

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	S 000		
S9999	<p>Complaint Investigation 2028945/IL128622</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)2)3) 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 300.1210 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</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 _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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>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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>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.</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 requirements were not met evidenced by:</p> <p>Based on interview, and record review, the facility failed to ensure a Physician ordered laboratory value was obtained in a timely manner for one of three residents (R4) reviewed for laboratory values in the sample of nine. This failure resulted in R4 being hospitalized with the diagnosis of Pneumonia and Sepsis.</p> <p>Findings include:</p> <p>The facility's Laboratory Services Agreement, dated 1/31/20, documents, "Provider Services: STAT (Urgent life threatening) services will be</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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>completed within 4-6 hours period of time." The agreement also documents that the STAT turn around time is 4-6 hours, from the time of the initial call to results reporting back to the facility.</p> <p>On 11/24/20 at 11:25 a.m., V9 (R4's Family) stated, "I tried calling (R4) from 9:50 a.m. to 2:15 p.m. on 11/12/20. She normally talks to me every morning, so it was weird that she didn't answer her phone. I called the facility at 2:27 p.m. and the nurse said (R4) was napping, which she doesn't normally do at all. At 5:00 pm, I was finally able to speak to (R4), and I couldn't even understand her. I spoke with (V13, Licensed Practical Nurse-LPN), and she said (R4) seemed normal. At 7:55 p.m. on Thursday (11/12/20), (V13) called me, and said she did notice something different and would contact the doctor. On 11/13/20, I called at 12:00 p.m. and spoke with (V13), and she said (R4) seemed back to normal. At 12:49 p.m., I was on the phone with (R4). She still didn't seem right, and she wasn't making any sense. While I was on the phone with (R4), the staff were feeding (R4). This was a red flag because (R4) doesn't need help with eating. I kept calling the facility waiting to hear what (R4)'s lab results were. At 4:00 p.m., I called, still no labs. At 8:30 pm, I called and still no labs. I woke up to three missed calls at 6:50 a.m (on 11/14/20). I called the facility at 8:00 am and they said my Mom had been sent to the ER (Emergency Room) because she wasn't able to respond properly and was having trouble eating. Then, she was admitted with Sepsis, and Pneumonia."</p> <p>R4's Nurses' notes, dated 11/13/20 at 1:21 p.m., document, "(R4)'s family stated that (R4) is not sounding like herself while on the phone. (R4) does have history of hyponatremia and UTI (Urinary Tract Infection) and, per her family, this</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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>has been her behavior prior to these occurrences. (V8, Physician's Assistant) notified and order obtained for STAT BMP (Basic Metabolic Panel).</p> <p>R4's Physician order, dated 11/13/20 at 1:25 p.m., documents a new order for a STAT BMP for R4's Altered mental status.</p> <p>R4's Current Medical record has no documentation of the results of R4's STAT BMP that was ordered on 11/13/20.</p> <p>R4's Transfer to Hospital Summary, dated 11/14/20 at 7:44 a.m., documents, "(R4) was transferred to hospital at 7:30 a.m. per doctor. (R4) has increasing intermediate altered mental status, and decrease in ADLs (Activities of Daily Living), as well as shivering of the lips."</p> <p>R4's Hospital History and Physical, dated 11/14/20, documents, "Chief Complaint: (R4) presents with weakness. (R4) was noted to have mild confusion on 11/13/20 along with generalized weakness and was sent to ER for further evaluation as there was no relieving factors. In the ER, (R4) was found to have oxygen saturations of 88% at rest. She was placed on oxygen with improvement of oxygen saturations. (R4) also found to have acute renal failure. Chest x-ray showed pneumonia (R4) is meeting sepsis requirements with leukocytosis of 20,000 and heart rate in the 90's." The History and Physical also documents, "Assessment/Plan: Left pneumonia, Acute renal failure, Sepsis, and acute metabolic encephalopathy."</p> <p>On 11/23/20 at 3:50 p.m., V3 (Assistant Director of Nursing) stated, "I spoke with (R4)'s family that day (11/12/20) I notified (V8) after talking with the family and he ordered a STAT BMP. It varies a lot</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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>on the lab's STAT response time. It could be anywhere from 30 minutes to a few hours. I left that day at around 3:30 p.m. and the lab still had not came to the facility."</p> <p>On 11/24/20 at 10:00 a.m., V13 stated that the lab company came out to draw R4's labs after 9:00 p.m.. V13 also stated, "I called that morning for the results before I got off my shift. The labs said that (R4)'s labs needed redrawn. (R4) had a change of condition for me. (R4) had altered mental status, she was needing more help with her ADLs, for instance she couldn't feed herself breakfast that morning, and her lips were shivering. I notified the doctor that (R4)'s labs needed redrawn and that she had a change of condition, and the doctor ordered to have her sent to the emergency room instead of waiting for the lab to come back and redraw the labs.</p> <p>On 11/24/20 at 9:15 a.m., V14 (Contracted Laboratory) stated, "On 11/13/20 we received a STAT lab order at 2:33 pm for (R4). We got to the facility at 9:17 pm to perform the blood draw. (R4) was a hard stick for our phlebotomist. So the facility nurse scheduled for the labs to be drawn the next day. Our STAT turn around is normally 4-6 hours, and we did not do that with this order."</p> <p>On 11/23/20 at 4 pm, V8 stated, "If I order a STAT order I expect it do be done immediately, just as if it was in a hospital. I want STAT labs in order to figure out what is causing the altered mental status, and try to treat it before sending them to the Emergency room."</p> <p style="text-align: center;">" A "</p>	S9999		