Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6003453	B. WING		11/24/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
APERIO	N CARE WEST RIDGE		TH RIDGE	BLVD		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE	
S 000	Initial Comments		S 000			
	Complaint Investiga	tion: 2187989/IL139690				
S9999	Final Observations		S9999			
	Statement of Licens	ure Violations:			(ii)	
	300.610a)					
	300.1210b) 300.1210d)6)					
		esident Care Policies				
		nave written policies and ng all services provided by the				
		policies and procedures shall				
		Resident Care Policy				
	Committee consisting administrator, the action	ng of at least the dvisory physician or the				
	medical advisory co	mmittee, and representatives				
		services in the facility. The with the Act and this Part.				
		shall be followed in operating				
		be reviewed at least annually				
		ocumented by written, signed of the meeting.				
	Section 300.1210 G	General Requirements for				
	Nursing and Person					
		rovide the necessary care				
•		n or maintain the highest				
		mental, and psychological ident, in accordance with				
	each resident's com	prehensive resident care				
		properly supervised nursing		Attachment A		
52		are shall be provided to each total nursing and personal		Statement of Licensure Violation	8	
inois Denad	ment of Public Health					

(X2) MULTIPLE CONSTRUCTION

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

TITLE

(X6) DATE

PRINTED: 01/06/2022 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: A. BUILDING: COMPLETED B. WING IL6003453 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6450 NORTH RIDGE BLVD APERION CARE WEST RIDGE CHICAGO, IL 60626 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 care needs of the resident. 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: 6)All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Requirements were not met evidencded by: Based upon interview, and record review, the facility failed to monitor resident and failed to account for shaving material (razor) for one resident (R2) of seven residents in the sample who had a moderate risk assessment for self-harm/suicide. This facility's failure resulted in (R2) cutting (R2's) wrist with a razor that was given to (R2) by an unknown nursing staff member. Findings include: On 11/15/2021 at 11:25am, surveyor inquired about the incident on the morning of 10/21/2021. (R2) stated, "I cut my wrist because I remembered my family, my mother doesn't care about me; and the state took my son. It's the hardest part of my life." R2's wrist was healed at the time of surveyor's observation, no cut mark observed. On 11/15/2021 at 2:21pm. Surveyor inquired

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about the razor in the resident's room, (V2)

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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: _ IL6003453 B. WING 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6450 NORTH RIDGE BLVD APERION CARE WEST RIDGE CHICAGO, IL 60626 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 (Assistant Director of Nursing) ADON stated, "No sharp object for any resident regardless of suicidal ideation. The high functioning residents who can perform personal shaving, the CNA will hand them the razor with the shaving cream, the CNA will accompany the resident to the bathroom and make sure when the resident is done shaving, the resident would hand back the razor to the CNA. The CNA will dispose of the razor to the sharp container box attached to the medication cart. This process will make sure there is no sharp object in the resident's room." Surveyor asked (V2) for list of residents on suicidal risk. (V2) stated, there are no residents on suicidal risk. On 11/16/2021 at 10:08am, surveyor inquired how R2 got the razor. (R2) stated. "From the staff at the nurse's station. From the nurse or could have been from a CNA. (R2) got it in the morning. the day before (R2) cut my wrist, around 9am or 10am to shave my chin. The usual thing is to give it back to the staff and they dispose of it in one of those things (R2 pointing to the sharp container). But not on that day. (R2) did not return it. (R2) kept it in my drawer." R2 was pointing at the bottom drawer of R2's night stand, and added. "Nobody came back and asked me where the razor was." On 11/16/2021 at 10:19am, surveyor inquired about the process of providing razors for the residents. (V14) (Registered Nurse) stated. "The CNA will give or provide the razor to the resident. They watch the resident shave, the CNA will

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dispose of the razor in the sharp container

On 11/16/2021 at 11:28am. (10/20/2021) Daily staffing sheet documented V9 (Certified Nursing

attached to the medication cart."

