STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008783	A. BUILDING: _____ B. WING _____	C 05/24/2023

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APERION CARE SPRING VALLEY	1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362

(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 2323796/IL159578	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2): 300.610a) 300.690a) 300.690b) 300.690c) 300.1210b) 300.1210d)6) 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. Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. 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	S9999		

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S9999	Continued From page 2 resident to meet the total nursing and personal care needs of the resident. 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: 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. These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to serve hot cereal at a safe temperature to prevent a resident's second-degree burn (R1) and failed to notify the facility Administration so an investigation could be conducted; failed to complete a required, written Incident/Accident Report and failed to notify the State Agency within the required time frames, which resulted in another resident (R2) suffering a second-degree scalding burn after facility kitchen staff served a scalding hot beverage without performing the required safe temperature check prior to serving. These failures have the potential to affect 73 of the 74 residents currently residing the facility. The (undated) facility policy, Precautions for Handling Hot Beverages directs staff, "Staff will monitor, serve and hold hot beverages in a safe	S9999		

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S9999	Continued From page 3 manner to prevent potential burns. The temperature for brewing and serving hot beverages will be based on the manufacture recommendations for the beverage equipment utilized in the (facility). Although the recommended settings for proper brewing may vary based on the equipment, it is recommended that the temperature of the equipment be set at the lowest possible temperature for adequate brewing; anticipated to be in the range of 160-170 degrees Fahrenheit. The serving temperature should be approximately 10 -15 degrees less than the brewing temperature. It is suggested that brewing and serving temperatures of hot beverages are monitored on a monthly or quarterly basis to assure proper functioning of equipment. Additional precautions may be implemented: Assessing and identifying those individuals served who are at high risk for burning themselves with hot beverages. Ensuring staff monitor the identified high- risk resident(S) during mealtimes and/or when hot beverages are served. Utilizing specialized spill proof lids and cups for those individuals identified as high risk for spillage and potential for burning." The (undated) facility policy, Serving Temperatures for Hot and Cold Foods directs staff, "Foods will be served at the following temperatures to ensure a safe and appetizing dining experience. The minimum temperatures do not reflect the required temperatures needed for preparation, cooking or cooling of foods. Hot foods served at higher temperatures, based on resident preference, must be done cautiously because foods served too hot may potentially decrease food quality and possibly contribute to resident burns. Hot cereal: 135 degrees Fahrenheit to 170 degrees Fahrenheit. Hot beverages: Follow facility guidelines. The Cook	S9999		

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S9999	Continued From page 4 will take temperatures of hot and cold food items using approved food thermometers prior to each meal service." The manufacture guidelines for the facility hot beverage machine (NG C300 Black) documents, "The liquid dispenser (NG C300) is a dispenser for the delivery of coffee, tea and only hot water in commercial sectors. Warning: The liquids delivered by the dispenser are hot. Avoid scalding." The facility policy, Incident and Accidents, dated 11/28/2012 directs staff, "The Incident/Accident Report is completed for all unexplained bruises or abrasions, all accident or incidents where there is injury or the potential to result in injury, allegations of theft and abuse registered by residents, visitors or other and resident- to- resident altercations. An 'accident' is defined as any happening, not consistent with the routine operation of the facility that results in bodily injury other than abuse. An incident/accident report will be completed for: All serious accidents or incidents of residents. An incident/accident report is to be completed by the RN (Registered Nurse) or LPN (Licensed Practical Nurse). The Director of Nursing must notify the following if an actual injury occurs: (State Agency) within 24 hours of the occurrence. A narrative of the incident is to be sent to the (State Agency) within 5 working days." The hot beverage machine Work Order dated 5/16/23 documents, "(Facility) wants to know the temperature setting on their machine and would like the ma7chine checked. Last check on 5/13/21. Solution: Replaced filter. Replaced temperature probe. Adjusted temperature from 194 degrees to 185 degrees, per customer	S9999		

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S9999	Continued From page 5	S9999		

(request)."

The (facility) Food Temperature Log Sheet, provided by V9/Cook directs staff to check food temperatures for Breakfast for eggs, scrambled eggs, oats, super cereal, and pureed eggs. No direction for checking temperatures of hot beverages is given.

The facility Food Temperature Chart dated 4/30/23 through 5/15/23 documents the food temperature of the hot cereal served to facility residents during that time period ranging from 200 degrees Fahrenheit on 5/7/23 to 178 degrees on 5/8/23. No recorded temperatures of hot beverages are documented during this time frame.

