

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015333</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/21/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE FOREST PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130</b>
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S 000	<p>Initial Comments</p> <p>Statement of Licensure Violations</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210d)6) 300.3240a)</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>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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

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S9999	<p>Continued From page 1</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>6) All necessary precautions shall be taken 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.</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.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow the care plan interventions for the use of the mechanical lift during a transfer for 1 of 3 residents (R3) all reviewed for safe transfers. This failure resulted in R3 sustaining a fractured tibia on 3/27/17.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>R3 was admitted to the facility on 5/4/12. R3's face sheet includes the following diagnosis: Hemiplegia and hemiparesis following cerebrovascular disease affecting right dominant side.</p> <p>On 4/20/17 at 9:30am, E8 (Certified nursing assistant) stated that she cared for R3 on 3/26/17 on day shift. E8 stated that when she was washing R3 after breakfast, she noted R3's right foot was reddened and swollen. E8 stated that R3's right ankle was purplish/red, warm to touch and painful. E8 stated that she immediately told E9 (Licensed practical nurse). E8 stated that she did not transfer R3 but if she had transferred R3 she would have used a sit to stand lift for transferring him.</p> <p>On 4/20/17 at 9:55am, E9 stated that when E8 reported that R3's right leg was swollen, she went to assess R3's right leg. E9 stated that R3's right leg was swollen, painful upon touching and warm to touch. E9 stated that she notified the on call doctor who ordered x-rays and said to have Z4 (Nurse practitioner) look at R3's leg the next day (3/27/17). E9 stated that she administered pain medication to R3.</p> <p>On 4/18/17 at 10am, E3 (Assistant Director of Nursing) stated that the facility did an abuse investigation after R3 was diagnosed with a right tibia fracture on 3/27/17. E3 stated that she interviewed R3 regarding what happened to his leg. E3 stated that R3 told her by yes/no answers that his leg injury happened when E4 (Certified nursing assistant) transferred him. E3 stated that E4 was suspended during the</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>investigation. E3 stated that R4 is back to work. E3 stated that R3 does not want E4 to take care of him anymore. The facility's abuse investigation regarding R3's fractured tibia reads that E4 was inserviced on proper transfer technique.</p> <p>On 4/19/17 at 9am, R3 was observed to have a splint to his right leg. R3 communicated through yes/no answers that his right leg injury happened during a transfer.</p> <p>On 4/19/17 at 3:35pm, E4 stated that he cared for R3 on the 3-11 shift. Surveyor asked E4 how he transferred R3. E4 stated that he grabbed R3 under his arms and pivoted him to his bed. R3's care plan reads use sit to stand lift for transfers. R3's MDS notes that R3 is dependent on staff for transfers.</p> <p>According to the E4 personnel file E4 was suspended for inappropriate transfer of R3 and causing R3 to sustain a fracture to the right leg.</p> <p>R3's clinical notes dated 3/27/17 at 15:45 read "R3 has a right acute nondisplaced tibial shaft fracture. Relayed to Z4 who ordered R3 to be sent to hospital."</p> <p>The facility's abuse investigation reads "R3 was interviewed by E3 (Assistant director of nursing) using yes and no questions. R3 stated that a white male working with him hurt him during transfer. Schedules reviewed and E4 was assigned to R3 several days recently." The abuse investigation continues to read that E3 was suspending during the investigation and the investigation reads that E4 was inserviced on proper transfer technique and bed mobility before returning to the floor.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>According to radiology report dated 3-27-17 R3 the impression indicated R3 sustained an acute non-diplaced tibial fracture.</p> <p>R3's emergency room notes dated 3/27/17 read "R3 able to say yes/no and communicate in a rudimentary fashion. R3's right mid shaft noted to be very tender and swollen with marked swelling and ecchymosis distally. Given the distal swelling and hemiplegia, it is likely best to splint the fracture until the swelling decreases. Right non-displaced tibial fracture."</p> <p>(B)</p>	S9999		
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