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	1 1177	L-1/2021	
APERIO	N CARE WEST RIDGE		TH RIDGE), IL 60626	BLVD			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	1	DROVIDERIS DI AN OF CORDS		, -	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULID BE	(X5) COMPLETE DATE	
\$9999	Continued From page	ge 3	S9999				
\$9999	Assistant) CNA, and on that day in the mas CNA for (R2). (Viremember what hap the time, the resider male residents. Any (V9), I (V9) make sithem what they need tell me (V9) they wa (V9) make sure after the blade, I (V9) dorresident. Each time monitor them." On 11/16/2021 at 3: (10/20/2021) daily as (Licensed Practice N (V17) worked on that shift and was assign stated, "It is usually to the resident. Ther storage, (V17) has a hand's razors to some terror it to me. If the razor to me (V17), (minutes. It is very raineturn it. They (reside (V17). (V17) don't re (R2). We can never use it for, if roommat to hurt themselves of sharp objects should (V17) received an Inhandling of sharp abdon't know how (R2)	d (V9) confirmed (V9) worked orning shift and was assigned 9) stated, "Actually (V9) can't opened on that day. Most of onts who will ask for a razor are affemale that comes to me ure to go with them and ask of the razor for. They would not to shave their arm pit. I are they are done with it, collect of leave the blade with the a resident request for a razor, are signment sheet to (V17) Nurse) LPN, and confirmed at day during the 3pm - 11pm and as nurse for (R2). (V17) the CNA who gives the razor in the confirmed at day during the 3pm - 11pm and the confirmed that they are gore to the a master key. Yes, (V17) are residents and tell them to resident don't return the V17) would get it in 10-15 are they (residents) don't ents) always return it to me the semember handing a razor to the suicidal, they can use it of the residents or staff. All the in the sharp container. Service about proper out a month ago. (V17)	S9999				
	about (R2). (V16) sta	ated, "We saw (R2) at the o, maybe. (R2) was very					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLM	OFCORRECTION	IDENTIFICATION NOMBER	A. BUILDING:		OOMFLETED EX	
		IL6003453	B. WING		11/2	2/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
APERIO	I CARE WEST RIDGE		TH RIDGE E , IL 60626	BLVD		
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\$9999	Continued From pa	ige 4	S9999			
	aggressive, and ma	ade verbal threats to harm self				
	about initial suicide stated, "Nursing an ask the history of in hospitalization, histomedications before Then we go from the there. Majority of the facility. When (Vestablished history medications. It is very (V16) saw (R2) on liknew (R2) was admissicidal ideation, of On 11/16/2021 at 3	:35pm, surveyor inquired risk assessment. (V16) d social service do that. We appatient psychiatric ory of taking psychiatric, history of suicide attempts. The history and take it from lese patients are not new to V16) see them, they have and established list of ery problem focused. When November 2, because (V16) mitted for aggression and focurse I asked (R2)."		# # # # # # # # # # # # # # # # # # #		
	the initial encounter	r with (R2) on first admission in ated, "I don't know. I don't	ē. g			
	during observation behavior. (V16) state aggressive psychot	:38pm, surveyor inquired if there was a change of ted, "I observed (R2) from an ic stand point. We have done changes because of that."				
	manifested suicidal multiple medication	Opm, surveyor inquired if (R2) ideation during the time changes were made. V16 t. At least, not what I		\$c		345
	facility should monit razors. (V16) stated	:40pm, surveyor inquired if tor residents when giving them d, " I don't know the answer to served to facility protocol.				

STATE FORM

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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: B. WING IL6003453 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6450 NORTH RIDGE BLVD **APERION CARE WEST RIDGE** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 Some facilities, when residents are highly suicidal, they are being closely monitored. Some facilities, they even have locked units for residents that are highly suicidal." On 11/16/2021 at 3:42pm, surveyor asked (V16) if (R2) had any triggers that would cause (R2) to become suicidal. V16 stated, "I don't know the answer to that." On 11/17/2021 at 11:12am, surveyor reviewed the 10/20/2021 Daily Assignment Sheet with (V18) (Certified Nursing Assistant). V18 confirmed with the surveyor that V18 worked on the night of 10/20/2021 and was assigned as CNA for (R2). On 11/17/2021 at 11:13am, V18 stated, "(R2) came out from the room and said. I should see (R2)'s hand (R2) was using a shaving blade to cut (R2's) self. (V18) checked R2's hand (referring to wrist cut). (V8) said to (R2) "why are you doing this?" R2 said nobody cares about me (R2) and my family don't check on me (R2)." On 11/17/2021 at 11:14am, surveyor inquired if V18 saw the razor. V18 stated, "Yes, (R2) brought everything out. When (R2) came out from (R2's) room, (R2) showed me everything. The razor was with (R2). The razor was blue, what we normally give to them." On 11/17/2021 at 11:15am, surveyor inquired if V18 asked R2 where R2 got the razor. V18 stated, "I asked (R2) where (R2) got the razor and (R2) said (R2) wanted the razor to shave. (R2) did not tell me who gave it to (R2).(V18) did not ask what shift (R2) got the razor."