The current State Operations Manual, documents the following concerning burns: "Table 1. Time and Temperature Relationship to Serious Burns

Water Temperature		Time Required for a 3rd Degree Burn to Occur
155°F	68°C	1 sec
148°F	64°C	2 sec
140°F	60°C	5 sec
133°F	56°C	15 sec
127°F	52°C	1 min
124°F	51°C	3 min
120°F	48°C	5 min
100°F	37°C	Safe Temperatures for Bathing (see Note)

NOTE: Burns can occur even at water temperatures below those identified in the table, depending on an individual's condition and the length of exposure."

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S9999	Continued From page 6 1. R1's (facility) Admission Record documents that R1 was admitted to the facility on 2/9/22 with the following diagnoses: Dementia with Behavioral Disturbance, Conversion Disorder with Seizures, Anxiety Disorder and Age- Related Cognitive Decline. R1's May 2023 Physician Order Sheet includes the following physician orders: General diet, add Super Cereal (hot cereal) at breakfast. R1's (facility) Skin and Wound Evaluation form, dated 11/29/22 documents, "Burn, Second Degree, Front of Left Thigh, In- House Acquired on 11/29/22, Measures 4.0 CM (Centimeters) X 1.4 CM X 0.1 CM with surrounding tissue: erythema: redness of the skin, Pain at dressing change." R1's (facility) Wound Evaluation with photographs, dated 11/29/22 documents a reddened wound with currently blisters present, measured as 4.01 CM X 1.37 CM X 0.1 CM. The wound is described as painful at dressing change with a daily treatment in place. R1's Initial Wound Evaluation and Management Summary, dated 12/7/22 by V15/Wound Doctor documents, "(R1) presents with a wound on her left thigh. (R1) has a burn wound of the left thigh for least 1 day's duration. There is moderate serous exudate. Burn wound measures 4.5 CM X 1 CM X 0.1 CM with moderate, serous exudate. 15% slough and 35% granulation tissue. Procedure Note: The wound was cleansed with normal saline and anesthesia was achieved using topical benzocaine. Then with clean surgical technique, 15 blade was used to surgically devitalized tissue including slough, biofilm and non-viable subcutaneous level tissues were	S9999		

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S9999	Continued From page 7 removed at a depth of 0.1 CM and healthy bleeding tissue was observed. As a result of this procedure, the nonviable tissue in the wound bed decreased from 15 percent to 5 percent. Hemostasis was achieved and a clean dressing was applied. Dressing Treatment Plan: Silver sulfadiazine apply three times per week for 30 days. Alginate calcium apply three times per week for 30 days. Foam silicone border dressing. Skin prep to the peri wound." R1's Wound Evaluation and Management Summary, dated 12/14/22 documents, "(R1) presents with a wound to her left thigh. (R1) spilled hot oatmeal on her leg, causing a burn wound. Current wound size: 3 CM X 1 CM X 0.1 CM. Procedure Note: The wound was cleansed with normal saline and anesthesia was achieved using topical benzocaine. Then with clean surgical technique, 15 blade was used to surgically devitalized tissue including slough, biofilm and non-viable subcutaneous level tissues were removed at a depth of 0.1 CM and healthy bleeding tissue was observed. As a result of this procedure, the nonviable tissue in the wound bed decreased from 15 percent to 0 percent. Hemostasis was achieved and a clean dressing was applied." R1's (facility) Wound Evaluation, dated 12/28/22 documents, "Burn wound to left thigh measures 1.1 CM X 0.71 CM X 0.1 CM. Wound bed is 100% epithelial tissue. Progress: Healed." On 5/15/2023 at 1:45 P.M., V5/Registered Nurse verified she did fill out the wound information sheet for R1's leg wound. V5 also verified that R1 feeds herself after staff prepared her food and R1 dropped a bowl of hot cereal on her leg, causing injury. V5/RN verified she did not tell	S9999		

