

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/02/2021
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NAME OF PROVIDER OR SUPPLIER APERION CARE JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 NORTH CHURCH STREET JACKSONVILLE, IL 62650
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S 000	Initial Comments Complaint Investigation 2144330/IL135180	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violation 300.610a) 300.1010h) 300.1210b) 300.1210d)5) 300.3220f) 300.3240a)</p> <p>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>300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's</p>	S9999	<p>Attachment A Statement of Licensure Violations</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>plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</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>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 services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.</p> <p>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 are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to identify, assess, monitor and provide treatment to prevent residents from developing pressure ulcers for 3 of 3 residents (R3, R8, R9) reviewed for pressure ulcers in the sample of 15. This failure resulted in R3 developing a facility acquired stage 4 pressure ulcer.</p> <p>Findings include:</p> <p>1.R3's Electronic Medical Record (EMR) dated June 2021 documents R3 was admitted to the facility on 3/5/21 with diagnosis to include, Diabetes, Acute Kidney Failure, Difficulty Walking, Osteomyelitis, Cellulitis and Lymph Edema.</p> <p>There was no documentation prior to 6/4/21 that R3 had a pressure ulcer on her sacrum.</p> <p>R3's Wound Report, dated 6/4/21 documents, R3 developed a facility acquired stage 4 pressure ulcer to her sacrum which was identified on 6/4/21 with measurements of 20.00 centimeters (cms) by (x) 20 cm x 5 cm.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R3's Physician's Order, dated 6/4/21 documents "Sodium Hypochlorite Solution 0.25 % apply to coccyx topically every shift for wound care, cleanse area with normal saline, wet to dry with Dakins and cover with dry dressing twice daily or as needed."</p> <p>R3's Physician Order Sheet dated 6/18/21 documents, "Sacrum: Cleanse with wound cleanser, apply calcium alginate to open areas and cover with dry dressing once daily."</p> <p>R3's Treatment Administration Record (TAR) dated June 2021 documents Sodium Hypochlorite Solution 0.25% apply to coccyx topically every shift for wound care, cleanse area with normal saline, wet to dry with Dakins and cover with dressing twice daily or as needed. R3's TAR documents R3's pressure ulcer treatment was completed only once per day on 6/5/21, 6/6/21, 6/7/21, 6/8/21, 6/9/21, 6/11/21, 6/12/21, 6/13/21, 6/14/21, 6/16/21, 6/17/21, 6/18/21. The dressing was not changed at all on 6/15/21.</p> <p>R3's Care Plan dated 6/7/21, documents R3 had pressure ulcers. The Care Plan documented "Provide wound care treatment as ordered." The Care Plan documented "If the resident refused treatment, confer with the resident, IDT (Interdisciplinary Team) and family to determine why and try alternative methods to gain compliance. Document alternative methods."</p> <p>R3's Minimum Data Set dated 5/18/21 documents Brief Interview for Mental Status cognitively intact.</p> <p>R3's Nurse's Notes dated 6/19/21 at 8:10 AM document, "Certified Nurse Aide (CNA) reported to nurse that resident 'Isn't acting right.' observed</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>altered mental status upon entry. Resident disoriented and hallucinating. Unable to make out audible words, just groans. Observed eyes rolling to back of head. Arms flailing behind head. unable to obtain blood pressure or SPO2 (blood oxygen saturation level) due to flailing arms. Temperature 94.0 F. Alert and Oriented (AO) x 0 with baseline of AO x 3. No shortness of breath (SOB) observed. Radial pulse weak and thready. Notified Director of Nurses (DON) of emergency transfer to (hospital)."</p> <p>R3's local hospital Discharge Summary dated 6/20/21 documents R3 was admitted on 6/19/21 with Date of Death as 6/20/21. The Summary documents "Primary cause of death: 1. Acute kidney injury. 