	epartment of Public	Health (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED
		IL6008015	B. WING		C 05/02/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
	I CARE MARSEILLES	5			
		MARSEIL	LES, IL 6134		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPI
S 000	Initial Comments		S 000		
	Complaint Survey:	2422654/IL171570			
S9999	Final Observations		S9999		
	Statement of Licens	sure Violations			
	300.610a) 300.1210b) 300.1210c) 300.1210d)2 300.1210d)3				
ę	Section 300.610 R	esident Care Policies			
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. Is shall be followed in operating I be reviewed at least annually documented by written, signed			
	Section 300.1210 Nursing and Persor	General Requirements for nal Care			
	and services to atta practicable physica well-being of the re each resident's con	I provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing			
	ment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE
	cally Signed				05/21
TE FORM	Λ		6899 F	PXFB11	If continuation sheet

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		IL6008015	B. WING			C 02/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
APERIO	N CARE MARSEILLES	5				
	SUMMADY STA		LES, IL 6134	PROVIDER'S PLAN OF C		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 1	S9999			
		care shall be provided to each e total nursing and personal esident.				
		e-giving staff shall review and about his or her residents' care plan.				
		nd procedures shall be dered by the physician.				
	resident's condition emotional changes determining care re further medical eva	rvations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the record.				
	These Requiremen evidenced by:	ts were NOT MET as				
	review the facility fa for change in reside five residents review the sample of six. T delay of treatment f decline for R2 and	ion, interview, and record ailed to follow a physician order ent condition for one (R2) of wed for change in condition in These failures resulted in the for R2 resulting in continued R2 being admitted to the local care unit with multiple				
	Findings include:					
		een the facility and the				
TE FOR	rtment_of Public Health M		⁶⁸⁹⁹ P	XFB11	If continua	tion sheet 2

JAME OF PF	DF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	COMF	PLETED
(X4) ID PREFIX	ROVIDER OR SUPPLIER	IL6008015				
(X4) ID PREFIX	ROVIDER OR SUPPLIER		B. WING			C)2/2024
(X4) ID PREFIX	ROVIDER OR SUPPLIER				05/0	JZ/ZUZ4
(X4) ID PREFIX			DRESS, CITY, ST			
PRÉFIX	CARE MARSEILLES	5	T COMMERCIA LES, IL 6134			
		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	
		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	in-house Dialysis S	ervice, dated 3/1/2019,				
		Service Responsibilities				
		cation: (Dialysis) staff shall				
		nmunication with Facility's				
		d immediately inform a Facility				
		er of any change in the				
		n, during Dialysis Services that				
		attention." "Emergency Care:				
		<i>i</i> ll coordinate emergency care <i>t</i> throughout the term of this				
		relate to Dialysis Services."				
		shall supply such other data				
		lity reasonably requires." This				
:	same contract docu					
		lude: "Communication: Facility				
		ialysis) staff of any event				
		esident's treatment that may				
		stration of Dialysis Services to				
	that Resident. In ad					
	2	(Dialysis) of any changes in				
		ical condition relating to				
		Services." "In-Service Training:				
		e staff members who are ents to attend in-service				
		nat said staff members: (a)				
		e necessary for managing an				
	emergency or comp					
	bleeding/hemorrhag					
		infection/bacteremia shock);				
	and (b) Have the kr	nowledge necessary for				
		es and access, medical				
		tion, hydration, recognizing				
		ction, handling waste, and				
	managing end-stag					
		alysis Services Purpose: It is				
		rties work cooperatively with				
		nilies, their physicians, and to achieve quality results of				
		es provided under this				
		ore, (Dialysis Service) and				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
						С
		IL6008015	B. WING		05/	02/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
	N CARE MARSEILLE	578 WES	T COMMERCI	AL STREET		
		MARSEI	LES, IL 6134	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	age 3	S9999			
	services, as set fo Service): Shall (a) general information including Resident periodic dialysis ed staff and physician information to dete Dialysis Services; and Facility staff o Dialysis Services; status of Resident adverse event, the the resident and/or party; and (z) Arrai dialysis-related em hospital." "Duties of Respond to emergi including but not life emergencies, (ii) of Resident, or (iii) a immediately stop t (Dialysis Service) to whom (Dialysis Service) to whom (Dialysis Service) to staff, or ancillary m	ers policy and procedures,				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		IL6008015	B. WING			C 02/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
APERIO	N CARE MARSEILLES	5	T COMMERCI			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET
S9999	Continued From pa	ge 4	S9999			
		ers will be documented as nic Medical Record."				
