

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/13/2023
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NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
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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 Investigation of Facility Reported Incident of July 23, 2023/IL162658	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.3210t) 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. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to prevent physical resident-to-resident abuse for two of three	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>residents (R1 and R2) reviewed for abuse in the sample of three. This failure resulted in a resident (R1) with a known history of physical behaviors physically assaulting R2 by straddling on top of R2, hitting R2 in the face multiple times, resulting in R2 sustaining a black eye and a laceration to his bottom lip.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention and Reporting dated 10-24-22 documents, "The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff, and mistreatment of residents. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means."</p> <p>R1's MDS (Minimum Data Set) Assessment dated 7-23-23 documents R1 is a 76-year-old admitted to the facility on 6-15-23 and is moderately cognitively impaired. This same MDS documents R1 has verbal and physical behaviors and requires supervision with ambulation.</p> <p>R1's Physician's Order Sheets dated 8-9-23</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>document R1 has the diagnoses of Dementia with Moderate Agitation, Depression, Epilepsy, and Disorientation.</p> <p>R1's Care Plan dated 6-17-23 documents "I have impaired cognition function/dementia or impaired thought processes due to Dementia. I wander and am confused. I can have agitation at times per history with physical aggression."</p> <p>R1's Progress Notes dated 7-23-23 at 9:02 PM and signed by V5 (LPN/Licensed Practical Nurse) documents, "Resident physical altercation (attacker) with another resident in room, while staff attempting to diffuse situation, he becomes aggressive and combative with staff making it difficult to get resident to safety."</p> <p>R1's Hospital Notes dated 7-30-23 document, "(R1) was admitted because of aggressive behavior at his nursing home. Significant for advanced dementia with behavioral disturbance. Two psychiatric admissions since May."</p> <p>V4's (CNA/Certified Nursing Assistant) statement dated 7-23-23 documents, "I was walking down the hall when a resident yelled and said someone was fighting, I ran down the hall and found (R1) on top of (R2) repeatedly punching and kicking him. I tried to break them apart and (R1) began to physically assault me as well. While (R1) was trying to hit me, (R1) fell on the side of the bed. (R1) started hitting and biting me on my leg. I was able to get (R2) out (of) the room while (R1) was on the floor. (R2) has a black eye and his mouth was busted and bloody."</p> <p>R2's MDS Assessment dated 7-10-23 documents R2 is a 65-year-old admitted to the facility on 6-30-22. This same MDS documents R2 does</p>	S9999		

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S9999	Continued From page 3 not have behaviors, is severely cognitively impaired, and requires limited to extensive assistance with ADLs (Activities of Daily Living). R2's statement dated 7-24-23 documents, "I have no clue what happened. Just know I got hit." R2's Emergency Department Notes dated 7-23-23 document, "Chief Complaint: Assault Victim. (R2) comes into the emergency department via ambulance from (the facility) after an assault with another patient (R1) in the facility. Skilled Nursing Facility wanted (R2) to be sent to the emergency department for evaluation. (R2) has a black eye on the left side with a minor lip laceration on the bottom. Assault was unwitnessed until the very end, multiple hits. Staff reports that (R2) was lying in bed when the assault happened. Subjective" (R2) is a 65-year-old presenting after an assault. (R1) assaulted (R2) this evening. The staff found (R1) punching (R2), and the roommate was pulled off and stopped. (R2) states that he was hit in the head multiple times." R2's After Visit Hospital Summary dated 7-23-23 documents, "Reason for Visit: Assault Victim. Diagnoses: Injury of head. Alleged Assault." R2's Nurse's Note dated 7/24/2023 at 1:51 AM documents, "Narrative: Resident returned from ED (Emergency Department) via transport wheelchair with no new orders or changes. CT (Commuted Tomography) scan performed, and results were negative. Resident denies any pain. Left eye swollen with bruising. Resident is sleeping in bed at this moment, will continue to monitor throughout the night." On 8-9-23 at 10:45 AM R1 was sitting in his room	S9999		

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S9999	<p>Continued From page 4</p> <p>on the edge of the bed. R1 was confused and unable to answer questions.</p> <p>On 8-9-23 at 2:40 PM R2 was sitting at a table in the dining room. R2's left eye had dark brown discoloration to the area below the left lower eyelid that expanded across R2's left lower lid and down to the top of R2's left cheek. R2 stated, "I do not know what happened. All I know is (R1) got on top of me and was punching me. I got a black eye. My mouth was bleeding. I did not do anything."</p> <p>On 8-9-23 at 2:45 PM R3 stated, "I heard someone yelling for help (on 7-23-23) and yelled for someone to come help. All I know is two people were fighting."</p> <p>On 8-9-23 at 2:55 PM V4 (CNA/Certified Nursing Assistant) stated, "I was working on 7-23-23 and (R3) yelled for help and said (R1 and R2) were fighting. I went into (R1 and R2's) room and (R1) was straddled on top of (R2) in (R1's) bed. (R1) kept hitting (R2) in the face. It was hard for me to get (R2) off of (R1). (R2) grabbed my leg and started to bite me. (R1) had a black eye and busted lip. (R1) tried shoving (R2) off of him, and (R2) slid to the floor. The ambulance was called for both (R1 and R2) and they (R1 and R2) were sent to the hospital."</p> <p>"B"</p>	S9999		