

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009815	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2024
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NAME OF PROVIDER OR SUPPLIER APERION CARE FAIRFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 305 N.W. 11TH STREET FAIRFIELD, IL 62837
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(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 2457013/IL177480	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 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 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 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	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
09/27/24

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S9999	<p>Continued From page 1</p> <p>and assistance to prevent accidents.</p> <p>Theses requirements were not met as evidence by:</p> <p>Based on interview and record review, the facility failed to provide a safe mechanical lift transfer for 1 of 1 resident (R1) reviewed for falls in a sample of 12. This failure resulted in R1 becoming scared she would fall and anxious during the transfer and becoming afraid of of future mechanical lift transfers.</p> <p>Findings include:</p> <p>R1's Face Sheet documented an Admission Date of 7/6/23 and listed Diagnoses including Chronic Obstructive Pulmonary Disorder, Diabetes Type 2, and Anxiety disorder.</p> <p>R1's Care Plan dated 8/20/24 documented problem areas,"I have an ADL (Activities of Daily Living) self-care/ mobility performance (functional abilities) deficit," and, " I use anti anxiety medications."</p> <p>R1's Minimum Data Set dated 7/9/24 documented that R1 has minimal deficits in cognition and is totally dependent on staff for transfers.</p> <p>On 9/17/24 at 10:55am, R1 was alert and oriented to person, place, and time. R1 stated that on the morning of 9/16/24, V4, Certified Nursing Assistant, was getting her out of bed and ready for a doctors appointment. R1 stated she had two family members present at the time. R1 stated V4 transferred R1 out of the bed into the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>wheelchair via mechanical lift. R1 stated V4 was the only staff member present during the transfer. R1 stated, "Thank God those two (V10, V11, family members) were in the room to help because I about got dumped out of the (lift) sling. I don't think (V4) knows how to use a (mechanical lift)." R1's was upset and distressed while discussing this. R1 stated she was extremely upset and scared that she was going to be dumped out of the sling. R1 stated now she is scared for staff to transfer her via mechanical lift and that is the only way for her to be transferred out of the bed.</p> <p>On 9/17/24 at 1:00pm V10 stated she was present during the above referenced transfer. V10 stated she and V11 assisted V4 with the transfer as V4 was the only staff member present. V10 stated she and V4 stood at the wheelchair while V11 worked the controls on the mechanical lift. V10 stated V4 was giving the directions about what to do. V10 stated the mechanical lift started heavily leaning to one side and R1 was hovering over the wheelchair in a nearly laying down position. V10 stated V10 and V11 got R1 under the arms and lowered R1 into the chair. V10 stated R1 was, "Upset and scared to death."</p> <p>On 9/18/24 at 1:50pm, V4 corroborated R1 and V10's accounts of the transfer as stated above. V4 stated they were short staffed that day, and she could not find any staff to help with the transfer so V10 and V11 assisted, with V11 working the controls. V4 stated later V4 was called in by administrative staff because R1 told others about what happened and that she was scared. V4 stated, "They told me next time if I</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>cant find somebody come get administrative staff."</p> <p>On 9/19/24 at 12:50pm, V2, Director of Nurses, stated the incident with R1's transfer had come to her attention and she talked to V4 about it. V2 stated V4 said she couldn't find anybody to help, and was told to ask administrative staff to help next time. V2 confirmed it is against facility policy for there to be fewer than 2 staff members present and for family members to assist with a mechanical lift transfer. V2 stated she did not complete an incident report.</p> <p>A Mechanical Gait Belt and Mechanical Lift Policy dated 11/28/12 documented,"The transferring needs of residents will be assessed on an ongoing basis and designated into one of the following categories: H: Mechanical lift (trade name) with 2 caregivers."</p> <p>(B)</p>	S9999		