	The facility's Physic	sian-Family e in Condition policy and				
	procedures, revised	d 11/13/18, document e that medical care problems				
	are communicated	to the attending physician or				
		e and family/responsible party , and effective manner. The				
	facility will inform th	e resident; consult with the or authorized designee such				
	as Nurse Practition	er; and if known, notify the				
		resentative or an interested en there is: (B) A significant				
	change in the resid	ent's physical, mental, or				
		s (i.e., a deterioration in health, ocial status in either				
	life-threatening con	ditions or clinical				
		A decision to transfer or ent from the facility."				
		d Practical Nurse (LPN) and				
		RN) job descriptions, dated ssential Duties and				
		lude: "Admit, transfer and				
		s as required." "Receive & e orders from physicians &				
	record on the Physi	ician's Order Form. Chart				
		informative & descriptive s the care provided to the				
		the resident's response to the				
		tine charting duties as dance with established				
		ntation policies & procedures."				
		Ide: "Must be knowledgeable al practices & procedures, as				
	well as laws, regula	itions, and guidelines that				
	pertain to nursing c	are facilities."				

PXFB11

If continuation sheet 5 of 14

	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _			
		IL6008015	B. WING			C 102/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
APERIO	N CARE MARSEILLES	5	ST COMMERCIA LLES, IL 6134			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT)		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
S9999	Continued From pa	ige 5	S9999			
	to the facility with th Hypertensive Heart with Heart Failure a Kidney Disease, Er 2 Diabetes with pol Renal Osteodystrop Myocardial Infarctic Hypertension, Athe Congestive Heart F The current Medica (Medication Admini (Treatment Adminis March 1 through Ap Physician orders fo	r R2, documents R2 admitted the following diagnoses: and Chronic Kidney Disease and with Stage 5 Chronic and Stage Renal Disease, Type yneuropathy and retinopathy, ohy, Non-ST Elevation on, Dementia, Legally Blind, rosclerotic Heart Disease and failure. Ation Review Report, MAR'S stration Records) and TARS stration Records) for R2, dated oril 16, 2024 do not include r dialysis, the care of dialysis related to dialysis for R2 as of				
	area: "(R2) has ren CKD (Chronic Kidn hypertensive heart with heart failure." I and report changes tiredness; fatigue; t s/sx of hypovolemia respirations, decrea anxiousness) or hy distention), increas crackles, headache dependent edema) PRN (as needed) th symptoms): Edema (pounds) a day; nee breathing (Dyspnea (Tachycardia); elev (Hypertension); skii	lan for R2, documents Focus al insufficiency r/t (related to) ey Disease) stage 5, and chronic kidney disease nterventions include: "Monitor in mental status: lethargy; remors; seizures. Monitor for a (increased pulse, increased ased systolic, sweating, pervolemia (JVD (jugular vein ed BP (blood pressure), lung e, SOB (shortness of breath), . Monitor/document/report he following s/sx (signs and a; weight gain of over 2 lbs ck vein distention; difficulty a); increased heart rate ated blood pressure n temperature; peripheral sciousness; Monitor breath				

