

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2021
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NAME OF PROVIDER OR SUPPLIER APERION CARE SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703
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(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		
	Annual Licensure and Certification			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210c) 300.1210d)2)</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. 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.</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a 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,</p>			
			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>injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 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. (Section 3-202.2a of the Act)</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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Based on interview, observation and record review, the facility failed to provide Range of Motion (ROM) to prevent the reduction of ROM and/or contractures and failed to identify/assess range of motion limitations for 3 of 4 residents (R44, R24, R2) reviewed for ROM exercises in a sample of 64. This failure resulted in R44 having increased contractures in his right lower extremities.</p> <p>Findings include:</p> <p>R44's Minimum Data Set (MDS) dated 1/19/21 documents R44 had no functional limitations in range of motion in both lower and upper extremities. The MDS documents R44 was receiving Restorative Nursing Programs of Passive Range of Motion for 5 days per week and Active Range of Motion 5 days per week.</p> <p>R44's MDS dated 4/13/21 documents R44 had impairment on only one side of his lower extremities. The MDS documented R44 was receiving 7 days per week.</p> <p>R44's Minimum Data Set (MDS) dated 6/23/21 documents R44 had Functional Limitation in Range of Motion on one side of his upper extremity and impairment on one side of his lower extremity. The MDs documented he was receiving passive range of motion 7 days per week.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R44's Restorative Observation Sheet, dated 6/23/21, documented that R44 had normal mobility in his right knee and hip and had fixed/no mobility in his left hip and knee.</p> <p>On 7/25/2021 at 09:40 AM R44 was in low bed. R44's legs were drawn into his chest area (fetal position).</p> <p>On 7/26/2021 at 11:55 AM V15 Certified Nurse's Assistant (CNA) and V13 (CNA) attempted to get R44 to straighten out his lower extremities independently. R44 was unable to straighten out either leg. R44's legs were drawn up to his torso area. V15 and V13 stated R44 was able to walk a year ago and then his legs began to contract.</p> <p>On 07/27/21 at 12:57 PM V18 (CNA) stated she does not perform range of motion on R44. V18 stated she has not seen any other staff member perform range of motion with R44.</p> <p>On 7/27/2021 at 3:15 PM V26 CNA stated, "We used to have a restorative aide, but no more." V26 CNA stated, "No I don't conduct range of motion."</p> <p>On 7/27/2021 at 3:16PM V19 CNA stated, "No, I don't conduct range of motion, I usually have the residents do it themselves by raising their arms."</p> <p>On 7/28/2021 at 08:30 AM V4, Licensed Practical Nurse (LPN)/Restorative Nurse stated, "They are charting like it is getting done." V4 LPN stated, "I check the charting to see if it is done."</p> <p>R44's Care Plan dated, with revision date of 4/13/20, documents "I have a limited range of motion in LUE (left upper extremities)/LLE (left lower extremities) extremities." R44's Care Plan</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Goals documents "I will be able to complete Passive Range Of Motion Program 10 reps to LUE/LLE (left upper extremity/left lower extremity) BID (twice a day) x 7 per week." R44's Care Plan Interventions document "Demonstrate exercise and have resident return demonstration." The Care Plan did not address R44's legs being contracted to his chest and interventions to address his increased limited range of motion in both his legs.</p> <p>2. R24's MDS dated 5/26/2021, documented no impairment with cognition, alert to person, place and time, and receives Passive Range of Motion 7 days a week.</p> <p>R24's Medical Diagnosis sheet, dated 7/2021, documented the following diagnoses: Hemiplegia and Hemiparesis following Cerebral Infarction affecting right dominant side. Admission date of 6/2017.</p> <p>R24's Care Plan dated 5/26/2021, documented, limited range of motion in right arm, shoulder, elbow, wrist, hand and fingers. Passive Range of Motion, (PROM) and Active Range of Motion, (AROM) to right arm and right leg/foot and Active Range of Motion to left arm and left leg/foot at 10 repetitions twice a day, 7 days per week.</p> <p>R24's Nursing Rehabilitation/Restorative Certified Nursing Aide, (CNA) Tracking Sheet, documented on the following dates and times, that R24 received AROMs and PROMs; on 7/21/21 at 2:03PM, 7/22/21 at 2:04PM, 7/26/21 at 2:05PM and 7/27/21 at 2:06PM.