STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006399	A. BUILDING _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE MORTON VILLA	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 FRI of 6/27/2023/IL161962	S 000		
S9999	Final Observations Statement of Licensuure Violations 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 care needs of the resident. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Requirements were not met as evidenced by: Based on interview and record review V4 (Registered Nurse) failed to recognize verbal abuse as abuse, and failed to immediately report an allegation of verbal abuse to (V1/Administrator) for one resident (R1) reviewed in a sample of three. V4 also failed to protect R1 when V4 instructed the alleged perpetrator (V3/Certified Nursing Assistant) to assist R1 who made allegations of abuse with cares that evening. Findings include: The Abuse Prevention and Reporting policy dated 11/28/2016, documents Protection of Residents "Employees of the facility who have been accused of abuse, neglect, exploitation, mistreatment, or misappropriation of resident property will be removed from resident contact immediately. The employees shall not be permitted to return to work until the result of the investigation has have been reviewed by the administrator and is determined that any allegation of abuse, neglect, exploitation, mistreatment, or misappropriation of resident property is unsubstantiated." The Final Incident Report for R1 sent to the (State Agency) dated 6/28/23 documents that R1	S9999		

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S9999	Continued From page 2 has a diagnosis of Chronic Obstructive Pulmonary Disease, Encephalopathy, Weakness, Morbid Obesity, and Type 2 Diabetes. R1 has a Brief Interview for Mental Status (BIMs) of 13 (cognition intact). Occurrence: "Allegation of alleged verbal abuse from (V3/Certified Nursing Assistant/CNA) to (R1) was reported. (V3) was suspended pending investigation." Injuries: "No physical injury, (R1) asked that (V3) not be allowed back in his room for cares due to her being rude and cursing at him." Actions Taken: "Investigation started, (V3) called for questioning and placed on suspension pending investigation. Investigation completed and (V3) was terminated due to verbal behavior towards (R1)." Final Report Summary: "After investigation was completed it was noted that (V3) spoke rudely to (R1), cursing at him in his room. This was heard by (V5/Certified Nursing Assistant) that was in (R1's) room to assist with cares. (V3) was terminated for violation of residence rights to safety, dignity, and respect. Along with violation of company policy # (number) 11- Engaging in discourteous or inappropriate behavior (foul language) towards a resident and # 30- Making any statement or engaging in any conduct that is obscene." On 7/21/23 at 3:45 PM, V2 (Director of Nursing) stated that she got a call around 9:30 PM on 6/27/23 from V4 (Registered Nurse) that V3 (Certified Nursing Assistant) was refusing to care for R1 due to his behaviors. V2 instructed V4 to write a statement and leave it in her mailbox. V2 did not instruct V4 to send V3 home. The morning of 6/28/23, V2 read V4's statement and realized V3 had abused R1 on 6/27/23. On 7/21/23 at 7:05 PM, V4 (Registered Nurse) stated that V5 (Certified Nursing Assistant) told	S9999		

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S9999	Continued From page 3	S9999		

her that there was a verbal altercation between V3 (Certified Nursing Assistant) and R1. V3 was cursing at R1. V3 was also refusing to provide care for R1. Around 9:30 PM, V4 called V2 to report that V3 refused to care for R1. V4 was told for her and V5 to write a statement and leave it in her mailbox. V4 does not remember if she told V2 about the abuse. V2 did not tell V4 to send V3 home so V3 stayed until the end of her shift at 10:00 PM. V4 considered what V3 did as abuse but did not send her home because it was not physical abuse. V4 told V3 she needed to calm down and could not curse at any residents. R1 needed to be changed and was an assist of two so V4 asked R1 if V3 could come and assist her with R1's care. At first R1 said "No" and V4 explained there were no other staff available, and he was an assist of two. R1 agreed for V3 to help V5 change R1. When V3 and V5 entered R1's room R1 refused to have V3 touch him and V3 left R1's room." "I later asked (V3) whether she wants to be placed in a different group because the current one she was on she had issues with several residents. (V3) stated that it didn't matter because she was going to do the same thing if a resident was being rude to her."