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION		E SURVEY PLETED
			A. DOILDING.	·····		С
		IL6008015	B. WING			02/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
PERIO	N CARE MARSEILLES	5	ST COMMERCI LLES, IL 6134			
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 6	S9999			
	area: "I have Conge Interventions include monitor/document f "Monitor Vital Signs "Monitor/document s/sx (signs or symp Failure: dependent periorbital edema, S upon exertion, cool neck veins, weakne intake, crackles and of the lungs, Orthop fatigue, increased h lethargy and disorted	Areport PRN (as needed) any stoms) of Congestive Heart edema of legs and feet, SOB (shortness of breath) skin, dry cough, distended ess, weight gain unrelated to d wheezes upon auscultation onea, weakness and/or neart rate (Tachycardia),				
	area: "I have renal i hypertensive heart with heart failure." I and report changes tiredness, fatigue, t "Monitor for s/sx of pulse, increased re sweating, anxiousn (JVD/jugular vein d pressure), lung crac (shortness of breat "Monitor/document, Edema, weight gair neck vein distensio (Dyspnea), increase elevated blood pres temperature, periph consciousness, Mo	insufficiency r/t CKD stage 5, and chronic kidney disease nterventions include: "Monitor in mental status: lethargy, remors, and seizures," hypovolemia (increased spirations, decreased systolic, ess) or hypervolemia istention, increased BP (blood ckles, headache, SOB h), dependent edema," and /report PRN the following s/sx: n of over 2 lbs (pounds) a day, n, difficulty breathing ed heart rate (Tachycardia), ssure (Hypertension), skin heral pulses, level of nitor breath sounds for				
		lan for R2 documents Focus nodialysis 3 times per week."				

NAME OF DAY OF CONDUCTION DELIVITION CANCENT NOMEDIC. A. BUILDING: C IL6008015 B. WING C 05/02/2024		Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
IL6008015 B. WING Obj02/2024 VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET APERION CARE MARSEILLES SUMMARY STATEMENT OF DEFICIENCY (X4) ID TAG SUMMARY STATEMENT OF DEFICIENCY PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION AND DEFICIENCY COMPLE' (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREVIX S9999 Continued From page 7 S9999 PREVIX DEFICIENCY COMPLE' (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY DEFICIENCY S9999 Continued From page 7 S9999 S9999 S9999 S9999 Interventions include: "Check bruit and thrill every shift and record, Check capillary refill of extremity and notify MD (medical doctor) of significant changes, Check graft/fistual site for bleeding, Check vital signs every shift and record as ordered, Collaborate/communicate with dialysis center staff as needed." The current Care Plan for R2 documents Focus area: "I have shortness of breath (SOB) r/t other asttma, morbid obesity, chf (congestive heart failure), anemia." Interventions include: "Monitor/document breathing patterns," and "Monitor/document breathing patterns," and "Monitor/document breathing patterns," and "Monitor/document breathing patterns," and "Monitor/document breathing abnormalities to MD." On 4/16/24 12:00 pm through 4:30 pm and 4/17/24 8:00 am through 3:00 pm, R2 was not residing in the facility. On 4/17/24 the facility				A. BUILDING:			C.
