FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING_ IL6008312 11/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

APERION	CARE WILMINGTON 555 WEST	KAHLER TON, IL 604	.81	
(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	S 000		
	Annual Licensure and Certification Survey	•		
S9999	Final Observations	S9999		
	Annual Licensure and Certification Survey			
,	STATEMENT OF LICENSURE VIOLATIONS:			
	300.1210b) 300.1210d)3)			
	Section 300.1210 General Requirements for Nursing and Personal Care 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.			
	Section 300.1210 General Requirements for Nursing and Personal Care 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: 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.		Attachment A Statement of Licensure Violations	
	tment of Public Health		Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 01/05/2022 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ IL6008312 B. WING 11/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST KAHLER APERION CARE WILMINGTON WILMINGTON, IL 60481 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD) BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 These Regulations were not met as evidenced Based on observation, interview and record review the facility failed to assess a resident with gastrostomy tube (g-tube) for appropriateness of feeding based on the nutritional needs and failed to re-assess a resident who was losing weight. This failure resulted in R135 having significant weight loss of 11 pounds in 20 days on g-tube feeding. This applies to 2 of 5 residents (R84. R135) reviewed for weight loss in the sample of The findings include: 1. Face sheet showed that R135 is 62 years-old with multiple medical diagnoses which include Metabolic Encephalopathy, Oropharyngeal Dysphagia, Dementia, Anorexia, and encounter for surgical aftercare following surgery on the digestive system. On 11/08/21 at 12:58 PM, V18 (Certified Nursing Assistant/CNA) attempted to feed (pleasure feeding) R135 during lunch time. R135 refused to eat, however she (R135) drank the whole cup of iced tea. R135 was noted to have an ongoing g-tube feeding of Jevity 1.5 at 45 ml/hr (milliliter per hour). On 11/09/21 at 10:19 AM, V19 and V20 (Both

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118.2 lbs.

Restorative Aid) weighed R135 and she was

On 11/09/21 at 10:21 AM, V18 (CNA) stated that prior to hospitalization (9/27/21), R135 had poor appetite. V18 had never seen her eat more than 25%, R135 does eat and drink, R135 went to the Illinois Department of Public Health

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
_		IL6008312	B. WING	· · · · · · · · · · · · · · · · · · ·	11/1	0/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
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S9999	hospital because she foaming and altered because R135 was already malnourished R135's weight mon 9/21/2021-155.8 lbs 10/22/2021-130.0 lb 11/4/2021-120.8 lbs From 10/20/21 (128 R135 a weight loss On 11/10/21 at 11:5 R135 went to the heback on 10/13/21. If (V11) that R135 had was receiving g-tubare supposed to no hours if a resident ginserted g-tube. In a must notify her if a assessment, and a significant weight classes weight loss, the stanext visit to the facinotified, V11 would feeding to 50 ml/hr. additional 150 ml fluwhat R135 was recrecommend weekly add health shake, wher pleasure feeding prevented R135's fishe was not aware the state agency staweight and nutrition	ne was found with her mouth dimental status. V18 felt that not eating drinking she was ed and dehydrated. itoring log showed: s., 10/20/2021-129.2 lbs., bs., 10/28/2021-123.6 lbs., s., 11/9/2021-118.2 lbs. 2.2 lbs.) to 11/9/21 (118.2 lbs.), of 8.5% (11 lbs.) in 20 days. 55AM, V11 (RD) stated that ospital (9/27/21) and came facility staff did not notify her did a newly inserted g-tube and refeeding. V11 said that staff tify her (V11) within 24 to 72 gets re-admitted with newly addition, V11 said that staff resident needed nutritional bout residents who are having hanges especially a sudden ff should not wait until V11's lity. Had she (V11) been have increased R135's tube V11 would also recommend ush four times a day on top of eiving. V11 would also weights, monitor lab work, whole milk or sugar cereal for g and this would have urther weight loss. V11 stated of R135's g-tube status until aff inquired about R135's all status.	S9999					
		25 AM, V22 (R135's physician) illiar with R135's condition but						