On 7/22/23 at 11:09 AM, V5 (Certified Nursing Assistant) stated that between 8:30 PM and 9:00 PM, V3 (Certified Nursing Assistant) asked her to help put R1 to bed. R1 asked why it took so long for him to be able to go to bed. V3 started cussing at R1 and calling him a B****. Then R1 started yelling back calling V3 names. V3 left the room with R1 wet and soiled. V5 immediately went to V4 (Registered Nurse) and told her what had happened. V4 called V2 (Director of Nursing) and V4 was told to write a statement. V5 did not hear the conversation between V4 and V2. V5 also stated "It all happened so fast. I can't remember

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S9999	Continued From page 4	S9999		

everything that was said. It was loud and hostile. I knew it was abuse and I was surprised when (V3) was not sent home. (V4) had tried to get (V3) to help her change (R1) but that didn't happen, so I helped change (R1)."

The Witness Statement signed by V4 (Registered Nurse) dated 6/27/23, documents "Around 9:00 PM on Wednesday (6/27/23), (V5/Certified Nursing Assistant/CNA) approached me and informed me that (R1) needed care, and that (V3/CNA) assigned to take care of (R1) had refused to help him. (V5) informed me that (V3) got into a verbal altercation with (R1), (V3) had called (R1) a B****, said his mother is a B****, and a black A** S** of a B****. (V3) did this and stormed out of (R1's) room and told (R1) that he will have to put himself to bed and change his own (disposable brief) because (V3) was not going to deal with him anymore. Knowing that this had happened several times before with multiple residents while they were under (V3's) care. I decided to talk to (V3) and inform her that she cannot, under any circumstances address residence in this manner. I went to ask (R1) if he will allow (V3) to assist him while I helped (V3), and he adamantly refused; saying that (V3) had been very disrespectful and called him all sorts of names. I informed (R1) that (V3) will be coming back to the room to assist him because I only had two CNAs on the floor, and (V5) was assisting someone else, but I assured (R1) that I will be in the room to observe and assist. I approached (V3) and informed her that she will go back in (R1's) room and finish taking care of (R1), and that I will assist her. (V3) agreed but stated that "If (R1) disrespects or calls me any names, or yells at me, I will yell right back, and I will leave and not help him." I told (V3) to calm down and to stop having verbal altercations with residents. I

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S9999	Continued From page 5 informed (V3) to not engage (R1) if he starts saying anything that (V3) thinks is rude or offensive. (V3) said that she cannot do that (keep quiet while a resident is disrespecting her). We went into (R1's) room and I explained to (R1) that myself and (V3) we're going to assist him get ready for bed because he needed to be cleaned up and changed in clothing. (R1) again refused to have (V3) touch him or help him in any way, stating that (V3) had been very rude to him and he didn't want her helping him in any way. At this point (V3) left the room. I ask (R1) to explain to me what had happened initially that triggered the whole incident. (R1) said that (V3) entered the room and very rudely said to (R1) "So are you ready to go to bed or what. Because I'm not going to wait for you or come back here after I leave." This infuriated (R1) and their verbal exchange ensued." (V5) that was not assigned to (R1) ended up taking care of him. I later asked (V3) whether she wants to be placed in a different group because the current one she was on she had issues with several residents. (V3) stated that it didn't matter because she was going to do the same thing if a resident was being rude to her." The Witness Statement signed by V5 (Certified Nursing Assistant) dated 6/27/23 documents that V5 (Certified Nursing Assistant) was helping V3 (CNA) put R1 to bed. R1 had requested to go to bed before 7:00 PM and V3 refused so R1 had to wait. R1 asked why he was going to bed so late and after that, things happened fast. V3 started "going off" on R1. V3 said she would get to R1 when she felt like it and was cursing at R1. V3 called R1 a B**** and his family members a B****, black a**, etcetera. V3 knew R1 was soiled but did not change him. V3 was unprofessional by not providing care for him.	S9999		

