FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING_ IL6008650 09/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH CHURCH STREET** APERION CARE JACKSONVILLE JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 2146667/IL138069 S9999 \$9999 Final Observations Statement of Licensure Violation: 300.610a) 300.1210b) 300.1210d)2) 300.2040a) 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.

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

well-being of the resident, in accordance with

each resident's comprehensive resident care

Section 300.1210 General Requirements for

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological

Nursing and Personal Care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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R3's Physician's Order, dated 9/11/21.

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patient, or of later complication, without mention of misadventure at the time of procedure, Anoxic Brain Damage and Gastro-Esophageal Reflux

Disease without Esophagitis.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 09/16/2021	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
APERION CARE JACKSONVILLE 1021 NORTH CHURCH STREET JACKSONVILLE, IL 62650						
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	REGULATORY OR LSC IDENTIFYING INFORMATION)					

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008650 B. WING 09/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE APERION CARE JACKSONVILLE 1021 NORTH CHURCH STREET **JACKSONVILLE, IL 62650** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 (Nothing by mouth) status maintained. (R3) is receiving an enteral feeding of Jevity 1.5 60ml/hr (for) 14 (hours) which is not adequate to meet nutritional needs." It continues, "Will recommend increasing feeding to 99ml/hr. (times) 14 (hours) for total volume of 1386 ml." R3's Order summary report, dated 09/15/2021, documented, "Enteral feed order in the evening Jevity 1.5 (calorie), run at 99ml/hr. for 14 hours or until complete. May come off tube feed for (Activities of Daily Living)." It also documented diagnoses including Dysphagia, Oropharyngeal phase and Anoxic Brain damage and an admission date of 03/17/2021. R3's Weights and Vital Exceptions, dated 09/13/2021, documented that R3's weight that day was 104.8 pounds (LBS). It continued to document, "-7.5% change (comparison weight 6/16/2021, 116.0 LBS, -9.7%, -11.2 LBS); -5.0% change (comparison weight 8/4/2021, 112.2 LBS, -6.6%, -7.4 LBS); -10.0% change (comparison weight 3/19/2021, 138.5%, -24.3%, -33.7LBS)." On 09/14/2021 at 9:49 AM, V10 (R3's sister) stated that she was very concerned about her brother's appearance on 09/11/2021 when she saw him. V10 continued to state that R3 looked like he had lost a lot of weight and was skin and bones. On 09/14/2021 at 12:30 PM, V7 (Registered Nurse/RN) stated that R3's tube feeding was started in the evening and that she shuts it off around 8:00 AM the next morning. V7 also stated that she was unaware if R3 has had any weight loss. On 09/15/2021 at 12:24 PM, V7 (RN) stated that

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