

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MORTON VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST QUEENWOOD ROAD MORTON, IL 61550
--	--

(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 Complaint Investigation: 2221818/IL144735	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210c) 300.1210d)5 Section 300.1210 General Requirements for Nursing and Personal Care 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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	S9999	Attachment A 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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/21/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MORTON VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST QUEENWOOD ROAD MORTON, IL 61550
--	--

(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
S9999	<p>Continued From page 1</p> <p>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>These Requirements were not MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident's alternating flow mattress was not removed, the facility failed to ensure a wound treatment was in place as ordered by Physician for 2 of four residents (R4,R1) reviwed for wounds in a sample of four. This failure resulted in R4 developing an Unstageable Pressure Ulcer which required surgical debridement.</p> <p>Findings include:</p> <p>A Pressure Ulcer Prevention policy dated 1/15/18 gives as its purpose, "To prevent and treat pressure sores/ pressure injury." This policy instructs, "Pressure reducing (foam) mattresses are used for all residents unless otherwise indicated. Specialty mattresses such as low air loss, alternating pressure, etc. may be used as determined clinically appropriate."</p> <p>1. R4's Braden Scale for Predicting Pressure Sore Risk dated 11/14/22 documents R4 is at high risk for developing pressure ulcers because R4 responds only to painful stimuli and cannot communicate discomfort except by moaning or restlessness or has a sensory impairment which limits R4's ability to feel pain or discomfort over one half of R4's body. In addition, this Braden Scale documents that although R4 has adequate</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MORTON VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST QUEENWOOD ROAD MORTON, IL 61550
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>nutrition, R4 is constantly moist; R4's ability to walk is severely limited or non-existent and cannot bear her own weight and/or must be assisted into the chair or wheelchair; R4 can only make occasional slight changes in body or extremity position but is unable to make frequent or significant changes independently. This pressure ulcer risk also documents R4 moves feebly or requires minimum assistance and during a move, R4's skin probably slides to some extent against the sheets, chair, restraints or other devices, and may occasionally slide down in the bed or chair.</p> <p>R4's Care Plan dated as initiated 3/18/21 documents that R4 has a higher potential for impairment to skin integrity. This same Care Plan's goal is for R4 not to develop alteration in skin integrity through the next review date of 4/25/22. This Care Plan documents the facility will maintain R4's skin integrity with interventions which includes to minimize pressure over bony prominences and to provide pressure relieving and pressure reducing devices including a pressure reducing mattress.</p> <p>R4's Weekly Skin Observation dated 2/4/22 documents that R4's skin is intact. R4's Weekly Skin Observation dated 2/11/22 documents R4 has some skin concerns but this observation form does not indicate what skin concerns were noted or what interventions were put into place.</p> <p>R4's Wound Specialist's Wound Evaluation & Management Summary Dated 2/14/22 documents R4 had developed an unstageable pressure ulcer due to necrosis on R4's right medial sacrum (just above the buttocks) which had developed at least one day before the evaluation. This same summary documents</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MORTON VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST QUEENWOOD ROAD MORTON, IL 61550
---	--

(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
S9999	<p>Continued From page 3</p> <p>under the additional wound detail section that, "(R4) is hospice care. When she transitioned to hospice, she went a few days without air mattress per nurse and that is when scar from MASD (moisture associated skin damage) wound opened. Appears consistent with pressure injury today. Was purple around it last week, consistent with DTI (Deep Tissue Injury) at that point." In addition, this wound summary documents R4 required surgical excisional debridement to remove necrotic (dead tissue) from within the wound.</p> <p>On 3/17/22 at 1:45p.m. V6 (Certified Nurse Aide/CNA) and V9 (CNA) transferred R4 from the wheelchair to the bed using a mechanical lift then removed R4's incontinence brief before turning R4 to the right side. V4 (Registered Nurse) entered R4's room then removed R4's right medial sacral pressure ulcer dressing. R4's wound was a round hole approximately the size of a dime just above R4's buttock on the right side. The wound appeared too narrow and too deep to visualize the wound bed.</p> <p>On 3/21/22 at 10:30a.m. and 3:13p.m. V3 (Wound Nurse) stated that R4 has an unstageable pressure ulcer to the sacrum which developed on or around 2/8/22. V3 stated she believed she entered a note into R4's chart after she assessed R4's wound and obtained treatment orders, however, V3 is unable to locate that note describing the wound. V3 stated that R4 has been at risk for the development of pressure ulcers and was using an alternating air flow mattress as a preventive measure until approximately 1/18/22 when R4 became a hospice recipient and R4's alternating air flow mattress was changed to another type of mattress. V3 stated that R4 had been evaluated</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MORTON VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST QUEENWOOD ROAD MORTON, IL 61550
--	--