STA WEST COMMERCIAL STREET MARSEILLES, IL 61341 (Y4) ID (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SOLUDE E CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (comment) DATE S9999 Continued From page 7 S9999 S999 Interventions include: "Check bruit and thrill every shift and record, Check capillary refill of extremity and notify MD (medical doctor) of significant changes, Check graft/fistula site for bleeding, Check vital signs every shift and record as ordered, Collaborate/communicate with dialysis center staff as needed." The current Care Plan for R2 documents Focus area: "I have shortness of breath (SOB) r/t other asthma, morbid obesity, chf (congestive heart failure), anemia." Interventions include: "Monitor/document changes in orientation, increased restlessness, anxiety, and air hunger," "Monitor/document/Report breathing abnormalities to MD." On 4/16/24 12:00 pm through 4:30 pm and 4/17/24 8:00 am through 3:00 pm, R2 was not residing in the facility. On 4/17/24 the facility			IL6008015	B. WING			
Description CARE MARSEILLES MARSEILLES, IL 61341 (K4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OERCIVE ACTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLEX S9999 Continued From page 7 S9999 S9999 Interventions include: "Check bruit and thrill every shift and record, Check capillary refill of extremity and notify MD (medical doctor) of significant changes, Check graft/fistula site for bleeding, Check vital signs every shift and record as ordered, Collaborate/communicate with dialysis center staff as needed." The current Care Plan for R2 documents Focus area: "I have shortness of breath (SOB) r/t other asthma, morbid obesity, chf (congestive heart failure), anemia." Interventions include: "Monitor/document changes in orientation, increased restlessness, anxiety, and air hunger," "Monitor/document/Report breathing abnormalities to MD." On 4/16/24 12:00 pm through 4:30 pm and 4/17/24 8:00 am through 3:00 pm, R2 was not residing in the facility. On 4/117/24 the facility	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) complete DATE S9999 Continued From page 7 S9999 Interventions include: "Check bruit and thrill every shift and record, Check capillary refill of extremity and notify MD (medical doctor) of significant changes, Check graft/fistula site for bleeding, Check vital signs every shift and record as ordered, Collaborate/communicate with dialysis center staff as needed." File current Care Plan for R2 documents Focus area: "I have shortness of breath (SOB) r/t other asthma, morbid obesity, chf (congestive heart failure), anemia." Interventions include: "Monitor/document changes in orientation, increased restlessness, anxiety, and air hunger," "Monitor/document breathing abnormalities to MD." On 4/16/24 12:00 pm through 4:30 pm and 4/17/24 8:00 am through 3:00 pm, R2 was not residing in the facility. On 4/17/24 the facility	PERIO	N CARE MARSEILLES	5				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED to TO THE APPROPRIATE DEFICIENCY) COMPLET DATE S9999 Continued From page 7 S9999 Interventions include: "Check bruit and thrill every shift and record, Check capillary refill of extremity and notify MD (medical doctor) of significant changes, Check graft/fistula site for bleeding, Check vital signs every shift and record as ordered, Collaborate/communicate with dialysis center staff as needed." S9999 The current Care Plan for R2 documents Focus area: "I have shortness of breath (SOB) r/t other asthma, morbid obesity, chf (congestive heart failure), anemia." Interventions include: "Monitor/document breathing patterns," and "Monitor/document breathing abnormalities to MD." The difficult of the approxement of the approxement of the approxement of the approxement of the approxement patterns," and "Monitor/document/Report breathing abnormalities to MD." On 4/16/24 12:00 pm through 4:30 pm and 4/17/24 8:00 am through 3:00 pm, R2 was not residing in the facility. On 4/17/24 the facility	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
Interventions include: "Check bruit and thrill every shift and record, Check capillary refill of extremity and notify MD (medical doctor) of significant changes, Check graft/fistula site for bleeding, Check vital signs every shift and record as ordered, Collaborate/communicate with dialysis center staff as needed." The current Care Plan for R2 documents Focus area: "I have shortness of breath (SOB) r/t other asthma, morbid obesity, chf (congestive heart failure), anemia." Interventions include: "Monitor/document changes in orientation, increased restlessness, anxiety, and air hunger," "Monitor/document breathing patterns," and "Monitor/document/Report breathing abnormalities to MD." On 4/16/24 12:00 pm through 4:30 pm and 4/17/24 8:00 am through 3:00 pm, R2 was not residing in the facility. On 4/17/24 the facility	PRÉFIX				CROSS-REFERENCED TO 1	THE APPROPRIATE	COMPLET DATE