2. Septic shock. 3. Pneumonia. 4. GI bleed." The Hospital Course includes, "The cause of death was acute kidney injury and GI bleed secondary to septic shock from a presumed pneumonia etiology, although the patient had extensive necrotic wounds as well, which potentially could be a source of her sepsis."</p> <p>On 6/30/21 at 10:50 AM, V2, Director of Nurse (DON) stated, "I am aware that weekly skin checks were not being done properly. I was there when we found (R3's) stage 4 pressure ulcer to her sacrum, the measurements were 20 X 20 cm. (R3) liked to stay in her wheelchair a lot, when she finally went into her room, I made her stand up. I was appalled by the wound. I started here in April and we have found pressure ulcers that should have been identified sooner. The wound nurse was fired." V2 agreed the CNA's also were not doing their skin checks and notifying the nurse with skin issues.</p> <p>R9's EMR dated 6/24/21 documents diagnosis to include, Cerebral Palsy, Muscle Wasting and</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Atrophy.</p> <p>There was no documentation R3 had pressure ulcers to her sacrum prior to</p> <p>R9's wound report dated 6/24/21 documents, R9 developed a facility acquired stage 4 pressure ulcer to her sacrum. Date identified 12/14/20. Measurements 3cm X 4cm X 0.4cm.</p> <p>R9's Care Plan dated 4/4/21 documents "(R9) has potential for skin impairment r/t history (Hx) of pressure ulcers and chronic red areas to outer ankle. Refuses to lay down, refuses to work with restorative programs, takes dressings off at times." R9's Care Plan documents "I am at risk for further impairment. Goal: Area will show signs of healing by next review date. Interventions: Apply moisture cream to bilateral hands daily. Barrier cream- may keep at bed side. Apply moisturizers to feet. Check placement of coccyx dressing every shift and replace if needed. Foot care with mild soap and water. I use an air mattress on my bed. Medications/supplements as ordered. Observe feet for redness or open areas and report to MD. Off load pressure. Turn and reposition. Regular Podiatric evaluation and treatment." R9's Care Plan documents "Cushion in wheelchair (w/c). Pressure reducing mattress on bed. Remind and assist resident to turn and reposition at least every two hours, more often as needed or requested." R9's Care Plan documents "I have pressure injuries to my sacrum. Goals: Wounds will remain free from complications through next review. Interventions: Administer medications/ treatments as ordered. Monitor/document for side effects and effectiveness. Educate the resident/family/caregivers as to causes of skin breakdown including transfer/positioning</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>requirements; importance of taking care during ambulating/mobility, good nutrition and frequent repositioning. If The resident refuses treatment, confer with the resident, IDT and family to determine why and try alternative methods to gain compliance. Document alternative methods. Monitor dressing to ensure it is intact and adhering. Replace dressings as needed. Monitor/document/report PRN any changes in skin status: appearance, color, wound healing, s/sx (signs and symptoms) of infection, wound size (length X width X depth), stage. (R9) requires low air loss mattress and wheelchair cushion on bed/wheelchair."</p> <p>R9's MDS dated 5/24/21 documents R9 is severely cognitive impaired.</p> <p>R9's Physician Order Sheet (POS) dated 5/19/21 documents, "Wound Care for stage 4 sacral: Cleanse with wound cleanser; Apply calcium alginate, comfort border foam; every three days and as needed (prn)."</p> <p>R9's Treatment Administration Record dated 6/2021 documents wound care for R9's Stage 4 pressure Ulcer was only done on 6/21/21 and 6/24/21, not every 3 days and prn.</p> <p>On 6/28/21 at 3:10 PM, V5 Licensed Practical Nurse (LPN) and V4 LPN rolled R9 over to her left side, V5 cleansed the wound with wound cleanser and 4 X 4 gauze. With same gloves applied Calcium Alginate and bordered foam dressing, dated dressing 6/28/21.</p> <p>R8's EMR dated 6/2021 documents, R8 was admitted to the facility on 4/6/21 with diagnosis including Cerebral Palsy, Contracture of Muscle and Pressure Ulcer.