

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2024
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NAME OF PROVIDER OR SUPPLIER APERION CARE WESTCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation: 2493621/IL172906</p> <p>Final Observations</p> <p>Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)1)2)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which</p>	S9999		

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

TITLE

(X6) DATE
07/09/24

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S9999	<p>Continued From page 1</p> <p>allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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.</p> <p>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:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to perform pressure ulcer dressing changes as ordered by the physician for 2 of 3 residents (R1 and R2) reviewed for pressure ulcers in the sample of 9. This failure resulted in R1 developing an infected right heel pressure wound.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. R1's Wound Assessment Report dated 2/4/24 shows that she admitted to the facility with an unstageable pressure ulcer on her right heel measuring 5.5 cm (centimeters) x 6.8 cm x 0.1 cm with light serosanguineous (pink thin fluid secreted from wounds in the healing process) drainage present. R1's Wound Physician note dated 4/17/24 shows that R1's right heel pressure ulcer was now a stage 4 pressure ulcer measuring 8.5 cm x 5 cm x 1.9 cm. R1's right heel pressure ulcer had heavy purulent (thick pus like drainage from an infection) drainage and the wound progress was not at goal. That same report shows that Metronidazole (antibiotic) 250 mg crushed and sprinkled on wound daily for odor was ordered on 4/3/24 for 30 days. <p>R1's Right Heel Wound Culture Report collected 4/19/24 shows moderate growth of escherichia coli, proteus mirabilis and enterococcus faecalis.</p> <p>R1's Treatment Administration Record (TAR) for April shows an order dated 4/3/24-4/14/24 for: Right heel-Dakins 0.125%-cleanse area with NSS</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>(normal saline), pat dry, pack with Dakins wet to moist gauze, cover with ABD pad, and wrap with kerlix twice daily or as needed. Every day and evening shift for wound care. R1's TAR for April and May show an order dated 4/14/24-5/13/24 for: Right heel-Dakins 0.125%-Cleanse area with NSS, pat dry, pack with Dakins wet to moist gauze, cover with ABD pad, and wrap with kerlix twice daily or as needed. Every day and night shift for wound care. R1's April and May TAR shows that these dressings were not performed on 4/5 (Friday (Fri) evening), 4/9 (Tuesday (Tues) evening), 4/13 (Saturday (Sat) evening), 4/14 (Sunday (Sun) day), 4/15 (Monday (Mon) night), 4/17, 4/18, 4/19 (Wed, Thurs, Fri night), 4/20, 4/21 (Sat/Sun day), 4/22, 4/23, 4/24, 4/25 (Mon-Thurs night), 4/27 (Sat day and night), 4/28, 4/29 (Sun/Mon day), 5/2, 5/3 (Thurs/Fri day), 5/5 (Sun day), 5/6 (Mon night), 5/8 (Thurs night), 5/11 (Sat night) and 5/12 (Sun day and night).</p> <p>On 6/28/24 at 2:02 PM, V11 said that he does not know why so many dressing changes were not signed off on R1's April and May TAR. V11 said that anytime a dressing is changed, it should be documented on the TAR. V11 said that R1's Hospice nurse would perform dressing changes when she visited R1.</p> <p>R1's Hospice Communication Log shows that the Hospice Nurse did not see R1 on any of the above days besides 5/3/24.</p> <p>On 6/28/24 at 12:26 PM, V2 (Director of Nursing) said that all treatments should be documented in the TAR when done. V2 said, "If it was not documented, it was not done."</p> <p>On 6/28/24 at 2:28 PM, V12 (R1's Wound Physician) said R1 was receiving treatment for a</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>wound odor and increased drainage of her heel pressure ulcer. V12 said that they did a culture of the wound and it came back showing an infection. V12 said that it is important to do dressing changes as ordered. V12 said that if dressing changes are not done, the wound could become infected. V12 said that if the wound already had an infection and they were not done, that could keep the bacteria in the wound and limit healing.</p> <p>R1's Care Plan show that she was on antibiotic therapy, Bactrim DS related to an infection of her right heel wound initiated on 4/16/24 with intervention to include: Wound treatment applied as ordered.</p> <p>The facility's Pressure Injury and Skin Condition Assessment Policy revised on 1/17/18 shows, "Physician ordered treatments shall be initialed by the staff on the electronic Treatment Administration Record after each administration..."</p> <p>2. R2's Wound Assessment Report dated 3/28/24 shows that she admitted to the facility with an unstageable left trochanter pressure ulcer measuring 6 cm x 5.5 cm x 0.1 cm.</p> <p>On 6/28/24 at 10:35 AM, V11 performed a dressing change to R1's right hip pressure wound. V11 removed the dressing and there was a small open area on her right hip present.</p> <p>R1's May TAR shows an order dated 5/3/24-5/28/24 for: Left hip-collagen with silver/acetic acid 0.25%-cleanse area with acetic acid, pat dry, apply silver collagen sheet and cover with dry dressing every two days or as needed. Every day shift every 2 days for wound care. R2 did not receive a dressing change for 8</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>out of the 13 ordered dressing changes. R2's May TAR shows an order dated 5/30/24-6/13/24 for: Left hip- Collagen with silver-Cleanse area with acetic acid, pat dry, apply silver collagen and cover with dry dressing daily or as needed. R2 did not receive a dressing change for 7 out of the 13 ordered dressing changes. R2's June MAR shows an order starting 6/14/24 for: Left hip-Collagen-Cleanse area with acetic acid, pat dry, apply collagen sheet and cover with dry dressing daily or as needed. Every day shift for wound care. R2 did not receive 9 out of 15 ordered dressing changes.</p> <p>On 6/28/24 at 2:02 PM, V11 said that he does not know why so many dressing changes were not signed off on R2's May and June TAR. V11 said that anytime a dressing is changed, it should be documented on the TAR.</p> <p>On 6/28/24 at 12:26 PM, V2 (Director of Nursing) said that all treatments should be documented in the TAR when done. V2 said, "If it was not documented, it was not done."</p> <p>The facility's Pressure Injury and Skin Condition Assessment Policy revised on 1/17/18 shows, "Physician ordered treatments shall be initialed by the staff on the electronic Treatment Administration Record after each administration..."</p> <p>(B)</p>	S9999		