 shift and record, Check capillary refill of extremity and notify MD (medical doctor) of significant changes, Check graft/fistula site for bleeding, Check vital signs every shift and record as ordered, Collaborate/communicate with dialysis center staff as needed." The current Care Plan for R2 documents Focus area: "I have shortness of breath (SOB) r/t other asthma, morbid obesity, chf (congestive heart failure), anemia." Interventions include: "Monitor/document changes in orientation, increased restlessness, anxiety, and air hunger," "Monitor/document breathing patterns," and "Monitor/document/Report breathing abnormalities to MD." On 4/16/24 12:00 pm through 4:30 pm and 4/17/24 8:00 am through 3:00 pm, R2 was not residing in the facility. On 4/17/24 the facility 	S9999	Continued From pa	ge 7	S9999			
		shift and record, Ch and notify MD (med changes, Check gra Check vital signs ev ordered, Collaborat center staff as need The current Care P area: "I have shortr asthma, morbid obd failure), anemia." In "Monitor/document increased restless "Monitor/document abnormalities to MI On 4/16/24 12:00 p 4/17/24 8:00 am the residing in the facili	neck capillary refill of extremity dical doctor) of significant aft/fistula site for bleeding, very shift and record as re/communicate with dialysis ded." lan for R2 documents Focus ness of breath (SOB) r/t other esity, chf (congestive heart nerventions include: changes in orientation, ness, anxiety, and air hunger," breathing patterns," and /Report breathing D." m through 4:30 pm and rough 3:00 pm, R2 was not ty. On 4/17/24 the facility				
Dialysis RN (Registered Nurse) prior to R2's		dialysis treatment, of RN) and (V10 and V been ill since Satur getting worse. (V8 I	documents ["] CNA notified (V8 V11) PCT's this patient has day (3/30/24) and has been RN) spoke with the nurse and				
dialysis treatment, documents "CNA notified (V8 RN) and (V10 and V11) PCT's this patient has been ill since Saturday (3/30/24) and has been getting worse. (V8 RN) spoke with the nurse and		RN) went to (R2's) lobes per auscultati spoken to but imme	room, (R2) has rales in upper ion, (R2) will respond when ediately closes eyes and head				
dialysis treatment, documents "CNA notified (V8 RN) and (V10 and V11) PCT's this patient has been ill since Saturday (3/30/24) and has been getting worse. (V8 RN) spoke with the nurse and she stated (R2's) VS (vital signs) were stable. (V8 RN) went to (R2's) room, (R2) has rales in upper lobes per auscultation, (R2) will respond when spoken to but immediately closes eyes and head		temp (temperature) and brown in color	yes rolling back. (R2) has a of 100.4, urine is very cloudy with strong odor. O2 (oxygen) 81% on RA (room air). (V8				

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED C
		IL6008015	B. WING			02/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
APERIO	N CARE MARSEILLES	S	T COMMERCI			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 8	S9999			
	due to 'fluid overloa dialysis.' (R2) may ((R2) has other sx (s correlate. (V8 RN)) Nephrologist) and (evaluated in ER (er wrote the order and Nurse) argued with to send the patient and V11) PCT's spe came back to the d staff got different vi seems ok.' (Facility is not necessary. S dialysis room, temp respond, O2 is now at 95%, 2L (liters) p run patient as long also contacted (V18 manager and inform (V15) agrees that if are to stop treatme home) staff that (R2 ER." The "Other Orders" 4:15 pm, pre dialys Dialysis RN wrote a have nursing home emergency room for temperature, decre MS (mental status) This Physician Ord miscellaneous tab	V13) agreed (R2) should be mergency room). (V8 RN) d gave to floor nurse. (Floor (V8 RN) and basically refused (R2) out. (V8 RN) and (V10 oke with (V2) DON. (V2 DON) lialysis room and stated, 'my tals than you did and (R2) y) will not send (R2) out, feel it taff brought patient (R2) to o is 101.3, very slow to y on and sats (saturations) are per n/c (nasal cannula). We wil as VS are stable. (V8 RN) 5 Dialysis Regional Nurse) med (V15) of this situation. f (R2) becomes any worse, we nt and reiterate to NH (nursing 2) needs to be evaluated in ' report for R2, dated 4/1/24 at is treatment, documents V8 a physician order as: "Please e send patient (R2) to or evaluation of elevated ased O2 (oxygen) saturation, changes, rales upper lobes." er was scanned into the of R2's EHR (electronic health of processed into the Physician				
		nunication Report, dated s treatment, documents R2				

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6008015	B. WING			C 02/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
APERIO	N CARE MARSEILLES	5	T COMMERCI LLES, IL 6134			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 9	S9999			
		d, labored respirations" with 5 and Blood Pressure of				
	8:46 pm, document dialysis treatment, d	Notes for R2, dated 4/1/24 at ted by V8 Dialysis RN, post R2 documents "(R2) remains respirations, moaning, appears able to verbalize."				