(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
S9999	<p>Continued From page 4</p> <p>by the Registered Dietitian for her nutritional risk, but since R4 was eating greater than 50 percent of her meals and was receiving additional protein through supplements and high protein foods, R4's diet was not a factor in R4's development of her pressure ulcer. V3 stated that when she investigated the root cause of the development of R4's pressure ulcer, she determined that R4's pressure ulcer was the result of removing R4's alternating air flow mattress for another mattress and because of R4's debility related to recently having COVID-19. V3 stated that she believes that when R4's Wound Specialist evaluates R4's wound again, he will reclassify R4's wound as a stage 4 pressure ulcer.</p> <p>A Facility Acquired/Worsening Wound Investigation Report dated 2/9/22 documents R4 developed a facility acquired unstageable pressure wound on 2/8/22 as a result of R4's alternating air flow mattress being removed and replaced by a different mattress after transitioning to Hospice care. This investigation further documents the facility's Registered Dietitian did not have any dietary recommendations for R4 as the pressure ulcer was not associated with R4's nutritional status.</p> <p>A Skin Condition Assessment & Monitoring-Pressure and Non-Pressure policy dated as revised 6/8/18 gives as its purpose, "To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other non-pressure skin conditions and assuring interventions are implemented." This policy also states, "Dressings which are applied to pressure ulcers, skin tears, wounds, lesions or incisions shall include the date of the licensed nurse who performed the procedure. Dressing will be checked daily for</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/21/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MORTON VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST QUEENWOOD ROAD MORTON, IL 61550
--	--

(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
S9999	<p>Continued From page 5</p> <p>placement, cleanliness, and signs and symptoms of infection."</p> <p>2. R1's Physician's orders dated 2/22/22 document R1 is to have a right buttock wound treatment which consisted of cleansing the wound with wound cleaner, applying collagen to the wound bed, then covering the wound with a hydrocolloid dressing three times per week and as needed.</p> <p>On 3/17/22 at 11:02a.m. V4 (Registered Nurse) entered R1's room to examine R1's wound dressing. V4 stated that the only wounds and dressings R1 has is to her right and left heels. V4 stated she believes R1's heel wounds are now healed, and the dressings are being used as a protective measure. V4 proceeded to remove R1's right and left heel dressings and demonstrated that the skin around each heel was without wounds and intact. V4 did not inspect any other areas of R1's body to observe for wound dressings.</p> <p>On 3/17/22 at 1:32p.m. V6 (Certified Nurse Aide/CNA) and V9 (CNA) entered R1's room to provide incontinence care. V6 and V9 proceeded to remove R1's incontinence brief then assisted R1 to roll to the right side so V9 could wash R1's buttocks and perineal area. R1's buttocks was bright red with multiple superficial open areas. V6 pointed to a larger superficial wound approximately the size of a dime on R1's right buttock and stated that this wound was being treated with a dressing previously, but that no one had been applying that dressing for the last few days.</p> <p>On 3/21/22 at 10:00a.m. V3 (Wound Nurse) verified that R1's buttocks is reddened with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/21/2022
NAME OF PROVIDER OR SUPPLIER APERION CARE MORTON VILLA			STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST QUEENWOOD ROAD MORTON, IL 61550		
(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	
S9999	Continued From page 6 multiple superficial open areas, and with one larger but superficial open area to the right buttock. V3 stated that R1 has Physician's orders to cleanse the wound, apply collagen to the wound bed and cover the wound with a hydrocolloid dressing. V3 stated R1's wounds are caused from incontinence and are called Moisture Associated Skin Damage (MASD). V3 stated that because R1's right buttocks MASD is a little larger, R1's physician ordered a treatment and dressing to be applied three times per week and as needed. V3 stated that nurses are supposed to ensure R1's dressing is in place by assessing the dressing every day, then reapply the wound treatment and dressing during the scheduled dressing changes or in between times should the dressing come off. (B)	S9999			