</p> <p>On 7/27/21 at 2:25PM, V22, CNA, stated to state surveyor when asked to see range of motion performed on R24, V22 states, "No! I can't, I have</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>a cast on my arm and on restrictions." V22 stated residents are cared for often, dressed, toileted, repositioned, as the residents can move their arms and legs during care and 15 minutes of the program is documented.</p> <p>On 7/27/21 at 2:30PM, V21 CNA, stated, she does not chart range of motion every day as the residents can move their legs and arms already, especially during dressing, toileting and repositioning, the 15 minutes is documented, under the Active and/or Passive Range of Motion section in the medical record.</p> <p>On 7/25/21 at 2:15PM, R24 states, "No one does exercises on my arms or legs and would like to have it done." When asked who his caregivers were today, R24 states, "(V12 and V23) and no one has come in to do exercises on me."</p> <p>3. R2's MDS dated 5/5/2021, documented no mild impairment with cognition, alert to person, place and time, makes self-understood and receives Passive Range of Motion 7 days a week.</p> <p>R2's Medical Diagnosis sheet, dated 7/2021, documented no issues with mobility to all four limbs.</p> <p>R2's Care Plan dated 5/26/2021, documented, "The resident has ADL, (activity of daily living) self-care performance deficit related to Limited Mobility. Resident primary mode of locomotion is wheelchair. Resident believes that she is unable to use her legs. Resident believes her legs are clone legs and they do not work. Resident is able to bear weight." (R2) will be non-compliant/resistive to care with: Care Interventions, "there are times that (R2) will refuse to do PROM's to LLE, (left lower extremity)</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>r/t, (related to) the fact that she does not feel that she needs them as initiated on care plan problem dated 7/24/2019."</p> <p>R2's, Nursing Rehabilitation/Restorative Tracking Sheet, documented on the following dates, that R2 received PROMs, twice a day, from 7/14/21 through 7/26/21 and on 7/27/21 at 9:00PM was the only documented refused.</p> <p>On 7/26/21 at 1:45 PM, V15, CNA stated, she does not provide PROMs, because R2 refuses.</p> <p>On 07/27/21 10:20 AM, V18, CNA stated, R2 refuses to have PROM's performed.</p> <p>On 7/27/21 at 10:30 AM, V18 states, "I will not lie to you, I have charted 15-minutes of AROM/PROM being performed when it was not done.</p> <p>On 7/27/21 at 2:40 PM, V1 stated, she has been informed from the CNAs regarding residents restorative programs, and stated the CNAs had to be informed the procedure of performing AROM and PROMS, as the CNAs had a misunderstanding of the exercise and the documentation. V1 continued to state that all CNAs will be in-serviced for performing these restorative programs.</p> <p>The facility's policy and procedure, entitled, "Passive Range of motion Exercise," undated, documented, "If the resident is recommended for a PROM program, trained nursing staff will provide the range of motion exercises."</p> <p>The facility's policy and procedure, entitled, "Restorative Nursing Program," dated 11/28/21, documented, "To promote each resident's ability</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>to maintain or regain the highest degree of independence as safely as possible. Documentation of the interventions and resident's response will be completed with each implementation. Each resident's progress will be evaluated periodically by the licensed nurse."</p> <p>Based on observation, interview and record review the facility failed to implement progressive interventions to address weight loss and poor nutritional status for 1 of 1 resident (R44) reviewed for nutrition/weight loss in the total sample of 64. This failure resulted in R44 having a 10.39% weight loss in less than a month.</p> <p>Findings include:</p> <p>On 7/25/2021 at 9:40 AM R44 in low bed covered with a sheet and asleep. At 12:43 PM R44 remained in bed covered with a sheet. R44 stated, "I haven't had anything to eat or drink yet." R44 appears severely underweight, R44's hip bones, rib cage and spinal column were visible and R44's cheeks are drawn in on observation.</p> <p>On 7/26/2021 at 11:25 AM V15 Certified Nurse's Assistant (CNA) stated, "If (R44) tells me that he hasn't eaten anything, I believe him because he can talk, and he knows what's going on." V15 stated, "That is why I get him out of bed to assist him with something to eat and drink." V15 stated "(R44) is a good eater."</p> <p>On 7/26/2021 at 12:10 PM R44 was in dining room with V15 assisting with meal and R44 consumed 75-100% of the lunch meal.</p> <p>On 7/27/2021 at 12:20 PM V18 CNA assisting R44 with noon meal. R44's meal ticket documents that R44 is to receive 4 ounces of</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>pudding with lunch. R44 did not receive 4 ounces of pudding on his lunch tray. R44's lunch consisted of pureed Salisbury steak, pureed carrots and pureed cake. V18 CNA stated, "I don't see any pudding on his plate." R44 consumed 100% of noon meal.</p> <p>On 7/28/2021 at 1:40 V29 Dietary Aide stated, "We fortify the pudding that R44 receives. V29 stated we add powder milk, brown sugar.... giving it more calories."