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 IL6007413 05/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1212 SOUTH SECOND STREET **APERION CARE DEKALB DEKALB, IL 60115** (X4)ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Second Probationary Licensure Survey-300.2210 cited. S9999 **Final Observations** S9999 Statement of Licensure Violations: 300.2210b)1) Section 300.2210 Maintenance b) Each facility shall: 1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards. This requirement was not met as evidenced by: Based on observation, interview, and record review the facility failed to have handrails fixed securely and safely to the wall. This applies to all 82 residents residing in the facility. The findings include: The facility data sheet dated 5/10/22, documents there are 82 residents residing in the facility. On 5/11/22 at: 8:30 AM, the handrail across from the north nursing station came off of the wall when checked to ensure it was secured to the Attachment A wall. The handrail appears to be secured to the Statement of Licensure Violations wall with two mounts, but one mount was not

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

TITLE

(X6) DATE

PRINTED: 05/24/2022

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6007413 B. WING 05/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1212 SOUTH SECOND STREET** APERION CARE DEKALB DEKALB, IL 60115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID m PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (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 1 S9999 attached to the handrail, and it came off of the wall when weight was applied. The handrail located across from the south nursing station appears to be secured, but when attempting to ensure it was safe, it came off of the wall. On 5/11/22 at 9:00 AM, V1 (Administrator) was shown the unsecured handrails at the north and south nursing stations. V1 said the facility currently did not have a maintenance director and had been without one for about 5 months. At 11:55 AM, the handrails at both nursing stations appeared to be in proper position on the wall. No signs posted, or indication the handrail was not usable or was broken. Both handrails were removed from the wall again with little effort. V1 said she contacted a sister facility, and their maintenance director would address the issue 5/12/22. She said the only thing she could do was maybe remove the handrails. She said the loose and unsecured handrails would pose a safety risk for the residents. At 12:55 PM, the handrail on the north hallway by the nurse's station appeared to be secured to the wall, no signs posted to warn residents or staff of the safety risk. When the rail was pushed on, it came off the wall. R1 was standing in his doorway and observed the handrail come off the wall and said, "It's a good thing nobody leaned on that, they could have fallen". During the survey process residents were observed using the handrails to assist themselves with propelling down the hallways and balance while ambulating.

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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 IL6007413 B. WING 05/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1212 SOUTH SECOND STREET** APERION CARE DEKALB **DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 At 1:00 PM, V2 RN (Registered Nurse) said the handrails are used by the residents for stability. They use the handrails to propel themselves in their wheelchairs and balance when walking with a cane or independently. V2 said the unsecured handrail is definitely a resident safety concern. At 1:00 PM, V1 said the facility did not have a policy for resident safety or handrails. (B)

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**FATE FORM**