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S9999	Continued From page 6 On 7/22/23 at 10:16 AM, V2 (Director of Nursing) stated that had she been told by V4 (Registered Nurse) the extent of what had happened she would have instructed V4 to send R3 home and would have notified V1 (Administrator). V4 needs to be reeducated on abuse and the abuse policy. V4 should have sent V3 home. The Certified Nursing Assistant job description dated 5/2/2017, documents "The Certified Nursing Assistant (CNA) is responsible for providing resident care and support in all activities of daily living and ensure the health, welfare, and safety of all residents." Duties include "Adhere to professional standards, company policies and procedures, and all federal, state, and local requirements." The Final Incident Report for R1 sent to the (State Agency) dated 6/28/23 documents that R1 has a diagnosis of Chronic Obstructive Pulmonary Disease, Encephalopathy, Weakness, Morbid Obesity, and Type 2 Diabetes. R1 has a Brief Interview for Mental Status (BIMs) of 13 (cognition intact). Occurrence: "Allegation of alleged verbal abuse from (V3/Certified Nursing Assistant/CNA) to (R1) was reported. (V3) was suspended pending investigation." Injuries: "No physical injury, (R1) asked that (V3) not be allowed back in his room for cares due to her being rude and cursing at him." Actions Taken: "Investigation started, (V3) called for questioning and placed on suspension pending investigation. Investigation completed and (V3) was terminated due to verbal behavior towards (R1)." Final Report Summary: "After investigation was completed it was noted that (V3) spoke rudely to (R1), cursing at him in his room. This was heard by (V5/Certified Nursing Assistant) that was in (R1's) room to assist with cares. (V3) was	S9999		

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terminated for violation of residence rights to safety, dignity, and respect. Along with violation of company policy # (number) 11- Engaging in discourteous or inappropriate behavior (foul language) towards a resident and # 30- Making any statement or engaging in any conduct that is obscene."

On 7/21/23 at 1:07 PM, V1 (Administrator) stated that she is the Abuse Coordinator and did not hear about what happened on 6/27/23 between R1 and V3 (CNA) until the morning of 6/28/23. The allegation of abuse was substantiated and V3 was terminated.

On 7/21/23 at 12:25 PM, V2 (Director of Nursing) stated that it was reported that V3 (Certified Nursing Assistant) was cursing at R1. An investigation was done, the verbal abuse was substantiated and V3 was terminated.

On 7/21/23 at 7:05 PM, V4 (Registered Nurse) stated that V5 (Certified Nursing Assistant) told her that there was a verbal altercation between V3 (Certified Nursing Assistant) and R1. V3 was cursing at R1. V4 told V3 she needed to calm down and could not curse at any residents.

On 7/22/23 at 11:09 AM, V5 (Certified Nursing Assistant) stated that between 8:30 PM and 9:00 PM, V3 (Certified Nursing Assistant) asked her to help put R1 to bed. R1 asked why it took so long for him to be able to go to bed. V3 started cussing at R1 and calling him a B****. Then R1 started yelling back calling V3 names. V3 left the room with R1 wet and soiled. V5 immediately went to V4 (Registered Nurse) and told her what had happened. V4 called V2 (Director of Nursing) and V4 was told to write a statement. V5 did not hear the conversation between V4 and V2. V5 also