	10:06 pm, Hematur noted to urine. Oxy stable, no distress r admitted to the hos high troponin level. 4/4/24 through 4/16 the local hospital. T documenting any o	is Notes for R2, dated 4/1/24 ria observed. Strong/foul odor gen administered. Condition is noted; 4/2/24 5:58 pm, (R2) pital ICU "with sepsis and very " The Progress Notes, dated 5/24, document R2 remains at There are no Progress Notes ther monitoring, vital signs, or between 3/29/24 (first dialysis 4/2/24.	/			
	3/1/24 through 4/17 Order, dated 4/2/24 for treatment and e (temperature) and i Medication Review include the Physicia ordered R2 to be se elevated temperatu	view Report for R2, dated 7/24 documents a Physician 4 "Send (R2) to (local hospital) valuation of elevated temp increased edema." The Report for R2, does not an Order, dated 4/1/24, that ent to the hospital on 4/1/24 fo irre, decrease in oxygen status changes or upper lobe				
	documents R2 was 4/17/24. The "Reas Dialysis access ma right brachiocephal	lischarge paperwork admitted on 4/2/24 through on for Admission" documents: Ifunction, Acute thrombus in ic vein extending to left in as well as superiorly to the				

STATEMEN	Department of Public NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING			С
		IL6008015	B. WING			02/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
APERIO	N CARE MARSEILLES	5	T COMMERCIA LES, IL 6134			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 10	S9999			
	veins, Acute on chr multifactorial etiolog (methicillin resistan Pneumonia, ESBL lactamase) UTI (urf bacteremia leading suspected related t where right IJ (inter ESRD on hemodial overload, Acute on with pulmonary ede setting of type 2 MI demand mediated i pneumonia from G	oclavian and internal jugular ronic anemia related to gy, Sepsis related to MRSA t staph aureus) infection, (extended-spectrum beta inary tract infection), MRSA to acute endocarditis o catheter associated infection rnal jugular) tunneled catheter, lysis with volume (fluid) chronic systolic heart failure ema, Elevated troponin the (myocardial infarction) ischemia, Suspected ram-negative etiology, and icephalopathy exacerbating a.				
	Practical Nurse sta wanted R2 sent to altered mental statu Nursing) said "No" R2 was admitted to an increased tropol the heart) level. V4 R2's Nurse. V8 was LPN stated on Mon looking so hot, not like her self as she	3 pm, V3 LPN/Licensed ted V13 (R2's) Nephrologist the hospital on 4/1/24 due to us and V2 DON (Director of and that R2 didn't need to go. the hospital with sepsis and nin (proteins that help regulate RN (Registered Nurse) was the Dialysis RN that day. V3 day (4/1/24) R2 was not communicating with us, not is usually loud. Dialysis team R2 and on Tuesday (4/2/24) R2	2			
	report she was told temperature, vomit difficulty breathing, the weekend and the the hospital but V2	pm, V4 RN stated during shift that R2 had been running a ing, diarrhea, was having and not acting her self over ne physician wanted R2 sent to DON said "Absolutely not." V4 the end of the shift R2 spiked				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COME	SURVEY
			A. BUILDING: _			
		IL6008015	B. WING			C)2/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	N CARE MARSEILLES	578 WES	T COMMERCI	AL STREET		
AFERIOI	V CARE MARSEILLES	MARSEIL	LES, IL 6134	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 11	S9999			
	feel the heat comin	"she was so hot, you could g off of her" and V4 RN sent tal on 4/2/24 during her shift.				
