NAME OF PROVIDER OR SUPPLIER APERION CARE INTERNATIONAL (X4) ID SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 4815 SOUTH WESTERN AVE CHICAGO, IL 60609 PROVIDER'S PLAN OF CORRECTION (X5)		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE S		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 05/03/24

STATE FORM MMGP11 If continuation sheet 1 of 6

PRINTED: 06/03/2024 **FORM APPROVED** Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: C B. WING IL6014617 04/17/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4815 SOUTH WESTERN AVE APERION CARE INTERNATIONAL** CHICAGO, IL 60609 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 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. 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: All necessary precautions shall be taken 6) 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 develop and implement individualized fall prevention interventions for one of three residents (R1) reviewed for falls. R1 fell four times in 26 days, including two falls on the same day (4/1/2024). This failure resulted in R1 falling and sustaining fractures of the sacral spine and coccyx on 3/12/2024. Findings include:

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On 4/12/2024 at 1:39 PM R1 was observed sitting in wheelchair behind nurses station. R1 said I fell five times, they told me not to get up. I had to go to the bathroom, they didn't help me, I wouldn't have got up (to the bathroom) if they had, I

wouldn't have got up by myself.

On 4/12/2024 at 11:38 AM, V4 (Restorative Director/Fall Nurse) said the IDT (Interdisciplinary

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\$9999	Team) is responsib Cause Analysis for interventions to pre R1's medical record is a 73-year-old add 12/29/2023 with dia limited to: Gastropa proper stomach em Pulmonary Disease Repeated Falls. R1's MDS (Minimul documents: BIMS Status): 14 (cogniti R1's medical record 8:02 AM Nurses No informed by staff th Upon entering room at foot of bed in sup pain. Head to toe a complaint of pain w ROM (range of momove. Resident vita pain was 8/10, and informed staff that but when asked wh stated that she hit initiated, and ambur resident to (local er evaluation. PCP (pr notified, (Power of R1's medical record 1:15 AM Fall Occur part:" The Nurse of the hallway of the foon the floor in the floor on the floor in the foon the floor in scooting de	le for determining the Root falls and developing vent further falls. d (Face Sheet) documents R1 mitted to the facility on agnoses including but not aresis (condition that prevents aptying), Chronic Obstructive e, Lack of Coordination, and m Data Set, 2.22.24) (Brief Interview for Mental	S9999			

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resident replied she had gotten out of bed to go to the bathroom in the process she forgot where she was going." IDT (Interdisciplinary Team) Committee Meeting Note documents in part: "Resident had an unwitnessed fall in bedroom and proceeded to the hallway where she was observed scooting down the hall on her buttocks." Root Cause of the fall determined by IDT: "Root cause of fall is resident has increased confusion." What new interventions and/or changes are suggested by the IDT at this time?: "Resident sent to ER for evaluation to rule out abnormalities." Intervention is medical response to a fall event. R1's medical record documents on 3/12/2024 at at 725AM Fall Occurrence Note documents in part: "Writer was informed by staff that resident had a fall in room. Upon entering room, resident was noted on floor at foot of bed in supine position, complaining of pain. IDT (Interdisciplinary Team) Committee Meeting Note documents in part: "Resident had unwitnessed fall attempting to retrieve something from closet." Root Cause of the fall determined by IDT: "Root cause of fall is resident has poor insight on functional ability, a strong history of confusion r/t (related to) other recent falls." What new interventions and/or changes are suggested by the IDT at this time?: "Neuro consult." Intervention is medical response to a fall event. R1's medical record documents 4/1/2024 at at 3:09AM, Fall Occurrence Note documents in part: "Writer was informed by staff that resident had a fall in room. Upon entering room, resident was noted on floor at foot of bed in supine position. When asked was she in any pain, resident replied	

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to work with that man or resident "Where was so replied "I'm going home gotta go to work. Y'all go IDT (Interdisciplinary To Note documents in part unwitnessed fall at bed Root Cause of the fall of cause of fall is resident r/t (related to) abnormat What new interventions suggested by the IDT at meds (medications) per R1's medical record do PM Fall Occurrence Now "Resident is observed of seated position next to writer asked the resident floor she said she had this time the resident is IDT (Interdisciplinary To Note in part: "Resident bedside." Root Cause of the fall of cause of fall is resident mental status." What new interventions suggested by the IDT at high visible areas at all R1's Emergency Room document, CT Abdomed dated 3/12/24 notes act fractures of the S3 vertical status of the S4 vertical status of t	I was trying to get up to go over there". Writer asked he trying to go?" Resident e. I'm not staying here. I going to get me in trouble". eam) Committee Meeting t: "Resident had side." determined by IDT: "Root thas altered mental status al labs". and/or changes are at this time?: "Administer er MD (physician) order." for the floor in an upright the resident's bed. This not the floor in an upright the resident's bed. This not why she was on the to go (to) the restroom. At a very confused had unwitnessed fall at determined by IDT: "Root to continues to have altered as and/or changes are at this time?: "Remain in times." I medical record reports and medical record reports en Pelvis with contrast enter mildly displaced be bral body and coccyx. Care plan (initiated or falls care				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
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	interventions for falls of 3.5.2024 or 3.12.2024.			
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