

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006829</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE HILLSIDE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>323 OAKRIDGE AVENUE HILLSIDE, IL 60162</b>
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(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 Investigations 2291700/IL 144216	S 000		
S9999	<p>Final Observations</p> <p>Complaint Investigations 2291700/IL 144216</p> <p><b>STATEMENT OF LICENSURE VIOLATIONS:</b> 300.610a) 300.1210b) 300.1210d)5) 300.1810h)</p> <p>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.</p> <p>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</p>	S9999	<p><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>resident to meet the total nursing and personal care needs of the resident.</p> <p>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: 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>Section 300.1810 Content of Medical Records h) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure staff provided weekly wound assessments and performed daily treatment orders for a resident with an unstageable pressure ulcer injury. This failure resulted in R1</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>being admitted to the local hospital with an infected sacral wound. This applies to 1 of 3 residents (R1) reviewed for pressure ulcers in the sample of 6.</p> <p>The findings include:</p> <p>The hospital Records dated 1/4/22 documents R1 presented to the emergency room with a high fever, altered mental status and hypotension. R1 has a large unstageable sacral pressure ulcer present on admission with extremely foul-smelling purulent discharge .R1 diagnosis include septic shock secondary to acute bacteremia with multiple organisms from the sacral wound.</p> <p>The hospital Infectious Disease Progress note dated 1/14/22 documents R1's sacral wound is necrotic, and debridement was performed on 1/5/22. R1's sacral wound has osteomyelitis (infection of to the bone). R1's hospital records showed he was discharged to the facility on 1/18/22.</p> <p>R1's face sheet showed he is a 62-year-old male admitted to the facility on 11/30/21 with diagnosis including sepsis, protein-calorie malnutrition, gastrostomy, displaced fracture of the fifth cervical vertebra and cocaine abuse, depression and paranoid schizophrenia.</p> <p>R1's skin admission note dated 11/30/21 documents R1 has an unstageable sacral pressure ulcer measuring 6 cm (centimeters) x 6 cm and a right buttock unstageable pressure ulcer measuring 5 cm x 5cm.</p> <p>R1's Wound Assessment Report dated 12/10/21 documents he has an unstageable sacral pressure ulcer measuring 9.0 cm x 6.0 cm x 0.20</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>cm. There were no wound assessment reports after 12/10/21 to 1/4/22 (approximately 3 weeks with no assessments of the wound).</p> <p>R1's Wound Assessment Report dated 1/20/22 documents his unstageable sacral pressure ulcer measuring 20 cm x 18 cm x 4 cm ( two days after re-turning to the facility from the hospital).</p> <p>R1's Treatment Administration Record (TAR) for December 2021 and January 2022 shows orders to cleanse the sacrum with normal saline, apply medicated ointment, adapatic gauze and cover with a foam dressing daily. The TAR shows no treatment was provided 15 out of 35 days. The TAR shows the last documented treatment was provided on 12/31/22 (4 days prior to R1 being sent out to the local hospital).</p> <p>On 3/25/22 at 10:02 AM V3 (Wound Nurse) V3 said R1 had a "bad wound." V3 confirmed R1's wound became infected and was on a wound vac after coming back from the hospital. V3 confirmed she did not assess R1's wound after 12/10/21 because V3 was pulled to work the floor. V3 said pressure ulcers should be assessed weekly and treatment orders should be performed daily. V3 said wounds could deteriorate and become infected if the wound is not being monitored or the dressings being performed. V3 said R1 was not being followed by the wound physician due to his payer source.</p> <p>On 3/25/22 at 11:45 AM, V2 (DON) said she started at the facility in February 2022. V2 said wounds should be assessed weekly and treatments should be performed daily as ordered to prevent the wound from being infected and to promote healing.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>The facility's Pressure Injury and Skin Condition Assessment Policy revised 1/18, states "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 will be assessed and measured at least every seven days by a licensed nurse and documented in the resident's clinical record ...a wound assessment .... dressings which are applied to pressure ulcers, skin tears, wounds, lesions or incisions shall include the date of the licensed nurse who performed the procedure. Dressing will be checked daily for placement, cleanliness, and signs and symptoms of infections ....the licensed nurse will document in the treatment administration record and initial the dressing to verify the treatment was performed ...the licensed nurse is responsible for notifying the attending physician, Director of Nursing and the legal representative of any suspected wound infection ..."</p> <p>(B)</p>	S9999		