

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012173</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 03/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE WESTCHESTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154</b>
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{S 000}	<p>Initial Comments</p> <p>First Complaint Investigation Certification Revisit to Survey of 02/22/22 also recited on Complaint of 3/24/22</p> <p>Facility fails to correct a violation within the time period specified in the plan of correction</p>	{S 000}		
{S9999}	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1010h) 300.1210b) 300.1210c)1)3) 300.1210d)6) 300.1630d) 300.3240a)</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 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.</p> <p>Section 300.1010 Medical Care Policies</p>	{S9999}	<p style="text-align: center;"><b>Attachment A Statement of Licensure Violations</b></p>	

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>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, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for</p>	{S9999}		
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{S9999}	<p>Continued From page 2</p> <p>further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>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:</p> <p>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.</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation and a notation made in the resident's record.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed follow their policy and monitor for abnormal lab levels, failed to notify physician of unresolved changes in condition and failed to administer medication as ordered for 2 (R3, R50) residents reviewed for physician</p>	{S9999}		
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{S9999}	<p>Continued From page 3</p> <p>orders and notification of changes. This failure resulted in a change in mental status and progressed to R3 becoming unresponsive and transported to the local hospital requiring intubation/ICU admission, and assessed to have an ammonia level of 198 mcmol/ L (normal range 11-32 mcmol/L)</p> <p>Findings Included:</p> <p>1. On 3/17/22 at 9:22am V26 (R3 POA) said R3 was not given her lactulose medication and R3's ammonia levels (indicator of liver function) were not monitored at the facility. V26 said she called the facility to enquire about R3's general health and was told by V20 (Nurse) that R3 was lethargic and needed to be sent to the hospital for further care. V26 told V20 that R3 would respond like that if R3's ammonia levels were high. V26 said she asked V20, if R3 was given her lactulose medication and V20 responded in a manner as if she was not aware that R3 was taking lactulose. V26 asked V20 if the facility checked R3's ammonia levels and V20 replied no. V26 said R3 had to be intubated at the hospital due being unresponsive because of the ammonia levels was so high. V26 said R3 has since recovered, but she has concerns about the care that R3 received at the nursing home.</p> <p>On 3/17/22 at 9:30AM R3 said she was sent to the nursing home for rehab and because she was having issues with her liver. R3 said her memory has not been the best since the hospital stay, and she cannot say for sure if she was getting all her medications at the nursing home.</p> <p>R3's progress notes dated 2/2/22 shows in part "resident unresponsive to pain, sternal rub done. bp (blood pressure) 135/74; hr (heart rate) 81; rr</p>	{S9999}		

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{S9999}	<p>Continued From page 4</p> <p>(respirations) 21; temp 97.8, o2 sat 95 at room air. rbs (random blood sugar) 300; MD informed. ordered to send to hospital and start IVF therapy; called 911. IV started 0.9 NaCl @ 100ml/hr.</p> <p>On 3/17/22 at 11:04am V20 (Nurse) said she was the nurse that originally contacted V20 when R1 was not herself on 1/30/22, R3 was lethargic, staff had to feed R3 and R3 was a resident that would eat independently. V20 said the physician gave orders for labs to be drawn, she remembers following up with the physician after the labs, but she is not sure if there were orders. V20 said R3 continued to be lethargic for 3 to 4 more days, and then R3 became unresponsive. V20 said on the days that R3 remained lethargic she did not contact the physician and she didn't have a reason as to why. V20 said she remembers doing a sternal rub but R3 would not respond. V20 said she did call the physician when R3 was unresponsive on 2/2/22, and orders were given to send R3 out to local hospital. V20 said she should have contacted the doctor when R3 continued to be lethargic. V20 said she did not review R3's clinical background or diagnosis with the physician when she called him. V20 said she was not aware of R3's diagnosis of liver cirrhosis. V20 said she did not review R3's clinical records before she contacted the physician.</p> <p>On 3/17/22 at 12:00pm V27 (Physician) said he was notified of R3's change in mental status on 1/30/22 and he ordered CMP, CBC, and urine analysis to rule out a urinary tract infection and R3's urine looked dark. V27 said after receiving the lab report back he ordered intravenous fluids for R3 for hydration. V27 said his partner saw R3 on 1/31/22 for follow up. V27 said he did not receive any follow up calls from the facility on 2/1/22 when R3 continued to experience lethargy.</p>	{S9999}		