	not her normal self. questions. We chee was normal. Dialysi was normal. We did needed dialyzed. The take her. V7 RN state checked R2 and she V7 RN stated the D and just ordered to but V2 DON and R2 keep R2 at the facil not sent to the hosp On 4/17/24 at 2:00 R2's Nurse and R2 but not for long." R2	pm, V7 RN stated R2 was just She was answering cked her temperature and it is said it was 101.0 but ours dn't know if it was just that she he Dialysis staff didn't want to ated herself and V6 LPN re didn't have a temperature. bialysis staff didn't know R2 send R2 out to the hospital 2's Family Member said to bity. V7 RN confirmed R2 was bital until 4/2/24. pm, V6 LPN stated she was "went to dialysis (on 4/1/24) 2 had been messing with her alysis staff cleaned it for her.				
	V6 LPN stated she about sending R2 to send R2 to the hos On 4/17/24 at 2:09 Dialysis team would	does not remember anything o the hospital and she did not pital on 4/1/24. pm, V2 DON stated the d not take R2 due to blood				
	her vital signs were that R2 had diminis always does due to sweating, not diaph	2 had a slight temperature but stable. V8 Dialysis RN said hed respirations, but she (R2) her condition. R2 was not poretic and her vital signs were				
	tract infection) and the new antibiotic ir ok. V2 DON stated couldn't get dialysis	ated R2 had a UTI (urinary V6 LPN felt that when R2 got her for 24 hours R2 would be all she was told was that R2 b. V2 DON stated R2 was				
		(V2) is unaware of a physician the hospital on 4/1/24. V2				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 05/02/2024	
		IL6008015				
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
APERIO	N CARE MARSEILLE	S	T COMMERCI LES, IL 6134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
S9999	Continued From page 12		S9999			
	DON stated "If there was an order for her (R2) to be sent to the hospital (V2) would not have, not sent her." R2 ended up going out to the hospital due to her vitals signs being unstable and an increase in her temperature the next day (4/2/24). V2 DON stated the Dialysis Nurse communicates to the facility Nurses and the facility Nurses report to V2 DON. On 4/17/24 at 3:00 pm, V10 and V11 PCT's stated R2 had her first dialysis treatment on Friday (3/29/24) and on that following Monday (4/1/24) R2 had a change in mental status, had a temperature and there was concern with possible infection. V10 PCT stated what the facility staff do not understand is that if there is infection in the resident's blood stream the infection could be spread throughout the body during dialysis and make it worse for the resident, which is why					
	gave an order for emergency room to facility refused to s stated a delay in F treatment of an inf more problems for	concerned. The Nephrologist R2 to go to the hospital to be evaluated on 4/1/24 but send her. V10 and V11 PCT's R2's dialysis or delay in the fection could definitely cause r R2 which is why the doctor the emergency room.				
	she was unaware order for R2 to be 4/1/24 and confirm) pm, V1 Administrator stated of there being a Physician sent to the emergency room on ned if there was an order R2 sent out to the hospital.				
	Nephrologist office stated V13 Nephro interview, no longe R2 receiving dialyst	9 pm, Call placed to V13 (R2's) e. V14 (V13's) Medical Assistant ologist is unavailable for er sees R2 at the office due to sis at the facility, and all on for R2 would be in R2's				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:			
		IL6008015	B. WING			C 02/2024
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
PERIO	N CARE MARSEILLES	5	T COMMERCI			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From page 13		S9999			
	Dialysis medical record.					
	CNA's reported to V her normal self, V8 Nephrologist and w sent to the local ho though R2 was not around 5:00 pm. V does not know why not in R2's Physicia was scanned into m On 4/24/24 at 11:30 Nurse stated V8 Di afternoon regarding was looking for guid Dialysis Regional N Dialysis RN to call to communicate with the stated if we call the send a patient to the	rote the order for R2 to be spital around 4:00 pm even due to be dialyzed until 1 Administrator stated she the order was not processed, an Orders and unsure why it niscellaneous tab. 0 am, V15 Dialysis Regional alysis RN called her in the g R2's declining condition and dance as to what to do. V15 Iurse stated she told V8				