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PRINTED: 01/05/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING _ IL6008312 11/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST KAHLER** APERION CARE WILMINGTON WILMINGTON, IL 60481 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 he had seen her on 10/14/21. V12 added that he works part time in the facility and would expect that they would follow facility's protocol (policy and procedure) with regards to weight loss and nutritional assessment. On 11/10/21 at 1:35 PM. V22 continued to say that he expects that the registered dietitian would recommend appropriate g-tube feeding and/or appropriate supplement to meet R135's need. V22 checked R135's record and said that the last time R135 was assessed by primary physician's group was on 10/13/21 and was just seen today by V23 (NP). The significant weight loss could have been prevented if R135 was monitored closely. R135's care plan showed: R135 requires tube feeding related to diagnoses of oropharyngeal dysphagia and anorexia. Diet is Jevity 1.5, at 45ml/hr. with 250ml water flush every 6 hours and Pleasure feeding mechanical soft diet (10/14/21). Goal: R135 will maintain adequate nutritional and hydration status as evidence by stable weight, no sign and symptoms of malnutrition or dehydration through next review date 01/22. Intervention: V11 (RD) to evaluate quarterly and as needed (PRN). Monitor caloric intake, estimate needs. Make recommendations for changes to tube feeding as needed. Review of R135's record (Care Plan) showed, g-tube was inserted on 10/5/21. Upon

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re-admission to facility, R135's physician ordered Jevity 1.5, at 45ml/hr. with 250ml water flush every 6 hours was to be administered. Despite having pleasure feeding during mealtime, R135 continued to refuse the food. V11 (Dietician) was not informed of R135's newly inserted a-tube, and

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significant weight loss of 7.8% (10.8 lbs. weight loss in one week). From 10/5/2021 (141.4 lbs.) to 11/9/21 (127.5 lbs.), R84 had a 9.9% weight loss

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IL6008312 B. WING AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WILMINGTON, IL 60481 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES WILMINGTON, IL 60481 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 in one month. On 11/10/21 at 10:50 AM, V23 (NP) stated she (V23) was not notified about R84 not eating and that R84 had significant weight loss. V23 further stated the facility should have notified her (V23) as soon as they found out about the significant weight loss and if she would been notified, she would have ordered laboratory works and she would have referred it to V11 (RD) for nutritional assessment and to ST (Speech Therapy) for swallow evaluation. The unplanned significant weight loss could have been prevented. On 11/10/21 at 12:02 PM, V11 sated if a resident is eating and losing weight, then this means that the treatment plan recommended to the resident is	(X3) DATE SURVEY COMPLETED			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NT OF DEFICIENCIES OF CORRECTION	
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working. However, if a resident is on a planned weight loss and is losing weight because the resident is not eating well then there's a problem. V11 said that R84 is obese and was under a planned weight loss. V11 noted that R84 was having weight loss, however, V11 was not aware that R84 was not eating well lately. V11 was only notified of R84's poor appetite on 11/9/21 (after inquiry from state agency staff). V11's assessment of a resident's food intake relies on the nutritional value of the food that was consumed rather than the amount of the food that was offered to the resident. If V11 was notified of R84's poor appetite, V11 would have recommended medication the would enhance appetite, nutritional supplements, super cereal, calorie count, weekly weight monitoring, she (V11) would call R84's family to get added information about what R84 likes to eat, and would update care plan related to nutrition. These could have prevented R84's significant weight				ded about R84 not eating and cant weight loss. V23 further hould have notified her (V23) and out about the significant he would been notified, she diaboratory works and she dit to V11 (RD) for nutritional ST (Speech Therapy) for The unplanned significant ave been prevented. 22 PM, V11 sated if a resident ght loss, and the resident is eight, then this means that the ammended to the resident is if a resident is on a planned osing weight because the gwell then there's a problem. It is sobese and was under a straight was not aware ating well lately. V11 was not aware ating well lately. V11 was only or appetite on 11/9/21 (after gency staff). V11's sident's food intake relies on of the food that was an the amount of the food that esident. If V11 was notified of the food that was an the amount of the food that esident. If V11 was notified of the food that was an the amount of the food that esident. If V11 was notified of the food that was an the amount of the food that esident. If V11 was notified of the food that was an the amount of the food that esident. If V11 was notified of the food that was an the amount of the food that esident. If V11 was notified of the food that was an the amount of the food that esident. If V11 was notified of the food that was an the amount of the food that esident. If V11 was notified of the food that was an the amount of the food that esident. If V11 was notified of the food that was notified of	On 11/10/21 at 10:5 (V23) was not notifit that R84 had significated the facility shas soon as they four weight loss and if so would have ordered would have referred assessment and to swallow evaluation, weight loss could have reatment plan recovering and losing working. However, weight loss and is least the nutritional value consumed rather the was offered to the resommended med appetite, nutritional calorie count, week (V11) would call R8 information about would update care	

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