

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/07/2021
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NAME OF PROVIDER OR SUPPLIER APERION CARE OAK LAWN	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH RIDGELAND AVENUE OAK LAWN, IL 60453
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S 000	Initial Comments Complaint Investigation: 2196210/IL137505	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 a) 300.1210 b)4) 300.1210 d)3) 300.1210 d)5) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</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>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>resident's medical record.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to have effective interventions in place to prevent a resident dependent on staff for care and at risk for skin breakdown from developing a pressure ulcer. The facility also failed to update interventions and the plan of care as needed to prevent worsening of a facility acquired pressure ulcer. This failure affected one (R2) of four residents reviewed for pressure ulcers and resulted in R2 developing a stage 4 pressure ulcer subsequently requiring hospitalization with an admitting diagnosis including severe sepsis.</p> <p>Findings include:</p> <p>R2 was admitted to the facility on 2/7/2021. R2's past medical history includes but not limited to Arthropathy unspecified, Essential primary hypertension, other lack of coordination, local infection of the skin and subcutaneous tissue, Non-pressure chronic ulcer of buttock, Adult</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>failure to thrive, Dementia, Dysphagia oral phase, hyperlipidemia, etc.</p> <p>R2 was transferred to the hospital on 8/16/2021 and admitted with diagnoses including severe sepsis and Stage 4 pressure ulcer sacral region, AKI (acute kidney injury), acidosis, and chronic osteomyelitis.</p> <p>Hospital medical record from 8/16/21 includes: Review of systems documented stage 4 pressure ulcer to sacrum, foul odor, necrosis, and black liquid oozing from wound, unable to visualize edge of wound bed. Clinical data documents that R2 has an extensive pressure ulcer to the sacrum with necrotic appearing drainage; CT reveals osteomyelitis to decub (decubitus ulcer); case discussed with physician for possible surgical evaluation in regard to debridement.</p> <p>Per facility admission notes, R2 is totally dependent on staff for transfers and requires 2-person physical assist; requires extensive assistance with eating with 1-person physical assist; requires extensive assistance with toileting 1-person physical assist; requires extensive assistance with dressing 1-person assist; and is totally dependent with personal hygiene, requiring 1-person physical assist.</p> <p>Facility admission progress note for R2 dated 2/7/2021 documents that there were no skin or wound concerns.</p> <p>2/17/2021 wound care documentation includes skin concern observed, right buttock redness.</p> <p>2/22/2021 wound care documentation includes new skin concern, skin stripping on right buttock, treatment obtained.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Care plan dated 2/06/2021 and revised 3/29/2021 includes a focus on potential for impairment in skin integrity related to mobility and incontinence with interventions including administer/monitor effectiveness of medications as ordered and follow facility protocols for treatment of injury.</p> <p>There were no documented interventions or updates to R2's plan of care after 3/29/2021 to address the continued care and management of her pressure ulcer.</p> <p>Facility documented wound assessments has wound classification as skin stripping, facility acquired from 2/7/2021 to 6/25/2021. Wound assessment and plan wound physician documented the same wound as skin tear, full thickness with fat layer exposed, wound measurement 7 cm (centimeter) in length X 9 cm width X UTD (unable to determine) cm Depth.</p> <p>7/2/2021 facility wound assessment documented wound as skin stripping, type trauma, facility acquired. Physician wound assessment dated 7/2/2021 documented the same wound as pressure injury, stage 4, full thickness exposed underlying structure.</p> <p>8/31/2021 at 2:01PM, V4 Wound Care Nurse said that she took over wound care at the end of June and that on 6/23/2021 during dressing change, she noted a stage 4 pressure ulcer to the resident's sacrum with signs and symptoms of infection like a foul odor and heavy off-white drainage but (R2) did not have a temperature (fever).</p> <p>8/31/2021 at 2:26PM, V3 Assistant Director of Nurses (ADON) stated that she used to be on the</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>floor as the wound care nurse. R2's wound was not over a bony prominence at first; that's why it was categorized as a skin stripping. V3 was presented with some of the wound assessment she did on R2 and she said, "I don't know how I categorized that as skin stripping, I am not even sure how my name appeared on that assessment."</p> <p>8/31/2021 at 3:09PM, V10 MDS (Minimum Data Set) Coordinator said that she is familiar with R2 and that (R2) was at risk for alteration in skin integrity upon admission. (R2) eventually developed a pressure ulcer. She added that residents who were admitted with or who develop a pressure ulcer at the facility should have a care plan with interventions for the management of the pressure ulcer.</p> <p>Facility document titled, Pressure Ulcer Prevention (revision date 1/15/18) states its purpose as to prevent and treat pressure sores/pressure injury. Under the guidelines, the policy states to inspect skin several times daily during bathing, and repositioning measures...</p> <p style="text-align: right;">"A"</p>	S9999		
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