On 11/17/2021 at 11:26am, surveyor asked about the process of providing razors to the residents.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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ļ	<u> </u>	IL6003453			11/2	24/2021		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
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S9999	Continued From pa	ige 6	S9999					
	V18 stated, "If a rechave to ask the nurnot, (V18) ask the resident, if the nurs shave the resident. resident, I dispose container attached On 11/18/2021 at 1 about R2. V19 (Pri (V19) just saw (R2) On 11/18/2021 at 1 about R2's diagnos current Schizo affects	sident wants to be shaved, I see if the resident is diabetic. If nurse if I can shave the se said "Go ahead." I have to After I (V18) shave the of the razor in the sharp to the medication cart." 0:10am, surveyor inquired mary Care Physician) stated, " in the hospital yesterday." 0:11am, surveyor inquired is of Bipolar Disorder and ctive Disorder Depressive Both of them are okay. Schizo						
	(R2) can independed V19 stated, "Yes, if suicidal, I will not go that's all, make sure razor for a long time needs to be closely shaving take razor. On 11/23/2021 at 9 resident with diagnor disorder depressive razor without supern stated, "If (R2) reality razor), (R2) can har staff to do whatever (R2) cannot have at talked to (R2) in the not mean to cut her to leave the facility. behavior. The staff	0:12am, surveyor inquired if ently be trusted to use a razor. the resident is stable. If vive. We have to monitor (R2), at (R2)'s okay. Don't give the ently can use a razor but monitored and once done right away." 20am, surveyor inquired if esis of Schizo affective bipolar etype can independently use a vision. (V20) (Psychiatrist) by needs that (referring to ently index the enthey are supposed to do so my injury on (R2's) wrist. It is hospital. (R2) said (R2) did (R2) wrist. (R2) just wanted (R2) got this attention seeking thave to watch (R2). (V20) ready. (V20) talked to the		<u>⊅</u>				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
APERIO	N CARE WEST RIDGE		TH RIDGE I	BLVD		
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S9999	DON there and told a razor they need to On 11/23/2021 at 9 reasons the resider (V20) stated, "Most patients, and we do use the razor for. (F wanted to get out sithey get cold infectigoing out. They (ref upset very easily. T behaviors. (R2) did (R2's) Admission R diagnoses include: Bipolar Type. R2's (10/07/2021) F Instrument docume Interview for Mental moderately impaired hygiene-how reside hygiene-how reside hygiene including assistance / One per (R2's) (Revision on: documented, in part ADL self-care, perfor ASTHMA, SCHIZO/Intervention: person	them that anybody who gets be supervised." 23am, surveyor asked at (R2) should be monitored. of the patients are psych with know what they're going to R2) was depressed. (R2) cometimes. A lot of patients, if on, they are restricted from ferring to residents) are getting these are all attention seeking not mean to cut self." ecord was reviewed; (R2's) Schizoaffective Disorder, Resident Assessment anted, in part "Section C. Brief I Status (BIMS) score: 11 for d. Section G. J. Personal ant maintains personal ashaving 2/2 for limited erson physical assist." 105/07/2021) care plan at "Focus: I have a potential for ormance deficit r/t COPD, AFFECTIVE DISORDER.	\$9999			
*0	(R2's) (revision on 1 documented, in part am at risk for depreschizoaffective Disconserve for s/s of depreschizoaffective)	0/15/2021) Care plan t "Focus: Behavior Symptom. I ssion AEB (as evidenced by): order. Interventions/Tasks: epression: (persistent sad, feelings, thoughts of suicide,				

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Screening Results documented, in part

"screening indicated nursing facility services are

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: A. BUILDING: _ COMPLETED IL6003453 B. WING 11/24/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6450 NORTH RIDGE BLVD **APERION CARE WEST RIDGE** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 Continued From page 9 S9999 appropriate. Screening certified by: Department of Human Services: Office of Mental Health." (R2's) (08/13/2020) Illinois Department of Human Services Nursing Facility Placement Assessment Summary Information documented, in part "Previous/Current MH (Mental Health Provider: Thorek Memorial Hospital. Provider Type: Inpatient psychiatric hospital." (R2's) (08/13/2020) Illinois Department of Human Services Nursing Facility Placement PAS (pre Admission Screening) MH (Mental Health) Level Il Notice of Determination documented, in part "Determination: Eligible for Nursing Facility. Special services: Professional Observation (MD/RN-Medical Doctor/Registered Nurse) for medication monitoring, adjustment and/or stabilization. Instrumental Activities of Daily Living training/reinforcement. Mental Health Rehabilitation activities." The (undated) Suicide Observation and Prevention documented, in part "Purpose: To protect resident from self-injury or death. Procedure. 1. Pre admission assessments should be sufficiently thorough to identify care needs or need for active treatment which the facility may or may not be able to provide. 2. Continuous monitoring includes mental and psychosocial as well as physical. 6. Conduct a search of resident room, clothing etc. for any harmful objects, and remove. To provide protection. 1. Remove sharp objects such as sharp scissors, razor blades, or knives." The (undated) Activities of Daily Living (ADLS) documented, in part "Grooming: Maintaining

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personal hygiene, including planning the task and gathering supplies, comb ... shaving or ... "

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The (revised 11/20/2020) Security, Supervision, and Safety Policy documented, in part "The facility routinely identifies hazards and risk; evaluates and analyzes hazards and risks; implements interventions to reduce hazard and/or

risk; monitors for effectiveness modifying interventions when necessary related to the

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