Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING _____ B. WING _____	C 08/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BRADLEY	650 NORTH KINZIE BRADLEY, IL 60915

(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 Complaint 1975821/IL114685 F696	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1010h) 300.1210b) 300.1210c)2)3) 300.1210d)5) 300.3220f) 300.3240a) Section 300.1010 Medical Care Policies 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 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. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING _____ B. WING _____	C 08/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BRADLEY	650 NORTH KINZIE BRADLEY, IL 60915

(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	Continued From page 1	S9999		

resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

2) All treatments and procedures shall be administered as ordered by the physician.

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.

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:

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

Section 300.3220 Medical Care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING _____ B. WING _____	C 08/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BRADLEY	650 NORTH KINZIE BRADLEY, IL 60915

(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	Continued From page 2	S9999		

f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Regulations were not met as evidenced by:

Based on interview and record review the facility failed to assess and treat a pressure related wound for one resident (R2) for 1 month after it was discovered.

This failure caused R2's wound to worsen and required hospitalization for treatment.

This applies to 1 resident (R2) reviewed for wounds.

The findings include:

R2 was admitted to the facility September 1, 2015 per the admission face sheet. R2 was discharged to the hospital August 12, 2019 for treatment of the wound.

The physician orders for R2 showed R2 had diagnoses of Parkinson's disease, Depression, idiopathic ulcer of left lower extremity (3/17/2016),

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING _____ B. WING _____	C 08/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BRADLEY	650 NORTH KINZIE BRADLEY, IL 60915

(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	Continued From page 3	S9999		

cellulitis to right lower extremity with wounds, hypertension and anxiety.

Nursing notes dated June 22, 2019 showed that at 2:42 pm it was brought to the attention of the nurse that R2 had a wound on his left heel. The nursing assessment documents a stage 2-3 wound that measured 3 centimeter by 3 centimeter with a dark center to the left heel. The note showed that the physician was notified, and orders were received. Treatment Administration record showed that 1 treatment was administered on June 25, 2019 by nursing staff.

The physician orders date June 24, 2019 showed the treatment to the left heel was discontinued. The clinical record showed no reason or information as to why the treatment was discontinued.

The clinical record had no wound care note from the Treatment Nurse for the wound on the left heel until July 24, 2019. There were no notes from the wound care doctor for the wound on the left ankle in R2's clinical record until July 24, 2019. The note showed the wound was pressure related and was a stage 4. There were no new physician orders regarding the wound to the left heel until after July 24, 2019.

Nursing notes dated August 12. 2019 showed that R2's physician gave orders to send R2 to the hospital at the daughter's request. R2 was sent to the hospital admitted with a diagnosis of infection to the left heel and pressure ulcer.

The records from the community hospital showed that R2 had become resistant to many antibiotics used to treat the wound and the bone in the foot was also probably infected. The hospital records

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING: _____ B. WING _____	C 08/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BRADLEY	650 NORTH KINZIE BRADLEY, IL 60915

(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	Continued From page 4	S9999		

showed that R2's wound had become a stage 4 wound with probable infection of the bone.

On August 15, 2019 at 12:40 pm, in the conference room V2 DON(Director of Nursing) said that after reviewing R2's clinical record R2's wound was discovered June 22, 2019. V2 said that When V3 Wound care nurse came back on Monday Morning June 24, 2019 she thought the new order was an error and discontinued the order. V2 said R2 received no further treatment on the wound on the left heel until July 24, 2019. V2 stated, "I don't know why other staff did not see this and report it to the nurse. R2 did not receive treatment on the left heel wound from June 23, 2019 through July 24, 2019".

On August 15, 2019 at 3:45 pm, in the conference room V3 Wound Treatment Nurse said that she had never been notified of the wound on the left heel. V3 stated, "I discontinued the order because I thought it was an error. R2 had wounds to right leg. No one told me of the wound on the left heel". V3 said that staff told her about the wound on July 24, 2019.

On August 16 at 8:55 am via telephone V5 (Wound Care Physician) said that she was not aware of the wound on the left heel until July 24, 2019. V5 stated, "The wound would worsen if left untreated for one month. Staff should have seen the wound on the left heel and reported it to the nurse".

(A)