</p> <p>R44's Physician's Order (PO), dated 3/19/2020 documents R44 is to receive a pureed diet with thin texture, 4 ounces of pudding at lunch and super cereal at breakfast.</p> <p>R44's PO, dated 9/29/2020 documents R44 is to receive a nutritional supplement, 90 milliliters of 2.0 calories three times daily. The PO documents that staff should chart the amount consumed three times daily for weight loss.</p> <p>R44's July 2021 Medication Administration Record (MAR) does not a space indicating how much R44 has consumed of the 90 ml of 2.0 nutritional supplement three times daily.</p> <p>On 7/27/2021 at 11:35 AM V9 Licensed Practical Nurse (LPN) stated "We give (R44) his 90mls of 2.0 liquid supplement with medication pass." V9 stated, "It is documented on (R44)'s Medication Administration Record (MAR)." V9 LPN stated, "No it is just a check mark, unknown how much (R44) consumed."</p> <p>R44's Care Plan, initiation date of 5/26/16, documents "Modified diet regular, puree, super cereal at breakfast, power pudding at lunch, 90ml 2.0 three times day." R44's Care Plan Interventions, with initiation dates of 5/26/16,</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>documents "Monitor weight and food/fluid intakes. Provide diet as ordered."</p> <p>R44's Care Plan, revised on 4/13/21, documents R44 has Activities of Daily Living self-care performance deficit related to confusion and poor motivation. R44's Care Plan Interventions, revised on 4/13,21, documents "The resident requires total assist of one staff to eat. Feeds self after set up."</p> <p>R44's Dietary initial/quarterly/annual dated 6/23/2021 documents; regular, puree, super cereal at breakfast, 4 oz pudding at lunch, 90mls 2.2 three times day.</p> <p>R44's medical record documented R44's weights as follows: 7/12/21 102 pounds (lbs.); 6/4/21, 97.0 lbs.; and 5/3/21 91.6 lbs.</p> <p>On 7/27/2021 at 12:48PM V15 weighed R44's highboy chair which weighed 77.4 lbs. V15 then weighed R44 in the highboy chair resulting in 168.8 lbs. The highboy chair weight of 77.4lbs was deducted from the total weight of 168.8 lbs. R44 weighed 91.4lbs. This was a 10.6 lbs. weight loss in one month, resulting in over at 10% weight loss.</p> <p>R44's Registered Dietician (RD) note documents: "RD consult hospice care, severely underweight with significant wt. (weight) gain noted this month. July wt. 102# BMI: 17 underweight per standards. 7/21/21 skin assessment reports no pressure ulcers or edema; no new labs. Diet: general, pureed supplemented with 4 oz pudding @ lunch, super cereal at breakfast, med pass 2.0 90 cc TID d/t (due to) wt. loss and hospice. Continue plan of care per hospice and facility protocol. Refer to RD prn."</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>R44's Comprehensive metabolic panel (CMP) dated 7/8/2021 documents Albumin 3.3 g/dl normal ranges 3.5-5.5 g/dl.</p> <p>There is no documentation in R44's medical record the facility has implemented any new interventions to address R44's weight loss and poor nutritional status since the facility implemented the nutritional supplement three times daily on 9/29/20.</p> <p>On 7/28/2021 at 2:10PM V30 (R44's daughter/POA) stated, "I live in California, so I have not been to the facility that my father is in." V30 stated, "(R44) is a very intelligent man who served in the Armed Forces, served as a Sheriff and later became a detective." V30 stated "I have flown my father (R44) to California at least 4 times, my father is very talkative and when he was here, I couldn't get him to stop eating. I would catch him in the refrigerator late at night." V30 stated, "(R44) is a good eater and always has been."</p> <p>The Facility's Policy and Procedure 'Nutritional Monitoring' undated documents "Ensure staff awareness of resident diet order and food consistency requirements. Monitor each meal to assess the nutrition and hydration consumption and ability to chew and swallow. Record the food intake as follows on the Nutritional Monitoring Worksheet. Monthly weights are to be measured and recorded as per schedule. Undesired or unanticipated weight losses or weight gains of 2 1/2 % in one week, 5% in one month or 10% in 180 days shall be reported to the physician, Dietary Manager and RD. Chart pertinent evaluations, measurements and notifications in the nursing notes."</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>The Facility's Policy and Procedure "Weights," dated 1-/17/19 documents "Residents identified at nutritional risk may be weighed weekly or biweekly as per physician order or Interdisciplinary Team recommendation. Re-weight should be obtained if there is a difference of 5# or greater (loss or gain) since previous recorded weight. Re-weight should be taken as soon as possible after an unanticipated weight change is noted and prior to calling the physician. (Usually within 72 hours) Undesired or unanticipated weight gains/loss of 5% in 30 days, 7.5% in 3 months, or 10% in six months shall be reported to the physician, Dietician and/or Dietary Manager as appropriate. Weekly weights may be discontinued if the resident's weight has remained stable for four consecutive weeks or as determined by the Interdisciplinary Team, Dietician or the physician."</p> <p>(B)</p>	S9999		