

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007520</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/15/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE PLUM GROVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>24 SOUTH PLUM GROVE ROAD PALATINE, IL 60067</b>
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation: 2096128/IL125446</p> <p>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.1220b)2) 300.3240a)</p> <p>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.</p> <p>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 resident to meet the total nursing and personal</p>	S9999	<p style="text-align: right;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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 nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</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 are not met as evidenced by:</p> <p>Based on observation, interview, and record</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>review, the facility failed to provide dining assistance to one (R1) resident who has a history of confusion and assessed to require extensive assistance in eating and drinking, along with a one person physical assistance to accomplish this task. This failure resulted in R1 sustaining a hot water burn with permanent scarring.</p> <p>Findings include:</p> <p>R1 is an 82 year old resident with diagnoses of cerebral infarction, Alzheimer's Disease, diabetes, and dysphagia (difficulty swallowing). V2 (Director of Nurses) was asked the type of floor R1 resided on and stated, "It's our dementia floor and everyone there is confused except for one male resident who did not want to move floors."</p> <p>Facility incident report dated 7/6/2020 titled "Burn" shows: "During dinner resident requested hot tea. Tea was served as requested by CNA (Certified Nurses Aide). Resident accidentally dropped the tea over her left leg. Cold compress were applied immediately. Skin was pink in color. No other skin abnormalities were noted. Half hour later when resident was taken shower. CNA noted an intact blister on left leg, no pain complaints observed. Nurse Practitioner called and made aware, Director of Nurses and Power of attorney were notified as well. Resident unable to give description."</p> <p>The same incident report for R1 lists: Mental status: 1. Disoriented, but within normal limits for this resident. 2. Oriented to person. Predisposing Physiological factors listed: 1. Confused. 2. Impaired Memory. 3. Fragile Skin. Predisposing Situation factors listed: 1. Combative with care.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>11/12/20 at 10:20 AM, R1 was observed seated in a geriatric chair outside her room. R1 appeared confused and was only able to respond to her name when called. Surveyor asked about an incident that occurred with R1, V3 (Licensed Practical Nurse) stated, "Yes, I know what you mean. It's when she got burned from hot water on her leg." Surveyor asked to see R1's burn wound, V3 wheeled R1 back inside her room and showed the wound to the surveyor. V3 stated, "During dining we passed coffee for dinner around 6 or 7 o'clock. (R1) dropped the coffee or was it tea, on herself and we checked it and put cold compress and I called the doctor, V2 (director of nurses) and POA (power of attorney). The next day it was pink but later on when she got a shower it was red and it was a blister." Surveyor asked to describe the burn wound, V3 stated, It's dark and measures about 2 to 3 centimeters and it looks like it caused a scar. Asked who was assigned to be with R1 while assisting in her feeding, V3 stated, "She (R1) eats on her own, she doesn't need help."</p> <p>11/13/20 at 12:27 PM, V4 (Certified Nursing Assistant) stated, "I was the CNA that gave R1 her hot tea , but I didn't see her spilling it on herself. I just heard her scream out and I immediately went to her and saw her pants wet with the hot water. I recall the nurse (V3) drying her pants with towels. Surveyor asked if she saw the nurse bringing R1 into her room, V4 stated " I think when dinner was over she was put her back in her room but I didn't see the nurse take her clothes off to check her leg right away. I think that when she got a shower is when they discovered the hot water burned her leg because it was a blister I was told." Asked if R1 was able to feed herself, V4 stated, "She's confused but I think she</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>can eat on her own but she wasn't my resident when this happened. I just happen to be standing near her when she wanted tea so I gave it to her. No one was near her when she spilled the tea because like I said, she yelled out and so I ran to her when this happened."</p> <p>R1's initial MDS (Minimum Data Set) dated 4/6/20 and two consecutive MDS assessments dated 7/7/20 and 9/17/20 all show R1 requiring extensive assistance in eating and drinking along with a 1-person physical assistance to accomplish this task.</p> <p>R1's care plans dated 3/24/20 states in part (but not limited to):</p> <ol style="list-style-type: none"> <li>1. Problem: I have impaired cognitive function or impaired thought processes related to Dementia. Interventions: Eating: extensive assistance; one person physical assist. Cue, reorient, and supervise as needed.</li> <li>2. Problem: I am unable to consume regular consistency diet and require mechanically altered foods. Interventions: Position for eating and drinking safely.</li> <li>3. Problem: I use psychotropic medications: Risperdone and Depakote related to behavior management and diagnosis of Psychosis. Interventions: Monitor/document/report as needed any adverse reactions of psychotropic medications: unsteady gait, tardive dyskinesia, extrapyramidal side effects (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, depression, blurred vision, behavior symptoms not usual to the person.</li> </ol> <p>11/12/20 at 12:15 PM observed that a CNA</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>(Certified Nursing Assistant) was seated next to R1 feeding her. Surveyor asked for the dietary manager to take the temperatures of the coffee and hot water for tea. V2 stated, "The dietary manager is off today but I've asked the administrator to come up to do it." V1 (Administrator) stated, I used to be in dietary so I know how to temp food. V1 took the temperature of the coffee which read 116 degrees Fahrenheit and hot water for tea read 130 degrees Fahrenheit.</p> <p>According to the U.S. Consumer Product Safety Commission, Publication #5098 states in part (but not limited to): "The majority of injuries and deaths involving tap water scalds are to the elderly and children under the age of five. Most adults will suffer third-degree burns if exposed to 150 degree water for two seconds. Burns will also occur with a six-second exposure to 140 degree water or with a thirty second exposure to 130 degree water. Even if the temperature is 120 degrees, a five minute exposure could result in third-degree burns."</p> <p>11/12/20 at 2:15 PM, V2 (Director of Nurses) stated to surveyor, "I know you're looking in to the burn that happened with (R1). I know at the time I didn't think it was a significant burn but I wanted to show you the treatment orders for her. Surveyor asked if she conducted the wound treatment, V2 stated, "Yes I did the treatment for her and saw the burn. It started out as pink and then a blister which was reddened." Treatment orders V2 presented showed treatment orders starting 3 days later on 7/9/20 for "Bacitracin ointment 500 units/grams. Apply to left upper thigh topically every night shift for open blister apply bacitracin ointment then dressing and cover with dressing until healed." Another treatment</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>order initiated 16 days later on 7/22/20 show "Silver Sulfadiazine Cream 1% apply to left thigh topically every evening and night shift for burn for 7 days."</p> <p>Interview with V6 (Nurse Practitioner) on 11/13/20 at 11:35 AM stated, "I am the NP overseeing (R1) and yes I'm pretty familiar with her. I'd say she is cognitively impaired and I recall being informed of the incident where she got burned from hot tea I believe what was told to me. Surveyor asked if staff informed him about R1's behavior as causing the burn to her thigh, V6 stated, "I don't think I was informed of any behavior...if R1 had a behavior of combativeness, I would not be serving her hot beverages placed in front of her without adequate supervision." Surveyor asked if he saw R1's burn injury, V6 stated, "I recall it was healed and appeared like there was a darkened area on her leg. I last saw it in August but as mentioned it has healed." Surveyor asked if a 3rd-degree burn could cause permanent scarring, V6 stated, "Yes it can."</p> <p>(B)</p>	S9999		
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