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S9999	Continued From page 8 V1/Administrator or V2/DON about (R1's) injury but did obtain a wound treatment for the injury. V5 stated that R1 complained of much pain when wound treatment was being done and stated R1 saw the facility Wound Doctor about a week after the injury happened. On 5/16/23 at 9:39 A.M., V9/Cook stated, "We don't currently have a Dietary Manager. We haven't had one for about a month. Dietary Managers from other facilities take turns coming here and looking things over. The Cook is responsible for temping each food offered prior to the start of the meal." At that time, V9 was only able to produce the facility Food Temperature Logs from 4/30/23 through 5/15/23. V9/Cook verified temperature checks of the cooked cereal were between 178 degrees and 200 degrees. At 9:57 A.M., V9/Cook stated, "We don't check the temperature of hot beverages (prior to serving). I suppose we could start doing that." At that time, V9/Cook verified the temperature of a cup of hot water/coffee from the facility hot beverage machine was 190 degrees. V9/Cook also verified all 73 facility residents receive meals and beverages form the facility kitchen, except one resident who receives gastrostomy tube feedings. On 5/16/23 at 10:00 A.M., V10/Dietary Manager of sister facility who was over-seeing the facility kitchen stated, "Kitchen staff should always check the temperature of hot beverages prior to serving. We always check hot beverage temperatures at the facility I have worked at for the past 16 years. Hot food/hot beverages can cause severe burns in elderly residents. 190 degrees is too hot." 2. R2's (facility) Admission Record documents that R2 was admitted to the facility on 9/8/22 with the following diagnoses: Lack of Coordination,	S9999		

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S9999	Continued From page 9 Abnormal Posture, Weakness and Anxiety. R2's May 2023 Physician Order Sheet includes the following physician orders: General, Regular Diet. R2's Nursing Progress Notes, dated 4/17/23 at 7:09 A.M. document, "(R2) spilled tea on abdomen causing a second-degree burn. Area cleansed with soap and water. Bacitracin applied to wound bed and covered with Border Foam dressing." R2 was served a scalding hot cup of tea and sustained a 4.05 CM X 2.72 CM second degree, blistering burn to her abdomen after she spilled the beverage. Facility kitchen staff served the hot beverage from the hot beverage machine without checking the required temperature prior to serving. Nursing staff again did not notify facility Administrative Staff and no evaluation of the incident nor implementation of further safety interventions were developed prior to discovery on 5/16/23. R2's Wound Evaluation, dated 4/18/23 documents, "Second degree burn to lower left abdomen, measures 4.05 CM X 2.72 CM, acquired in- house on 4/17/23. 90% granulation tissue present with light serous drainage. Treatment in place." R2's Wound Evaluation, dated 5/9/23 documents, "Second degree burn to lower abdomen, measures 3.79 CM X 2.76 CM X 0.1 CM. 100% granulation tissue present with light serous drainage. Progress: Healing. On 5/16/23 at 1:17 P.M., R2 stated she likes hot tea at each meal and usually the temperature is warm when she receives it. However, on that day (4/17/23), her tea was extremely hot and when	S9999		

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S9999	Continued From page 10 she spilled it, it caused a painful burn. R2 stated the area was painful, especially when dressing was changed. Observation of area at that time shows an 8 CM X 4 CM healing burn to (R2's) lower left abdomen. On 5/15/23 at 1:10 P.M., V2/Director of Nurses stated she doesn't recall being notified of the second degree burn to R1's leg that occurred in November 2022 or R2's abdomen that occurred on 4/17/23. V2/Director of Nurses verified no facility Incident/Accident Report was completed for either accident. On 5/15/23 at 3:10 P.M., V3/Regional Director of Operations confirmed an Incident Report for the second degree burn on 11/29/23 or 4/17/23 was not completed nor was the State Agency notified of the accidents. The facility Room Roster dated 5/15/23 documents 74 residents currently reside in the facility. (A) Statement of Licensure Violations (2 of 2): 300.610a) 300.1210b) 300.1210d)6) 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	S9999		

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S9999	Continued From page 11 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. 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. 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: 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. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to provide increased supervision after administration of two (as needed) psychotropic medications within a two-hour time span,	S9999		

