

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON	STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419
--	---

(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 2092629/IL121734 2092866/IL121994	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.696a) 300.1210b) 300.1210d)3) 300.3240a) 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 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON	STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419
--	---

(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
S9999	<p>Continued From page 1</p> <p>Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>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> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON	STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>Based on interview and record review the facility failed to isolate, monitor, and test residents with COVID-19 symptoms per the facility's policy and the CDC guidelines for two (R2, R3) residents of four residents reviewed for infection control in a total sample of six residents. This failure resulted in R2 being admitted to the hospital with a diagnosis of COVID-19 and expiring four days later, and R3 being admitted to the hospital with a diagnosis of COVID-19 and expiring five days later.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. R2 is an 85 year old with the following diagnoses: COVID-19, heart failure, and urinary tract infection. R2 was admitted to the facility on 4/4/17. <p>A Physician Note dated 3/26/20 documents R2 with a temperature of 102.9 degrees Fahrenheit and currently receiving an antibiotic for a urinary tract infection (UTI). A nursing note dated 3/26/20 documents "R2 has been febrile all afternoon into the evening with a fever. Tylenol given twice. The doctor ordered STAT labs and a chest x-ray." A nursing note dated 3/27/20 documents "R2's temperature 100.0 degrees Fahrenheit and Tylenol given as ordered." A nursing note dated 3/28/20 documents "R2 is lethargic, slow to respond, and skin is ashen. R2 had a large semi-loose stool. R2 now on oxygen 2 L and a 500 ml bolus of 0.9 normal saline given wide open for low blood pressure of 62/53. Blood pressure 100/60 after the bolus." A nursing note dated 3/29/20 documents "R2's blood pressure 83/45. The nurse practitioner ordered continuous IV fluids to be administered at 30 ml/hour. Blood pressure returned to 118/60 after continuous IV</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020	
NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON		STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419		
(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
S9999	<p>Continued From page 3</p> <p>hydration." A nursing note dated 3/30/20 documents "R2's blood pressure 100/53, lethargic, and a change in mental status. R2 sent out to the hospital for evaluation." A Nursing note dated 3/31/20 documents "R2 returned to the facility on hospice and is COVID positive." A nursing note dated 4/3/20 documents "CNA noticed R2 stopped breathing. A nurse went to check R2 and R2 had expired."</p> <p>The Care Plan for R2 dated 3/16/20 documents interventions as: observe for signs and symptoms of COVID-19 - document and promptly report signs and symptoms of fever, coughing, sneezing, sore throat, and respiratory issues, and follow facility protocol for COVID-19 screening and precautions.</p> <p>The vital signs document R2's first fever was on 3/26/20. R2 remained in the same room from 3/26/20 until R2 expired. Low blood pressures began on 3/29/20. Vital signs documented once a shift or less. R2 never resided in the COVID unit.</p> <p>Hospital Records document R2's diagnoses include: acute kidney injury, acute febrile illness, dementia, congestive heart failure, ESBL producing infection, and suspected COVID vs pneumonia. R2 arrived to the hospital febrile with low blood pressure. Chest x-ray shows left lower lobe atelectasis. R2 COVID positive. Death Certificate dated 4/14/20 documents cause of death as novel corona (COVID-19) virus infection.</p> <p>2. R3 is a 71 year old with the following diagnoses: COVID-19, type 2 diabetes, and breast cancer. R3 was admitted to the facility on 12/1/11.</p> <p>Progress notes for April 04/2020 were reviewed.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON	STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>An Infection Charting note dated 4/10/20 documents "R3 is receiving antibiotics as a prophylaxis for having a fever." A nursing note dated 4/11/20 documents R3's oxygen level was 72% and R3 was placed on 2L of oxygen via nasal cannula. A nursing note dated 4/13/20 documents "R3 noted with a change in condition. R3 appears very lethargic and is groaning/moaning while moving R3's body around in bed. R3's oxygen level on 6L of oxygen is 89%. R3 sent to the hospital via 911." A nursing note later on 4/13/20 documents "R3 admitted to the hospital with a diagnosis of COVID positive, urinary tract infection, acute mental status change, and renal failure." A Nursing note dated 4/19/20 documents R3 expired on 4/18/20.</p> <p>The Care Plan for R3 dated 3/16/20 documents interventions as: observe for signs and symptoms of COVID-19 - document and promptly report signs and symptoms of fever, coughing, sneezing, sore throat, and respiratory issues, and follow facility protocol for COVID-19 screening and precautions.</p> <p>R3's vital signs for 04/2020 reviewed. Vital signs were documented once daily except for temperature. Temperature checked on R3 two or three times a day due to fevers. R3's first fever noted on 4/3/20 at 99.7 degrees Fahrenheit. Next fever documented on 4/6/20 at 99.3 degrees Fahrenheit. R3 febrile again on 4/10/20 at 100.4 degrees Fahrenheit. R3 with a high heart rate of 101, low blood pressure of 97/67, and low oxygen level of 89% when sent to the hospital.</p> <p>Hospital Records dated 4/13/20 documents "R3 admitted to the hospital with a diagnosis of acute respiratory failure, renal failure, COVID-19 virus infection, and hyperkalemia. R3's COVID swab is</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON	STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>positive. R3 is in mild respiratory distress. Blood pressure is 84/55, respirations are 36, pulse is 103, and oxygen level is 95% via nasal cannula with an overlying non-rebreather mask."</p> <p>The Census dated 4/10/20 - 4/13/20 documents R3 never moved rooms and three beds were available in the COVID unit during these days.</p> <p>On 8/5/20 at 12:38PM, V4 (Nurse) stated, "I don't remember taking care of R3 the days before but I was working overnight then. I remember R3 kept yelling out for help so I went down there and took R3's vitals and R3's oxygen was low in the 80s. I called the PPHP insurance to tell them what was going on and they said to increase R3's oxygen and give R3 pain medication. I did that then came back like 30 minutes later to see if R3 was better and R3 wasn't. R3's oxygen dropped even lower after I put it up to 3 or 4 liters. R3 was grabbing my hand weak so I called them back and they said if I don't feel comfortable, send R3 to the hospital. I called 911 and R3 left. This wing has always been the COVID unit since the beginning. No, I don't think we have ever been full that I know of. We monitor residents that aren't on this unit with vital signs once a day and if they have any symptoms. If anything is new or looks like it might be COVID I call the doctor and let them know. I also tell the DON and the administrator so they can move them away from the others. I don't know if R3 was having any signs of COVID. I did have to increase R3's oxygen. I don't know if R3 had a fever."</p> <p>On 8/5/20 at 1:10PM, V1 (Administrator) stated, "We monitored the residents by doing their vital signs once every shift. If anyone started showing signs or symptoms, they were moved down to the COVID unit as soon as possible. Signs and</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/07/2020
NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON		STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419		
(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
S9999	<p>Continued From page 6</p> <p>symptoms would be a fever or cough or respiratory issues. We would expect that nurse to call the DON or me to let us know. We have never been to full capacity in the COVID unit. R2 was in a private room so R2 didn't have a roommate. She was sent to the hospital and came back the next day, I think. R2 didn't have any respiratory symptoms if I remember. I know we were trying to manage R2 at the facility and kept the doctor updated on R2's status. R3 did have a roommate. I was out so I can't say what was done for R3. Maybe the facility was full at that time and that is the reason R3 wasn't moved. We had the whole building on lockdown at that time so I'm not sure R3 would have needed to be transferred."</p> <p>On 8/6/20 at 10:36AM, V6 (former Director of Nursing/DON) stated, "Yes, I was acting DON and in charge of COVID at that time. When a resident started showing signs of COVID they would be moved to the COVID unit. Fever, cough, respiratory distress were some of the signs that would cause us to think they had it. On that unit they have their vital signs done every 4 hours. We monitor them more often in case there is a significant change in condition we can catch it. Everyone was getting vitals done every 4 hours then. It should be documented in PCC every time. It was the nurses' responsibility to tell me if their resident was having any signs and symptoms or changes. I couldn't watch everyone. I did the best I could. We would test a resident if the doctor told us to. Not everything was COVID related so we did a mass testing sometime in March then they decided when to test after that. If we had to send them out they got tested at the hospital too. We did a line list for tracking residents. I don't remember a COVID screening form. The nurses would tell me if someone was having a problem</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON	STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 7</p> <p>and the doctors ordered the test if they wanted. We did go on lockdown in March. We didn't allow any visitors in and the residents had to stay in their rooms as much as possible. We only have fall risks out at the nurse's station to watch them. When we went on lockdown everyone went on isolation too. They were contact and droplet precautions. R2 was in a private room. I don't remember R2 having any signs or symptoms of COVID. I think R2 was on hospice, but I don't remember R2 being positive. R3 had a roommate. I remember R3 went out to the hospital, but I don't remember being told anything before about R3. I don't know if R3 had a fever or what was going on with R3. I honestly don't remember why they weren't moved to the COVID unit. Like I said, I did the best I could but I don't remember being told anything about COVID for either of them."</p> <p>On 8/6/20 at 3:53PM, V5 (R3's Primary Physician) stated, "I don't remember being called about any symptoms R3 was having or a chest x-ray. I could have been called; I just don't remember. Everything was changing so early in the beginning so I can't tell you about protocols or testing or anything because the standards now are so different. They would have to refer to what their management was telling them. If R3 were showing signs of COVID, R3 should have been monitored more frequently if that is what the guidelines reported. This way they could have monitored for a deterioration in condition. I can't say if a test should have been ordered for her or not because I can't remember the specific situation. Moving R3 to a private room immediately would have decreased her chances of spreading it to others."</p> <p>The policy titled, "Infection Control - Interim Policy</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON	STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 8</p> <p>Addressing Healthcare Crisis related to Human Corona Virus," dated 3/25/20 documents "Outcome Surveillance: Infection Preventionist will track all residents with fever and/or respiratory symptoms and utilize the laboratory testing algorithm to determine if these individuals should be considered a person under investigation. Any trends or patterns will be evaluated and addressed as deemed appropriate. Residents with known or suspected COVID-19 should be cared for in a single person room OR cohorted with another positive COVID-19 patient (this does not include PUI) with the door closed. The resident should have a dedicated (not shared) bathroom. The resident that is a PUI or confirmed positive will be assessed at least every 4 hours; This assessment should include but is not limited to: full set of V/S - B/P, pulse, temperature, respirations, and oxygen saturation %; respiratory assessment - lung sounds, presence or absence of cough, sputum production, shortness of breath; Physician or Nurse Practitioner should be notified immediately of any change in condition; dedicated or disposable noncritical resident-care equipment."</p> <p>The CDC guidelines advise "Resident with new-onset suspected or confirmed COVID-19: Ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible pending results of SARS-CoV-2 testing - Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents (e.g., residents who have fever, for example, due to a non-COVID-19 illness could be put at risk if moved to a COVID-19 unit). If cohorting symptomatic residents, care should be taken to ensure infection prevention and control</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON	STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419
--	---

(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
S9999	Continued From page 9 interventions are in place to decrease the risk of cross-transmission; If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit." <p style="text-align: center;">(A)</p>	S9999		