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>R8's Wound Report dated 6/23/21 documents, R8 was admitted with Stage 4 pressure ulcer to left buttock measurements 2cm X 1cm X 0.7cm, an unstageable pressure ulcer to Left Trochanter measuring 6cm X 4cm X 1.5cm, a Stage 4 Pressure Ulcer to right buttock measuring 2cm X 2.5cm X 1.5cm and an unstageable Pressure Ulcer to Right trochanter measuring 4cm X 5cm X 1 cm.</p> <p>R8's POS dated 5/25/21 documents, "Apply to left lower buttock, right lower buttock, right upper buttock and left upper buttock topically every shift for wound, cleanse with normal saline, apply Santyl with fluff gauze to fill cover with bordered foam twice daily."</p> <p>R8's TAR dated 6/2021 documents R8's dressing changes were not done to the right upper and lower buttock and left upper and lower buttock on 6/2/21 day shift, 6/5/21 night shift, 6/9/21 night shift, 6/11/21 day shift, 6/14/21 night shift, 6/16/21, 6/17/21, 6/18/21, 6/19/21. 6/20/21 day shifts, 6/21/21 night shift, 6/24/21 night shift, 6/25/21, 6/26/21, 6/27/21 day shifts.</p> <p>On 6/28/21 at 2:10 PM, V5 and V4 positioned R8 on his left side. V5 removed the dressing on R8's right upper buttock, changed his gloves with no hand hygiene between glove changes. V5 cleansed the wound to the right upper buttock with wound cleanser. V4 cleansed the wound to the right lower buttock. V5 placed the Santyl and gauze to both wounds with same gloves, then placed a 4 X 4 gauze dressing on both wounds, taped and dated the dressings. V5 and V4 both changed their gloves with no hand hygiene between glove changes. V4 and V5 rolled R8 over to the right side. V4 removed the dressing to</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>the left upper and lower buttock, changed her gloves with no hand hygiene between glove changes. V5 cleansed the wound to the left upper buttock, removed his gloves, performed hand hygiene and donned new gloves. V5 then cleansed the wound to the left lower buttock, removed his gloves performed hand hygiene and donned new gloves. V5 applied Santyl to the left upper buttock wound and the left lower buttock wounds. V4 placed 4 X 4 gauze dressing to both wounds and V5 taped them. V5 then removed his gloves and dated the dressings.</p> <p>The facility Policy and Procedure for Pressure Injury and Skin Condition dated 11/28/12 documents "Purpose: To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other ulcers and assuring interventions are implemented. Pressure and other ulcers (diabetic, arterial, venous) will be assessed and measured at least every seven days by licensed nurse and documented in the resident's clinical record." The Policy documents "#3. A wound assessment will be initiated and documented in the resident chart when pressure and/or other ulcers are identified by a licensed nurse. #4. each resident will be observed for skin breakdown daily during care and on the assigned bath day by the Certified Nurse Aide (CNA). Changes shall be promptly reported to the charge nurse who will perform the detailed assessment. #5. If the resident receives a shower, it will be necessary to have the resident stand or be returned to bed to visualize the buttock area and groin. #6. Caregivers are responsible for promptly notifying the charge nurse of skin breakdown." The Policy documents "#10. Pressure injuries and other ulcers (arterial, diabetic, venous) will be measured at least weekly and recorded in</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>centimeters in the resident's clinical record. #11. A wound assessment for each identified open area will be completed and will include a. Site location b. Size (length X width X depth) c. Stage of pressure ulcer d. Odor e. Drainage f. Description g. Date and initials of the individual performing the assessment." The Policy documents "#18. Physician ordered treatments shall be initialed by the staff on the electronic Treatment Administration Record after each administration. Other nursing measures not involving medications shall be documented in the weekly wound assessment or nurse's notes. #20. The attending physician shall be notified within 7 to 14 days of the resident's lack of response to treatments."</p> <p>(B)</p>	S9999		