

Illinois State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>0050500</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>05/15/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>APERION CARE OAK LAWN</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>9401 SOUTH RIDGELAND AVENUE , OAK LAWN, Illinois, 60453</b>			
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S0000	Initial Comments		S0000				
	Complaint Investigation:						
	2593929/IL191545						
	2593999/IL191718						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.610a)						
	300.1210a)						
	300.1210b)4)						
	300.1210d)3)						
	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						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued from page 1</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 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>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p>		S9999				

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S9999	<p>Continued from page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy for nail care by failing to observe the condition of R2's toenails during weekly skin assessments and bathing, failed to document observations, and failed to provide podiatry services for one (R2) of three residents reviewed for foot care. This failure resulted R2 developing Onychomycosis, toe pain, toenail dystrophy with Onycholysis, subungual debris, and painful elongated toenails.</p> <p>Findings include:</p> <p>R2's current diagnoses include but are not limited to Peripheral Vascular Disease, Alzheimer's Disease, Hypertension, and chronic kidney disease. R2 was admitted to the facility on 10/19/2017.</p> <p>R2's care plan dated 3/14/2025 states in part: R2 is an older adult who scores low on the BIMS cognitive assessment and is noted to have impaired cognitive function, poor memory recall, and poor safety and environmental awareness that impact level of alertness, decision making tasks, and ability to complete tasks independently r/t dementia. I am at risk for alteration in skin integrity. Risk factors: use of anti-coagulant, h/o skin impairments, incontinence, decrease mobility, requires assist with ADLs (activities of daily living). Intervention: observe skin daily with ADL care and report changes to the nurse. 4/12/2019. I have an arterial/ischemic ulcer of the Left Lower Leg r/t Peripheral Arterial Disease, Vascular Insufficiency. Inspect the feet daily, especially between the toes. Report changes to the nurse. 3/14/2025.</p> <p>On 5/12/25 at 10:37 AM, V4 (Certified Nursing Assistant/CNA) assisted with removing R2's socks to observe her bilateral toenails. R2's bilateral toenails appear to have been cut recently. There is no redness, drainage, discoloration, or odor noted. R2 was inquired of her toenails. R2 said, "I don't remember when the doctor came for my feet."</p> <p>On 5/12/25 at 12:12 PM, R2 is up in her wheelchair. She appears to be clean, well-groomed, and appropriately</p>		S9999				

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S9999	<p>Continued from page 3 dressed. She is wearing socks and shoes. She is self-propelling her wheelchair.</p> <p>On 5/12/25 at 1:36 PM, V11 (Social Service Director/SSD) was inquired of R2's foot care by podiatry. V11 said, "Residents are seen every other month and they service one side of the building. It's split every month. I get (electronic fax) documentation when the podiatrist is coming, and it lists what sides of the building he will see. The podiatrist has a list of residents when he comes to the building. We email or call the podiatry office to put residents on the list to be seen. R2 was recently seen last week. The nurse gave me report that the family requested for her to see podiatry. R2's nurse called the podiatrist to see her. She's been here longer than I've worked here. I think she's been seen every 60 days."</p> <p>There is no documentation of a nurse speaking with V18 (Family Member) in R2's progress notes. V2 (Director of Nursing/DON) provided the concern form she completed on 5/4/2025 regarding V18's (Family Member) concern about toenail care and discoloration of toenails.</p> <p>R2's podiatry care was requested for review from January 2024 to current. V11 (SSD) to provide the facility podiatry list from January 2025 to current. Upon review, R2 is not listed as being seen by the podiatrist.</p> <p>On 5/12/25 at 2:16 PM, V13 (Licensed Practical Nurse/LPN) was inquired of R2's foot care. V13 said, "R2 got her nails clipped last week. I helped the podiatrist. I lifted her feet. She didn't complain of pain to me. No problems after it." V13 reviewed R2's medication administration record. "She hasn't had any concerns with the medicine for her toes. She's been getting it at night."</p> <p>On 5/13/25 at 9:43 AM, V15 (LPN) was inquired of R2's foot care. V15 said, "I wasn't here when her family came. It was reported to me her family had concerns with her foot care. I relayed the message to social service. I put in a request for her to be seen by the podiatrist. R2 didn't have issues with her feet prior to the request that I was aware of."</p> <p>On 5/13/25 at 10:31 AM, V16 (Wound Care Nurse/LPN) was</p>		S9999				

