

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003628</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE GLENWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425</b>
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S 000	Initial Comments  Facility Reported Incident: of 4/21/2024/IL172705	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210a) 300.1210b) 300.1210d)6)  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 300.1210 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	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>05/20/24</b>
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S9999	<p>Continued From page 1</p> <p>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 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>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 requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure a plan of care was followed to review information on past falls,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>attempt to determine cause of falls, and anticipate and meet the resident's needs. The facility also failed to follow their fall protocol to ensure effective interventions for safety were in place to reduce the risk for falls for 1 of 3 resident's (R1) reviewed for safety. This failure resulted in R1 sustaining a left hip fracture of the femur head on 4/21/2024.</p> <p>Findings include:</p> <p>On 5/7/2024 at 10:30am R1 was observed at the nurse's station in his wheel-chair alert to name only.</p> <p>On 5/9/2024 at 12:30pm R1 was observed in his room sitting on the edge of the bed with a t-shirt, incontinent brief, no pants or socks on and with one foot half under the fall mat asking for pants.</p> <p>On 5/9/2024 at 12:35pm V5 (Nurse) observed with writer R1's condition and said he is a fall risk, he should be dressed and at the nurse's station for observation or in activities after breakfast.</p> <p>On 5/9/2024 at 12:36pm V6 (Certified Nurses Assistant - CNA) said R1 is a fall risk. I checked on him when I brought his breakfast tray in and he was in the bed. I was attending to my other residents.</p> <p>On 5/9/2024 at 2:30pm V8 (Certified Nursing Assistant - CNA) said on 4/19/2024 at about 8:30am upon doing morning care, R1 was very combative, guarding his leg and complained of pain. I immediately notified the nurse.</p> <p>On 5/9/2024 at 2:25pm V3 (Nurse) said on 4/19/2024 between 8am and 9am, V8 reported to her that R1 was guarding his left leg, complaining</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>of pain and being combative with care. V3 said she called the physician for an x-ray and received it back on 4/21/2024 reporting that it was a fracture of the left femur.</p> <p>On 5/9/2024 at 12:50pm V2 (Director of Nursing - DON/Falls Coordinator) said I expect all the nursing staff to follow the safety protocol in place for each resident. R1 has a history of falls and is a fall risk. R1 is alert x1, ambulatory with a walker upon admission. R1 complained of pain on 4/19/2024, he was placed in a wheelchair and put on high risk for falls with interventions in place. R1 should have been up in his wheelchair for all meals, at the nurse's station or in activities. Never alone in his room.</p> <p>On 5/9/2024 at 3:00pm V1 (Administrator) said I thought R1 was dressed and in his wheelchair at the desk or activities. He's a fall risk because we do not know how R1 fractured his leg. We suspect a fall, but no one found him on the floor, so that is why we called it an injury of unknown origin. He was admitted with a history of falls.</p> <p>An admission record indicates R1 has an history of falls and unspecified dementia, severe with other behavioral disturbance.</p> <p>A care plan with a focus of a risk for falls related to impaired cognition, impaired mobility a history of prior falls prior to admission. An intervention of anticipate and meet the resident's needs, follow facility fall protocol and review information on past falls and attempt to determine cause of falls.</p> <p>An incident report dated 4/21/2024 of injury of unknown injury with a stat x-ray and possible fracture of left hip.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>A nurse's progress note dated 4/21/2024 at 14:16 indicating that R1 had a x-ray result of a positive fracture if the left femur heads.</p> <p>A diagnostic radiology report dated 4/21/2024 indicates that R1 had a acute fracture of the left femoral neck.</p> <p>Facility Policy: Fall Prevention and Management revision date 1/2024 General: This facility is committed to maximizing each resident's physical, mental and psychosocial well-being. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventive strategies, and facilitate as safe an environment as possible. A resident fall shall be reviewed, and the resident's existing plan of care shall be evaluated and modified as needed. Guidelines: Upon Admission: 1.A fall risk evaluation will be completed on admission, readmission, and quarterly significant change and after each fall.</p> <p>(A)</p>	S9999		