to left leg whenever moved. R3 states, she has pain to left hip that radiates down her leg whenever she is moved or with palpations. R3 had a recent fall with pain to left hip. Concerns for fracture vs dislocation. R3 had an inward rotation and edema of leg prompting need for x-ray. X-ray results dated 8/6/21 reported on 8/7/21</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>documents: Acute left femoral neck fracture.</p> <p>On 9/14/21 at 2:36pm, V2 (DON) said, it is my expectation for my nursing staff to do a full body assessment with all falls and discharge/readmission. R3's fracture could have been identified sooner with a full body assessment. The nurse should have completed a body assessment, due to R3's restlessness and pain. R3's fracture was missed.</p> <p>On 9/14/21 at 5:09pm, V11 (nurse), said, I was given report by the night nurse that R3 fell and was restless on 7/29/21. R3 sitting in her wheel chair close to the table in a bent position with her right hand over her stomach on her right thigh. R3 was in pain. R3 was leaning over as if she had a stomach ache. I did not do a body assessment, R3 was screaming and would not allow anyone to touch her which was not normal.</p> <p>On 9/14/21 at 4:14pm, V7 (Nurse Practitioner) said, staff reported R3 was complaining of pain since the fall on 7/29/21. There was nothing to review from the hospital visit on 7/30/21. R3 was sitting in the wheelchair, I could tell R3 was trying to relieve the pain by attempting loading off her weight. I assessed R3 in the wheelchair with clothes on. R3's leg was inward/internally rotated. I ordered an X-ray which documented a fracture.</p> <p>Change in condition evaluation dated 8/7/21 documents: R3's medical doctor was notified, R3 was discharged to the hospital for acute left femoral neck fracture.</p> <p>Hospital paperwork dated 8/7/21 documents: R3 had deformity to left hip. Musculoskeletal: left lower extremity shortened, decreased range of motion due to pain in the hip joint. R3 had a left</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>femoral neck fracture. Hospital operative report dated 8/10/21 documents: R3 had a left intramedullary nailing of intertrochanteric femur fracture.</p> <p>Post Fall Policy dated 11/28/12 documents: Observed or unobserved, licensed nurse should assess immediately, observe positioning and overall condition, assess for fractures.</p> <p>Findings include:</p> <p>R3 has the diagnosis of Dementia, Alzheimer and fracture to left femur. Minimal data section C (cognitive skill for daily decision making) dated 8/18/21 documents R3 is severely impaired. Fall occurrence dated 7/29/21 documents: R3 had an unwitnessed fall. No change in range of motion from baseline, no injuries observed. Fall risk assessment dated 7/29/21 documents: Intermittent confusion, chair bound and no osteoporosis. Management incident investigation form dated 7/30/21 documents: R3 has a history of fall, identify as a fall risk, had a decrease attention span and exhibiting behaviors such as restlessness/lethargy. Nursing note dated 7/30/21: R3 was sitting in wheelchair noted in a restless condition, report given, that R3 was restless before going to bed during the evening shift. R3 was transferred to the hospital. 72 hour follow-up charting dated 8/1-21 documents: New onset of pain. Medication administered for pain. Physician progress note dated 8/5/21 documents: R3 was seen in wheelchair, able to answer simple yes or no question, simple one word answers. Per staff R3 complained of pain to left leg whenever moved. R3 states, she has pain to left hip that radiates down her leg whenever she is moved or with palpations. R3 is able to sleep through night, pain subsides with immobility. R3</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>does not take anything for pain. R3 had a recent fall with pain to left hip. No x-ray to review from hospitalization on 7/30/21. Concerns for fracture vs dislocation. R3 had an inward rotation and edema of leg prompting need for x-ray. X-ray results dated 8/6/21 reported 8/7/21 documents: Acute left femoral neck fracture.</p> <p>On 9/10/21 at 2:49pm, V1 (administrator) said, R3 had an unwitnessed fall and sustained a fracture hip.</p> <p>On 9/14/21 at 2:22pm, V8 (nurse) said, I helped put R3 in the geri-chair on 8/5/21. R3 looked like she was pain. R3's face was frowned and grimaced.</p> <p>On 9/14/21 at 2:36pm, V2 (DON) said, the nurse should have completed a body assessment, due to R3's restlessness and pain. R3's fracture was missed.</p> <p>On 9/14/21 at 4:14pm, V7 (Nurse Practitioner) said, staff reported R3 was complaining of pain since the fall. I could tell R3 was trying to relieve the pain by loading off her weight. I assessed R3 in the wheelchair with clothes on. R3's leg was inward/internally rotated. I ordered an X-ray. Nursing staff should have communicated with NP/MD that R3 was in pain. I did know R3 was in pain until I asked. Getting in the wheel chair would have aggravated R3's leg causing pain.</p> <p>On 9/14/21 at 4:39pm, V9 (can) said, it was reported on 8/2/21 that, R3 was having one of those days when she didn't want to be bothered.</p> <p>On 9/14/21 at 5:09pm, V11 (nurse), said, I was given report by the night nurse that R3 fell and was restless on 7/29/21. R3 sitting in her wheel</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>chair close to the table in a bent position with her right hand over her stomach on her right thigh. R3 was in pain. R3 was leaning over as if she had a stomach ache. I did not do a body assessment, R3 was screaming and would not allow anyone to touch her which was not normal behavior/baseline. I did not give R3 any pain medication before she was discharge to the hospital.</p> <p>On 9/15/21 at 10:38am, V2 (DON) said, grimacing, restlessness, no wanting to move, tensing up are all non-verbal indicators of pain. R3 yelling out was baseline but yelling with movement could be contributed to pain. Once we got the x-ray result that reported R3 had a fracture, we could have got a one-time stat does for pain management. Looking back acetaminophen was not enough pain management for a resident with a fracture.</p> <p>Medication administration record dated 7/29/21-8/6/21 document: R3 received acetaminophen 325mg tablet on 8/3/21 for pain scored a 3 out of 10.</p> <p>Hospital paperwork dated 8/7/21 documents: R3 was treated for complaints of hip pain duration 1 week. R3 was given Morphine in the emergency room and Fentanyl by the emergency medical service. R3 had deformity to left hip. Musculoskeletal left lower extremity shortened. R3 had a left femoral neck fracture.</p> <p>Pain Management Program policy dated 11/28/12 documents: To establish a program which can effectively manage pain in order to removed adverse physiologic and physiological effects of unrelieved pain and to develop an optimal pain management plan to enhance, promote</p>	S9999		
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S9999	Continued From page 7 physiological and psychological wellness. When a resident is unable to describe pain, physical signs such as grimacing, body posturing/protecting, vital sign change and changes in behavior/mood will be used to determine the present of pain. (A)	S9999		