

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000434	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE GALESBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 FRANK STREET GALESBURG, IL 61401
---	---

(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 Certification Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1010h) 300.1210b) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

Electronically Signed

03/28/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000434	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/22/2019
NAME OF PROVIDER OR SUPPLIER APERION CARE GALESBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 FRANK STREET GALESBURG, IL 61401		
(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
S9999	<p>Continued From page 1</p> <p>limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>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. (Section 2-107 of the Act)</p> <p>These requiements were not met evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to administer pain medication to one resident (R80)and failed to provide pain management, and notify the physician of reports of pain for one resident (R3)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000434	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2019	
NAME OF PROVIDER OR SUPPLIER APERION CARE GALESBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 FRANK STREET GALESBURG, IL 61401		
(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
S9999	<p>Continued From page 2</p> <p>of 32 residents reviewed for pain in the sample of 48 residents.</p> <p>This failure resulted in R80 experiencing pain with grimacing, and stiffening of body during wound treatment when not treated for pain prior to treatment.</p> <p>Findings include:</p> <p>Facility Pain Management program dated/ revised 7/6/18 indicates: The resident's descriptive words regarding the quality, duration, and location of pain will be used to evaluate the pain and to identify changes in pain. When the resident is unable to describe pain, physical signs such as grimacing, body posturing/protecting, vital sign changes and changes in behavior/mood will be used to determine the presence of pain. Pain management program includes: - Documentation of pain assessment and monitoring. - Medications for the control or relief of anxiety related to pain. Pain assessment protocol will be initiated under any of the following situations: - Resident has a diagnosis or disease that is associated with pain or discomfort All caregivers are instructed to report the resident or family's report of pain. The resident's physician will be notified of the resident's complaints of pain which are not relieved by comfort measures, including pain medications.</p> <p>1) Physician Order Sheet dated 2/2019 indicates R80 is 79 years old with diagnoses that include Fracture of first lumbar vertebrae, Low back pain, Malignant Neoplasm of Prostate, Sacral pressure</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000434	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE GALESBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 FRANK STREET GALESBURG, IL 61401
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>ulcer, Ileostomy, Colostomy, Rectal Abcess; Dementia without behavioral disturbance.</p> <p>MDS/BIMS dated 2/15/19 indicates R80 has memory, is cognitively impaired and not able to consistently understand or be understood.</p> <p>On 2/20/19 at 2:30pm R80 was receiving wound care for a stage two sacral ulcer. R80 grimaced, groaned and stiffened during treatment. At that time, V12, Wound/LPN stated that she would see if R80 had anything for pain.</p> <p>On 2/21/19 at 1:31pm V12 stated that she reported off to evening nurse yesterday about R80's pain with positioning during wound care and the nurse told her R80 didn't have anything ordered and R80's wife didn't want him to have anything that would make him sleepy. V12 stated that she would notify the physician right away. V12 stated that she hadn't noticed that R80 had Tylenol as needed for pain already ordered. At 2:00pm V12 stated that she spoke with the physician and he ordered scheduled Tylenol(analgesic)today to be given three times per day and R3's wife consented.</p> <p>On 2/21/19 at 1:00pm V21, PT (Physical Therapist) stated that he is concerned R80 is having back pain due to diagnosis of lumbar fracture, and sacral wound, but R80 always denies it when asked. V21 stated that he agrees it might be helpful to get something for pain, in case R80 is not able to verbalize his pain.</p> <p>Care Plan revised 1/22/19 indicates R80 has chronic pain related to history of lumbar fracture and that pain medication is to be given 1/2 hour before care or treatments; anticipate the residents need for pain relief and respond</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000434	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE GALESBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 FRANK STREET GALESBURG, IL 61401
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>immediately.</p> <p>Physician Order Sheet dated 2/2019 indicates R80 has orders for Tylenol 650mg (milligrams) every 4 hours as needed for pain/fever. MAR (Medication Administration Record) dated 2/2019 indicates R80 did not receive any medication for pain in that month.</p> <p>2) On 2/19/19 at 10:00am R3 complained of left foot pain stating "My left foot is sore. I would love to have something for pain. I've been asking since morning." R3 stated that his pain was a 10 /10. R3's left foot was noted to be positioned on top of the mattress. At that time V18, CNA (Certified Nurse Assistant) came into R3's room and was told by R3 that he had pain in his foot. V18 stated that she would tell the nurse. On 2/19/19 at 1:05pm V12, Wound/LPN (Licensed Practical Nurse) assisted R3 to reposition, R3 again complained of foot pain, specifically a discolored area of his heel. R3 also grimaced and stated "Ow" when his left leg was moved.</p> <p>On 2/19/19 at 1:13pm V3,LPN stated he was told by staff in the morning that R3 complained of pain. V3 stated that he did not give any pain medication to R3 because R3 has no pain medications ordered. V3 stated that R3 is in end stage renal failure and everything has been discontinued because it accumulates in his body and makes him so lethargic he won't eat and ends up being sent to the hospital. V3 stated the physicians don't want R3 to have anything for pain and that he reminded R3 of the reason for no pain medication when he went to see R3 about the pain in his foot.</p> <p>On 2/21/19 at 9:45am R3 was seen sitting in a</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000434	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/22/2019
NAME OF PROVIDER OR SUPPLIER APERION CARE GALESBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 1145 FRANK STREET GALESBURG, IL 61401		
(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
S9999	<p>Continued From page 5</p> <p>recliner chair in the dining room and reported that his left foot still hurt. R3 also stated that he was told by the nurse (V3) that he can't have anything for pain.</p> <p>MDS/BIMS (Minimum Data Set/Brief Interview for Mental Status) dated 2/11/19 indicates R3 scored 11/15 and is able to make needs known; to understand and be understood.</p> <p>No notes or assessment of R3's reported pain were found or presented.</p> <p>Physician Order Sheet (POS) dated 2/2019 found no scheduled or as needed medication ordered for pain.</p> <p>On 2/21/19 at 10:45am V19, Physician stated it is not true that R3 cannot have any pain medication due to his kidney function. V19 stated that if R3 is having pain it should be assessed and he should be notified. V19 stated that he should have been notified on the day R3's pain was discussed.</p> <p style="text-align: center;">(B)</p>	S9999		