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S9999	Continued From page 12 resulting in a resident falling from a bed, sustaining a laceration and a head injury for one resident (R1) of three residents reviewed, in a sample of 6. The facility policy, Fall Prevention Program, dated 11/28/2012 directs staff, "To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. The Fall Prevention Program includes the following components: Use and implementation of professional standards of practice. In addition to the use of Standard Fall Precautions, the following interventions may be implemented for residents identified at risk: The resident will be checked approximately every two hours, or as according to the care plan, to assure they are in a safe position. The frequency of safety monitoring will be determined by the resident's risk factors and the plan of care." R1's (facility) Admission Record documents that R1 was admitted to the facility on 2/9/22 with the following diagnoses: Dementia with Behavioral Disturbance, Conversion Disorder with Seizures, Anxiety Disorder, Age- Related Cognitive Decline, Insomnia, Lack of Coordination, Abnormal Posture and Weakness. R1's current Physician Order Sheet, dated May 2023 includes the following medications: Risperidone (antipsychotic) 1 MG (Milligram) by mouth in the morning and 0.5 MG by mouth at bedtime; Mirtazapine (antidepressant) 30 MG by mouth at bedtime; Ativan (antianxiety) 0.5 MG by	S9999		

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S9999	Continued From page 13	S9999		

mouth every 6 hours as needed; and Ativan Injection 2 MG/ML (Milliliters) Inject 1 ML intramuscularly every 12 hours as needed for agitation and anxiety.

R1's Fall Risk Assessment, dated 01/31/2023 documents R1 is at high risk for falls (Score 21) (High Risk is 10 or greater).

R1's current Care Plan, dated 2/9/22 includes the following Focus Area: "(R1) is at risk for falls related to weakness due to self-care deficit." R1's Care Plan documents R1 had falls on: 2/20/22, 7/14/22, 7/18/22, 9/16/22, 9/24/22, 10/1/22, 10/28/22, 12/22/22 and 4/18/22. This same Care Plan includes another Focus Area, "(R1) uses an anti-anxiety medication related to anxiety disorder." Interventions include, "Administer anti-anxiety medication as ordered by physician. Monitor for side effects and effectiveness. Monitor/document/report any adverse reactions: Drowsiness, lack of energy, clumsiness, slow reflexes, confusion and disorientation, dizziness, impaired thinking and judgement, blurred or double vision."

R1's April 2023 Medication Administration Record documents that R1 received the following medications on 4/17/2023: Ativan 2 MG/ML (1 MG) intramuscularly at 2:11 P.M. due to behaviors; Ativan 0.5 MG PO at 8:14 P.M. for agitation and anxiety; and Ativan 2 MG/ML (1 MG) intramuscularly at 10:53 P.M. for agitation.

R1's (facility) Fall-Initial Occurrence Report, dated 4/18/23 at 1:25 A.M. and signed by V12/Registered Nurse, documents, "Unwitnessed fall at (R1's) bedside, (R1) observed laying on floor next to her bed, face down, in a pool of blood, moaning and groaning. Contributing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008783	A. BUILDING: _____ B. WING _____	C 05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE SPRING VALLEY	1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362

(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 14 Factors: Confused, forgets to use call light, Recent room change. Other factors: Was given IM Ativan at (10:53) P.M. for behaviors. Injuries: Left lower lip laceration. New interventions initiated immediately: Floor mat, Nonskid footwear, Safety checks every 15 minutes. Sent to ER (Emergency Room)." R1's Emergency room Report, dated 4/18/23 documents, "(R1) resides at (facility) and presents to ER for evaluation of head injury and lip laceration after a fall out of bed. The (facility) gave (R1) some Ativan because of agitation at bedtime. (R1) then rolled out of bed and struck her head. Exam: Evidence of contusion to the face with lip laceration. Diagnosis: Head Injury, Head Contusion, Lip Laceration." On 5/16/23 at 11:13 A.M., V12/Registered Nurse denied providing increased supervision for R1 after facility staff had administered three additional doses of Ativan to R1, within a 10-hour period. V12/Registered Nurse stated, "I was the nurse the night that (R1) fell from bed. I work 6 P.M. to 6 A.M. and R1 was having behaviors all night. (R1) wouldn't take her medications; (R1) was very anxious and combative. I gave her an extra dose of (oral) Ativan at 8:14 (P.M.) and (R1) was still having behaviors, so I called (R1's) doctor and got an order for I.M. (Intramuscularly) Ativan. It took three additional staff members help for me to give (R1) the shot. I gave it around 10:53 P.M. Around 11 (o'clock P.M.) I noticed (R1) was falling asleep in her wheelchair. A couple of hours later I heard a movement and a sound like something fell. I found (R1) lying face down in a pool of blood. I sent (R1) to the ER. We didn't do anything special for (R1) after I gave (R1) the shot. We just put (R1) to bed, like normal."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008783	A. BUILDING: _____ B. WING _____	C 05/24/2023

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S9999	Continued From page 15 (B)	S9999		