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S9999	Continued From page 8 stated "It all happened so fast. I can't remember everything that was said. It was loud and hostile." The Witness Statement signed by R1, dated 6/28/23 documents "(R1) stated that on the night of 6/27/23, (R1) had their call light on to go back to bed when (V3/Certified Nursing Assistant) came into the room and started cursing at (R1) when he asked to go to bed." The Witness Statement signed by V4 (Registered Nurse) dated 6/27/23, documents "Around 9:00 PM on Wednesday (6/27/23), (V5/Certified Nursing Assistant/CNA) approached me and informed me that (R1) needed care, and that (V3/CNA) assigned to take care of (R1) had refused to help him. (V5) informed me that (V3) got into a verbal altercation with (R1), (V3) had called (R1) a B****, said his mother is a B****, and a black A** S** of a B****. (V3) did this and stormed out of (R1's) room and told (R1) that he will have to put himself to bed and change his own (disposable brief) because (V3) was not going to deal with him anymore. Knowing that this had happened several times before with multiple residents while they were under (V3's) care. I decided to talk to (V3) and inform her that she cannot, under any circumstances address residence in this manner. I went to ask (R1) if he will allow (V3) to assist him while I helped (V3), and he adamantly refused; saying that (V3) had been very disrespectful and called him all sorts of names. I informed (R1) that (V3) will be coming back to the room to assist him because I only had two CNAs on the floor, and (V5) was assisting someone else, but I assured (R1) that I will be in the room to observe and assist. I approached (V3) and informed her that she will go back in (R1's) room and finish taking care of (R1), and that I will assist her. (V3) agreed but stated that "If	S9999		

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S9999	Continued From page 9 (R1) disrespects or calls me any names, or yells at me, I will yell right back, and I will leave and not help him." I told (V3) to calm down and to stop having verbal altercations with residents. I informed (V3) to not engage (R1) if he starts saying anything that (V3) thinks is rude or offensive. (V3) said that she cannot do that (keep quiet while a resident is disrespecting her). We went into (R1's) room and I explained to (R1) that myself and (V3) we're going to assist him get ready for bed because he needed to be cleaned up and changed in clothing. (R1) again refused to have (V3) touch him or help him in any way, stating that (V3) had been very rude to him and he didn't want her helping him in any way. At this point (V3) left the room. I ask (R1) to explain to me what had happened initially that triggered the whole incident. (R1) said that (V3) entered the room and very rudely said to (R1) "So are you ready to go to bed or what. Because I'm not going to wait for you or come back here after I leave." This infuriated (R1) and their verbal exchange ensued." (V5) that was not assigned to (R1) ended up taking care of him. I later asked (V3) whether she wants to be placed in a different group because the current one she was on she had issues with several residents. (V3) stated that it didn't matter because she was going to do the same thing if a resident was being rude to her." The Witness Statement signed by V5 (Certified Nursing Assistant) dated 6/27/23, documents that V5 (Certified Nursing Assistant) was helping V3 (CNA) put R1 to bed. R1 had requested to go to bed before 7:00 PM and V3 refused so R1 had to wait. R1 asked why he was going to bed so late and after that, things happened fast. V3 started "going off" on R1. V3 said she would get to R1 when she felt like it and was cursing at R1. V3 called R1 a B**** and his family members a B****,	S9999		

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S9999	Continued From page 10 black a**, etcetera. V3 knew R1 was soiled but did not change him. V3 was unprofessional by not providing care for him. The Assignment Sheet Update dated 6/27/23 documents V3 (Certified Nursing Assistant), and V5 (Certified Nursing Assistant) worked on the evening shift. V3 was assigned to rooms 19-29 (R1 was in room 25). The Facility Time Keeping Sheet dated 7/21/23 at 1:29 PM, documents that V3 (Certified Nursing Assistant) worked on 6/27/23 from 2:07 PM - 10:04 PM. The Assignment Sheet Update dated 6/27/23 documents V3 certified nursing assistant, and V5 certified nursing assistant worked on the evening shift. V3 was assigned to rooms 19-29 (R1 was in room 25). The Facility Time Keeping Sheet dated 7/21/23 at 1:29 PM, documents that V3 (Certified Nursing Assistant) worked on 6/27/23 from 2:07 PM - 10:04 PM. The Human Resources Notice of Corrective Action for V3 (certified Nursing Assistant) dated 6/30/2023, documents that on 6/27/23 V3 engaged in discourteous or inappropriate behavior (foul language) towards R1. Making statements or engaging in conduct that is obscene. The corrective action was to discharge V3. (B)	S9999		