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{S9999}	<p>Continued From page 5</p> <p>V27 said if he would have been made aware, he would have sent R3 to local hospital for further care on 2/1/22. V27 said R3 has complex medical conditions, and when the ammonia levels are high the resident's condition can change quickly. V27 said he should have been made aware if R3 continued to experience a change in mental status.</p> <p>R3's hospital records dated 2/2/22 shows in-part "patient presents with altered mental status, patient is 67y/o female with PMH (past medical history) of HTN (hypertension), DM (Diabetes) and cirrhosis presented to the ED via EMS from the nursing home with worsening AMS (altered mental status). On arrival to Ed pt. (patient) was intubated. Ammonia level 198 mcmo/L, CXR (chest Xray) no acute process patient admitted to ICU for further evaluation".</p> <p>Facility policy Titled Physician -Family Notification- change in condition dated 10/1/2015 with revision date of 11/13/18 shows in-part to ensure that the medical care problems are communicated to the attending physician or authorized designee and family/ responsible party in timely, efficient, and effective manner. The facility will inform the resident, consult with the resident physician or authorized designee such as Nurse Practitioner, and if known, notify the resident legal representative or an interested family member when there is a significant change in the resident physical, mental, or psychosocial, status (deterioration in health, mental, or psychological status in either life threatening conditions or clinical complications), condition.</p> <p>On 3/18/22 at 2:56pm V2 (Director of Nursing) said the physician should be notified when the resident is experiencing a change in condition</p>	{S9999}		
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{S9999}	<p>Continued From page 6</p> <p>and when the change in condition does not resolve with treatment. V2 said the nurse should complete an assessment and review the resident history, and diagnosis when calling the physician. V2 said giving the physician background information helps the physician to make clinical decisions on care.</p> <p>2. R5's face sheet shows R5 has diagnosis of multiple sclerosis.</p> <p>R5's Physician Order sheet dated March 2022 shows orders for Avonex prefilled syringe kit 30MCG/0.5ML (inferno beta-1a) Inject 1 applicator intramuscularly one time a day every Wednesday for antipsychotic.</p> <p>On 3/18/22 at 10:00am V2 said avonex is not a psychotropic, the medication is used for multiple sclerosis.</p> <p>R5's MAR-(Medication Administration record) dated January 2022 shows on March 12, 2022 an empty box, no initials showing that the medication was administered. February 2022 shows on February 23, 2022 an empty box, no initials showing that the medication was administered.</p> <p>On 3/18/22 at 2:56pm V2 DON (Director of Nursing) said when the nurse administers a medication the nurse should document on the MAR that the medication was given by checking the box in the electronic records and the initials will show representing that the medication was given. V2 said if it's not documented then it was not given.</p> <p>Facility policy Titled Medication Administration general guidelines no date noted shows in part medication are administered as prescribed in</p>	{S9999}		
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{S9999}	<p>Continued From page 7</p> <p>accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medication do so only after they have been properly orientated to the facility medication distribution system (procurement, storage, handling and administration). The individual who administers the medication dose records the administration on the resident MAR directly after the medication is given. The resident MAR is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration. If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time the space provided on the front of the MAR for that dosage administration is initialed and circled.</p> <p>Review of R5's progress notes and MAR, there is no documentation that R5 refused the medication avonex.</p> <p>On 3/18/22 at 8:45am V3 (Nurse) was observed to administer medication and V3 signed off on the administration of that medication after giving it. V3 said when the nurse gives medication the medication should be signed off after administration, this shows that that the medication was given.</p> <p>(A)</p>	{S9999}		