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S9999	<p>Continued from page 5</p> <p>On 5/14/25 at 9:00 AM, V2 was inquired of the resident skin assessments. V2 said, "The nurses do weekly skin assessments, it should be head to toe. They check for any skin alterations. They should document it and do a follow up if needed. For R2 they should put in a podiatry consult and notify all appropriate parties. The CNAs (Certified Nurse Assistant) do showers weekly, document it on the shower sheet and notify the nurse of any skin alterations."</p> <p>Review of R2's weekly nursing skin assessment scheduled every day shift on Wednesday for skin integrity monitoring from January 2025 through April 2025 documents some assessments were completed, but there was no documentation of her toenail overgrowth and fungus presence. There were also multiple dates not documented as being performed.</p> <p>R2's progress notes on 5/5/25 by V17 (Nurse Practitioner) document R2's history of PVD (Peripheral Vascular Disease).</p> <p>Review of R2's progress notes state in part: On 5/6/26 at 10:25 AM, V16 (Wound Care/LPN) assessed R2's toenails as being overgrown, needing cutting, thick and yellow in color. Recommended to see podiatry.</p> <p>On 5/6/25 at 12:11 PM, V16 called V18 (Family Member) and left a message.</p> <p>On 5/6/25 at 1:03 PM, V19 (Podiatrist) scheduled to visit R2.</p> <p>On 5/6/25 at 1:06 PM, V17 (NP) prescribed Ciclopirox External Solution 8 % (Ciclopirox) Apply to toenails bilaterally topically at bedtime for Onychomycosis (a nail fungus causing thickened, brittle, crumbly, or ragged toenails) for 6 Months. Apply evenly over the entire nail plate and 5 mm (millimeters) of surrounding skin. Daily applications should be made over the previous coat and removed with alcohol every 7 days. This cycle should be repeated throughout the duration of treatment.</p> <p>On 5/6/26, time undocumented, V19 (Podiatrist) assessed R2 stating in part: Right and Left toenails: Nail dystrophy (thickened, discolored or deformed),</p>		S9999				

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S9999	<p>Continued from page 6</p> <p>discolored nails with Onycholysis (detachment of the nail from the nail bed), subungual (beneath the nail) debris, and painful elongated toenails. Impression: Onychomycosis (a nail fungus causing thickened, brittle, crumbly, or ragged toenails). Associated diagnosis: Toe pain. Plan: Toenail Debridement with findings. Note: R2 was seen as an emergency visit. Seen with RN (Registered Nurse) and V11 (SSD). After visit, POA (Power of Attorney) was called with V11 and informed of treatment. Risks to the liver from oral antibiotics were reviewed with POA. Patient primary physician prescribed Ciclopirox to be applied daily to toenails. Will continue to monitor and see patient again in 9 weeks.</p> <p>The facility assessment dated 3/4/2025 states in part: indicate if you may accept residents with or your residents may develop the following common diseases, conditions, physical and cognitive disabilities, or combinations of conditions that require complex medical care and management. Category: Heart/Circulatory System: Peripheral Vascular Disease.</p> <p>Staff competencies necessary to provide the level and types of care needed for the resident population: hygiene &amp; bathing (oral care, nail care, shaving, grooming etc.) Targeted audience: Licensed nurses and nurse aides. Staffing and Personnel: total number needed: contracted services- podiatrist (1).</p> <p>The 1/25/2018 Nail Care Policy states in part:</p> <p>1. Observe condition of resident nails during each time of bathing. Note cleanliness, length, uneven edges, hypertrophied nails (abnormal thickening of the nail plate on the feet or hands).</p> <p>6. Podiatry services may be required for residents with PVD (Peripheral Vascular Disease).</p> <p>10. Document provision of care and pertinent observations. (B)</p>			S9999			