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 IL6005847 B. WING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD APERION CARE ELGIN **ELGIN, IL 60121** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual Licensure and Certification Survey. S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b)4) 300.1210c)3) 1220b)2)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the Attachment A health, safety or welfare of a resident, including, Statement of Licensure Violations Illinois Department of Public Health

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

TITLE

(X6) DATE

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 IL6005847 B. WING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD APERION CARE ELGIN **ELGIN, IL 60121** (X4)ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) Continued From page 1 S9999 S9999 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. Section 300.1210 General Requirements for Nursing and Personal Care 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. Restorative measures shall include, at a minimum, the following procedures: 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. Each direct care-giving staff shall review c) and be knowledgeable about his or her residents' respective resident care plan.

PRINTED: 10/23/2022

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months.

reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three

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 IL6005847 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD APERION CARE ELGIN **ELGIN, IL 60121** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PREFIX (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 3 S9999 These Regulations were not met as evidenced Based on observation, interview, and record review, the facility failed to assess and implement interventions to prevent significant weight loss of a resident. This failure resulted in R54 sustaining a significant weight loss of 23 pounds (14.94 percent) over 6 weeks. This applies to 1 (R54) resident reviewed for weight loss. The findings include: R54's EMR (Electronic Medical Record) showed R54 was admitted to the facility from a acute care hospital on July 7, 2022 and had diagnoses including stroke, chronic obstructive pulmonary disease, diabetes, epilepsy, hemiplegia and hemiparesis to the left side, hypomagnesemia, heart failure, dysphagia, gastro-esophageal reflux disease, neuromuscular dysfunction of bladder. and bipolar disorder. R54's MDS (Minimum Data Set) dated July 14, 2022, showed R54's cognition was severely impaired and required limited assistance of facility staff for eating. R54's nutrition care plan, initiated on July 7, 2022, showed R54 had a nutritional problem or a potential nutritional problem secondary to congestive heart failure, heart disease, constipation, chronic obstructive pulmonary disease, depression, uncontrolled type 2 diabetes

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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 IL6005847 B. WING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD **APERION CARE ELGIN** ELGIN, IL 60121 (X4)ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 4 S9999 mellitus, gastroesophageal reflux disease, 3 strokes, hypercholesterolemia, hypertension, left facial droop, dysphagia (difficulty swallowing), history of edema, medications which may affect weight/appetite, and nutrition diagnosis of suspected inadequate oral intake related to fair appetite as evidenced by established intake less than established needs. R54's nutritional goals initiated on July 13, 2022, included maintaining a stable weight and remaining free of signs and symptoms of dehydration, through the next review. R54's interventions included encouraging oral intake of meals, snacks, and fluids, inviting the resident to activities that promote additional intake, monitor weight as ordered, provide nutritional supplement as ordered, and provide and serve diet as ordered, as well as monitoring the intake and recording every meal. The care plan did not show any additional interventions added from July 14, 2022 through August 31. 2022. On August 29, 2022, at 11:25 AM, R54 was lying in bed in a hospital gown. R54 appeared thin. On August 30, 2022, at 12:49 PM, R54 was sitting in his wheelchair in his room eating lunch without the assistance of facility staff. R54's clothes appeared to be loose fitting. R54's right hand was shaking, and food was falling off his plate, and onto the floor. On August 31, 2022, at 11:19 AM, R54 said. "I did lose a lot of weight. It's hard to eat this food because I don't like the food." R54's EMR showed R54 had the following weights:

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On July 7, 2022, 154 pounds;

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6005847 08/31/2022 NAMEOF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD **APERION CARE ELGIN ELGIN, IL 60121** (X4)ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 On August 16, 2022, 131 pounds: On August 26, 2022, 139.8 pounds: On August 31, 2022, 139 pounds. The Nutrition Progress Note dated August 19, 2022, at 1:17 PM, by V5 (Dietician) showed R54's current body weight was 131 pounds, indicating a 14.9 percent weight loss in a month. Reweigh requested. Nursing, DON, and administrator notified. Dietitian to follow as needed. The facility does not have documentation to show R54 was weighed from July 8, 2022, through August 15, 2022. The facility does not have documentation to show a reweigh was obtained within 72 hours of the significant weight loss identified on August 16, 2022. The facility does not have documentation to show R54 was reweighed the day after the weight was obtained on August 16, 2022, which showed a significant weight loss. The facility does not have documentation to show the doctor or nurse practitioner was notified of the significant weight On August 31, 2022, at 12:02 PM, V5 (Dietician) said. "When a reweigh is requested, it should be completed within 48 hours. R54 did have a significant weight loss. I did not add any interventions after his significant weight loss was identified in August." On August 31, 2022, at 12:46 PM, V11 (NP/Nurse Practitioner) said, "I was first notified of the weight loss on August 31, 2022, and I ordered labs. I should have been notified of the significant weight loss within 24 hours. If I was notified sooner, I would have ordered labs earlier and consulted with psychiatry about [R54]'s weight loss to potentially start another antidepressant as an

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED IL6005847 B. WING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD **APERION CARE ELGIN ELGIN, IL 60121** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 6 S9999 appetite stimulant." On August 31, 2022, at 09:10 AM, V2 (DON/Director of Nursing) said, "Residents are weighed monthly during the first week of the month. If there is a discrepancy in a resident's weight, we need to reweigh them. The dietician will email me if a resident needs to be reweighed and I will notify the nurse. The nurse notifies the doctor or nurse practitioner of significant weight loss." On August 31, 2022, at 01:13 PM, V2 said, "A CNA (Certified Nurse Assistant) weighed the resident on August 26, 2022 but did not chart or report to anybody until today. The CNA should have notified and charted the weight immediately. The weight was charted today as a late entry." The Initial Nutrition Assessment dated July 13. 2022, at 10:05 AM, by V5 (Dietician) showed a nutritional risk score of 15, indicating R54 is at a high nutritional risk. The assessment continued to show a 7.9 percent weight loss over one month. Differences in scales (in-house versus hospital), prior limited access to food, recent hospitalization, history of edema, and current suspected inadequate oral intake may cause/contribute to weight changes. The assessment continued to show the following weight history for R54 from the hospital referral document: On June 15, 2022, 158.4 pounds: On June 14, 2022, 159.5 pounds; On June 13, 2022, 162.8 pounds: On June 12, 2022, 159.5 pounds: On June 11, 2022, 160.6 pounds; On June 9, 2022, 159.5 pounds;

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3. Re-weight should be obtained if there is a difference of five pounds or greater (loss or gain) since previous recorded weight, 4. 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). 5. Efforts should be made to obtain all weights and

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: IL6005847 B. WING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD **APERION CARE ELGIN ELGIN, IL 60121** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE 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 The facility policy titled "Physician-Family Notification- Change in Condition" revised on November 13, 2018, showed, "(B) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications)." (B)

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