

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2022
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NAME OF PROVIDER OR SUPPLIER APERION CARE ST ELMO	STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST CUMBERLAND ST ELMO, IL 62458
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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 Annual Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210c) 300.1210d)6) 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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	S9999	Attachment A Statement of Licensure Violations	

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>and assistance to prevent accidents.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide the identified level of supervision and assistance required to prevent accidents for one (R1) of two residents reviewed for accidents and supervision in the sample of 53. This failure resulted in R1 falling in the hallway while being walked out of the restroom by 1 staff and sustaining a fracture of the left hip.</p> <p>Findings include:</p> <p>On 6/21/22 at 10:30 AM, V15 (Licensed Practical Nurse/LPN/Unit Director) stated that (R1) recently had a fall, sustained a hip fracture and the staples were removed a few days ago. On 6/23/22 at 1:05 PM, V1 (Administrator) said that V19 (Certified Nurse Aide/CNA) was the only staff present on 6/01/22 with (R1) at 4:00 PM when (R1) fell and sustained a left hip fracture. V1 said (V19) was the only witness and (V19) no longer works at the facility. V1 said the CNA (V19) reported the incident to V10 (Registered Nurse/RN) who was on duty and completed the assessment and documentation regarding (R1)'s fall of 6/01/22.</p> <p>A review of R1's electronic medical record was conducted. A Fall Initial Occurrence Note written 6/01/22 by V10 documents, "Fall Description: Resident had a witnessed fall 6/01/22 at 4:00 PM. Location of Fall: hallway outside of bathroom. Resident being walked out of restroom and unable to bear weight on legs. Resident sat on floor, almost bringing CNA down with her." "... Assessment: Witnessed Fall - Did not strike</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>head; neurological checks not indicated. Alert and disoriented per usual baseline. No changes in range of motion from normal baseline, no injuries observed." A Nurses Note dated 6/01/22 at 4:59 PM reads: Narrative: "Resident sat on floor outside of restroom in hallway after using toilet. CNA states she would not walk all of a sudden and sat on floor, almost pulling CNA down with her. Resident refusing to put weight on left leg and rubbing it. ROM (Range Of Motion) intact."</p> <p>A Nurses Note dated 6/01/22 at 10:56 PM documents, "Narrative: X-ray (Radiograph) arrived to facility around 10:00 PM. X-rays sent STAT (Immediately). Waiting on results." A Nurses Note dated 6/02/22 at 3:18 AM documents: "72 hour Follow up assessment post-fall. BP (Blood Pressure)180/88 - 6/1/2022 4:30 PM, Position: Sitting r (right)/arm T 97.5 - 6/1/2022 8:35 PM Route: Forehead (non-contact) P 98 - 6/1/2022, 4:30 PM Pulse Type: Regular R 18.0 - 6/1/2022, 4:30 PM O2 96.0 % - 6/1/2022, 8:36 PM Method: Room Air Resident is alert and disoriented per usual baseline. No new injuries noted on assessment. Pain scale 3 of 10. L (Left) hip area, new onset of pain. Medication administered for pain. Pain medication effective. New onset of limitation in ROM. Unable to complete ROM to R (Right) leg/hip at this x (time) d/t (due to) res (resident) grimacing when area touched. Bed in lowest position. Call light in reach. Non-skid socks/ footwear in place. Provided scheduled toileting assistance. Bed in lowest position. Call light in reach. No skin issues noted." On 6/02/22 at 5:30 AM, Nurses Note documents, "Narrative: Rec'd (Received) results of hip x-ray. Impressions indicate Nondisplaced L (Left) intertrochanteric fracture et (and) osteoporosis. On 6/2/2022 at 7:15 AM, A Nurses Note reads, "Narrative: (Name of Ambulance</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Company) here to transport res (resident) to (Name of Hospital)."</p> <p>A Fall IDT (Interdisciplinary) Note dated 6/02/22 at 9:41 AM reads in part, "Summary of the fall: CNA was assisting (R1) back to her room after toileting and in doing so, (R1)'s legs got weak and she started to set (sit) down and the CNA was unable hold her up before she fell to the floor. Root cause of fall: (R1)'s legs got weak while walking back to her room after completing toileting and she was unable to stand and started to sit down on the floor and the CNA was unable to hold her up before she fell to the floor. Intervention and care plan updated: Utilize staff assist of 2 during all toileting."</p> <p>R1's care plan documents the following Focus and Interventions in place prior to the fall incident of 6/01/22: Due to (R1)'s history of CVA (Cardiovascular Accident/Stroke) with Left side weakness, general weakness and unsteadiness, (R1) is in need of staff assistance to complete ADL's (Activities of Daily Living) and Bathing. (Revised 04/15/2022). Interventions include: (R1) is in need of extensive assistance of 2 to complete toileting due to general weakness and unsteadiness. (Revised 04/15/2022). Due to (R1)'s history of falls, general weakness, unsteadiness and Left side weakness, (R1) is noted to be at an increased risk for falls. (Revised 04/15/2022). (R1) is in need of extensive assistance of 2 to complete transfers due to (R1)'s general weakness and unsteadiness. (Revised 04/15/2022). Do not leave (R1) unsupervised at any time during toileting. (Revised 04/15/2022) After R1's 6/01/22 fall, the following intervention was initiated on 6/02/22: Utilize staff assist of 2 during all toileting. This intervention was already in place as noted above,</p>	S9999		

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S9999	Continued From page 4 since the 4/15/22 revision date and prior to the fall of 6/01/22. R1's Admission MDS (Minimum Data Set) dated 3/14/22 documents Section C - Cognitive Patterns: R1 is rarely/never understood and moderately cognitively impaired for daily decision making. Section G - Functional Status: documents R1 requires extensive assist of 2+ persons for bed mobility, transfer, walking in room, walking in corridor and toilet use. A Hospital Discharge Summary for R1, dated 6/08/22, documents a hospital admit date of 6/02/22 and discharge date of 6/08/22. The Summary reads, in part, "Reason for hospitalization: Left hip fracture. Hospital Course: 95-year-old female presented with onset of pain in her hip. She denies that she has sustained any fall. She denies any injury. Yesterday when being helped to the toilet patient slipped to the floor. X-ray was done to the left hip which showed nondisplaced left Intertrochanteric fracture. Ortho proceed(ed) with operative intervention in the form of a left hip cephalomedullary nailing for both pain management as well as restoration of ambulatory capacity." (A)	S9999		