

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003768</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/27/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE MASCOUTAH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 NORTH TENTH STREET MASCOUTAH, IL 62258</b>
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S 000 Initial Comments  
Annual Certificaion Survey

S9999 Final Observations

Statement Of Licensure Violation:

300.610a)  
300.1210a)  
300.1210b)  
300.1210d)6)  
300.1220b)3)  
300.3240a)

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

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
		03/20/19

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S9999	<p>Continued From page 1</p> <p>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 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>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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide a safe environment to prevent accidents for one of one resident (R14) reviewed for safe environment in the sample of 35. This failure resulted in R14 falling and sustaining an oblique fracture of the distal fibula of the right ankle.</p> <p>Findings include:</p> <p>1. R14's current diagnoses sheet, undated, documents partial diagnoses of Dementia with Behavioral Disturbance, Parkinson's disease, Epilepsy and history of falling.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R14's Care Plan, dated 04/19/2018, documents, "The resident is at risk for falls r/t (related to) ambulates and ad lib (at will), gait steady at this time." The Care Plan Interventions documents, "(R14) needs a safe environment with: even floors free from spills and/ or clutter."</p> <p>R14's Minimum Data Set (MDS), dated 5/7/2018, documents R14 has a Brief Interview of Mental Status (BIMS) score of 3 indicating R14 is severely cognitively impaired. This MDS also documents R14 requires supervision and physical assist of 1 staff member for ambulation on and off the unit. This MDS documents R14 is not steady, but able to stabilize without staff assistance and R14 may use a wheel chair.</p> <p>R14's Fall Risk Assessment, dated 7/9/2018, documents R14 has a fall risk score of 14 indicating R14 is at risk for falls.</p> <p>R14's Witnessed Fall Document, dated 7/18/2018, documents, "Nursing Description: resident slipped in water that was on the floor next to ice chest." The form documents "Action Taken: assessed for injuries, ROM (range of motion) WNL (within normal limits), c/o (complaint of) right ankle and foot discomfort." The form continued to document "Causing Environmental Factors: Wet Floor Statement: resident was ambulating by ice chest and slipped and fell in water that was on floor."</p> <p>R14's Nurse's Note Narrative, dated 7/18/2018 at 4:35 PM, documents, "X-ray results received, (V23, Physician) notified, with N.O. (new order) to send to ER (Emergency room) for eval (evaluation) and treat."</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R14's X-ray Right ankle and foot, dated 7/18/18, documents, "Impression Right ankle: oblique fracture of the distal fibula with no significant displacement."</p> <p>R14's Fall Interdisciplinary Team Note, dated 7/19/2018, documents, in part, "Summary of fall: Resident slipped on water on floor next to ice chest. Root cause of fall: Environmental. Water on floor. Intervention and Care Plan update: Resident sent out to ER for eval and treat."</p> <p>R14's Illinois Department of Public Health Follow-up Summary Report, dated 7/23/2018, documents, "(R14) is A/O (alert and orientated) x 1 baseline. Resident is independent with ambulation. On 7/18/18 resident had a witnessed fall in hallway next to the dining room. Two staff members witnessed the fall. Both staff members called for assistance to the resident. Resident was asked if she had any pain, to which the resident stated her right ankle. Upon environmental inspection of the floor, it appeared the resident had slipped on a small piece of ice that was in front of the ice chest. The ice chest is housed in a cubby next to the DR (dining room) that the staff can access. The ice chest was removed immediately, and the ice and water cleaned up by housekeeping. Results obtained per X-ray company. Findings stated soft tissue swelling with oblique fracture of distal fibula. Resident sent to emergency room. Resident evaluated by ER and returned to facility with new order for walking fracture boot. 7/19/18 call placed for orthopedic follow up."</p> <p>On 2/25/2019 at 8:30 AM, V1, Administrator, stated, "I was not the Administrator at the time of (R14's) fall, but if you have an ice chest in the hallway staff need to vehemently make sure there</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>is no ice or water on the floor and monitor the ice chest to prevent residents from getting into it."</p> <p>On 2/25/2019 at 12:40 PM, V23, Physician, stated, "If the floor had been clean and dry (R14) would not have fallen and broken her ankle."</p> <p>The facility policy and procedures Fall Prevention Program, dated 11/21/17, documents, "The resident's environment will be kept clear of clutter which would affect ambulation and remove hazards."</p> <p>(B)</p>	S9999		
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