

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL 6002547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/20/2022
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NAME OF PROVIDER OR SUPPLIER APERION CARE DOLTON	STREET ADDRESS, CITY, STATE, ZIP CODE 14325 SOUTH BLACKSTONE DOLTON, IL 60419
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S 000	Initial Comments Annual Licensure and Certification Complaint Investigations: 2299126/IL153355 2299278/IL153533 Investigation of Facility Reported Incident of 11-08-2022/IL153911	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2: 300.1210a) 300.1210b)2) 300.1210d)3) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary	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>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>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</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>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.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observations and interviews, this facility</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>failed to provide the necessary services, identify a decline, implement interventions, and evaluate the effectiveness of interventions for one resident (R64) with a decline in range of motion bilateral hands out of three reviewed for a decline in functional abilities in a sample of 20. R64 has developed a contracture of bilateral hands, left worse than right, and is unable to extend fingers fully.</p> <p>Findings include:</p> <p>On 12/20/22 at 10:00am, R64 was observed lying in bed with both hands closed.</p> <p>On 12/21/22 at 8:40am, this surveyor observed V2 DON (director of nursing) extend R64's fingers on both hands. V2 stated that V2 is unable to fully extend the fingers on either hand. V2 stated that the left hand is stiffer than the right hand.</p> <p>On 12/21/22 at 9:40am, this surveyor observed V6 (restorative aide) perform PROM (passive range of motion) exercises with R64. R64 was observed crying when her fingers on both hands were extended.</p> <p>On 12/21/22 at 9:15am, V4 (restorative nurse) stated that R64 does not need splints as her hands are not contracted. V4 stated that R64 tenses up and clenches her hands. V4 stated that R64 is able to extend fingers fully on both hands.</p> <p>On 12/21/22 at 9:35am, V5 LPN (licensed practical nurse) stated that R64 is totally dependent on staff for all ADLs (activities of daily living). V5 stated that the restorative staff apply splints to R64's hands daily to prevent contractures. When questioned where R64's hand splints were, V5 did not respond.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 12/21/22 at 9:40am, V6 (restorative aide) stated that R64 does not have any contractures in her extremities. V6 stated that R64 receives PROM (passive range of motion) exercises daily. After completion of exercises, V6 stated that R64 has contractures.</p> <p>(B)</p> <p>Statement of Licensure Violations 2 of 2: 300.1210a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p>	S9999		

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STREET ADDRESS, CITY, STATE, ZIP CODE

APERION CARE DOLTON

**14325 SOUTH BLACKSTONE
DOLTON, IL 60419**

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S9999	<p>Continued From page 4</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a resident was properly in her wheelchair. This failure affected one resident (R49) reviewed for falls in a total sample of 20. This failure resulted in R49 suffering from a subdural hematoma after falling.</p> <p>Findings include:</p> <p>On 12-21-22 at 9:17am, R49 state 2 CNAs placed R49 in the wheelchair using mechanical lift and R49 slid out of the chair and hit her head.</p> <p>On 12-21-22 at 10:24am, V2 (director of nursing) stated 2 CNAs (V7 and V6) used the mechanical</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>lift to put R49 in the wheelchair. When R49 was in the wheelchair, V7 (CNA) went to get a washcloth for R49 and V16 (CNA) left to provide care to other residents. As V7 came back with washcloth, R49 slid out of her chair and ended up on the floor. V2 stated R49 is a fall risk and staff were using a mechanical lift for transfers (2 person) assist prior to incident. R49 was given nonslip pad and a pommel cushion to her wheelchair after the incident.</p> <p>On 12-21-22 at 10:46am, V7 (CNA) stated she transferred R49 to the wheelchair with the mechanical lift using another CNA. V7 stated R49 was on top of the wheelchair with mechanical lift sling under her. After the transfer, the other CNA left to take care of other residents and V7 went to get a washcloth for R49. When V7 returned, V7 saw R49 on the floor in front of her wheelchair. V7 did not see the fall. V7 asked R49 if she was OK and R49 said she hit her head.</p> <p>Initial State Reportable dated 11-8-22 documents: Description of Occurrence: Reported to nurse that resident had slid out of the wheelchair and bumped her head on the floor. No LOC. Resident is alert and oriented x 3 and reports sliding to the floor and bumping her head. Complete body assessment rendered and ROM (range of motion) to AE (adverse event) WNL (within normal limits) of resident's baseline. Resident assisted back to bed with no complaints. During NP rounding later that morning, resident verbalized the start of blurred vision. NP gave the order to transfer resident to the ER for the further medical evaluation. Injuries: Hospital diagnosis: Initial encounter of fall with possible head injury.</p> <p>Final State Reportable dated 11-11-22 documents: Follow Up/Final Report Summary:</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Hospital records is revealing stable right frontal ventriculoperitoneal shunt and stable vascular stent in the right carotid area. No shift of midline structures. No mass lesions. No skull fracture or suspicious focal osseous lesion. There is a small low-density right subdural fluid collection, approximately 0.4 cm in thickness, age, indeterminate, indicative of a subdural hematoma.</p> <p>Hospital Record dated 11-8-22 documents: History of Present Illness: R49 is a 60 yrs.-old female with past medical history of/PMX of cerebral vascular accident/CVA with left hemiplegia who presents to ED for medical evaluation status post/s/p mechanical fall from a wheelchair. Per EMS, nursing home/NH staff patient/pt. slipped out of her chair. Currently complaining of dizziness. Denies loss of consciousness/LOC, neck or backpain, visual disturbances, changes in weakness, or any other symptoms at this time. Clinical Impression: 1.Subdural hematoma.</p> <p>R49's MDS (assessment reference date/ARD 11-4-22) documents: BIMS= 12, Transfers: Self= total dependence, Support= 2+ person. Fall Risk Assessments dated 11-8-22 and 11-4-22 documents R49 is at risk for falls. R49's Fall Care Plan reviewed.</p> <p>(A)</p>	S9999		