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 |
|---|---|---|---|
| | IL6008064 | A. BUILDING: ______ B. WING ______ | C 12/15/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE CHICAGO HEIGHTS | 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411 |

| (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<br><br>Complaint Investigation 2099097/IL128791 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of licensure Violation:<br>300.610 a)<br>300.610 c)4)B)C<br>300.1210 d)3)<br>300.1210 d)6)<br><br>Section 300.610 Resident Care Policies<br>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.<br>c) The written policies shall include, at a minimum the following provisions:<br>4) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following:<br>B) Education of nurses in the identification, assessment, and control of risks of injury to residents and nurses and other health care workers during resident handling;<br>C) Evaluation of alternative ways to reduce | S9999 | Attachment A<br>Statement of Licensure Violations | |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6008064 | A. BUILDING: ______ B. WING ______ | C 12/15/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE CHICAGO HEIGHTS | 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411 |

| (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 | | |

risks associated with resident handling, including evaluation of equipment and the environment;

Section 300.1210 General Requirements for Nursing and Personal Care
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:
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.
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.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to prevent an avoidable accident/fall and safely initiate and perform physical crisis prevention intervention during a behavior episode of 1 of 3 residents (R23) reviewed for safe crisis prevention intervention techniques. This failure resulted in R23 being taken to the ground by facility staff and entangling R23 lower extremities causing a fracture to R23's left ankle.

Findings include:

R23 was admitted to facility on 2/17/16 with diagnosis of psychosis, schizophrenia, bipolar

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6008064 | A. BUILDING: ______ B. WING ______ | C 12/15/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE CHICAGO HEIGHTS | 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411 |

| (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<br><br>and major depressive disorder.<br><br>R23's progress notes dated 4/6/20 documents R23 noted with agitation and was CPI by staff. Resident noted with sprain to left ankle. R23 was upset about money missing from his drawer when staff try to redirect him, he continued to be upset with staff. R23 escalated to verbally getting aggressive and attempted to swing at behavior aide. CPI was immediately initiated and all 3 went down to floor. Administrator has launched an abuse investigation.<br><br>Facility's report to IDPH dated 4/14/20 documents Resident involved with altercation with staff in which resident reports "tripping on someone's foot and twisting his ankle"<br><br>Facility preliminary abuse report dated 4/6/20 documents R23 was agitated and attempted to be physically aggressive with staff. R 23 was place din CPI hold and twisted his ankle.<br><br>Facility's final abuse investigation documents R23 stated he was upset with V32 (ADON) for throwing out his money. R23 said V29 (behavior aide) kept telling him to relax and lower his tone and R23 was tired of him telling him that so he punched V29 in the mouth. R23 stated that when he was in the hold he felt himself trip over someone's foot and his ankle twisted. V32's statement documents R23 became aggressive about money being thrown away. R23 attempted to become physical with V29 and assisted with CPI hold. V32 said during the hold R23 twisted his ankle. V29's statement documents R23 swung at him and V32 assisted with placing R23 in CPI hold. R23 fell to the floor during CPI hold. Under conclusion documents there is no evidence to support V29 and V32 improperly | S9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6008064 | A. BUILDING: ______ B. WING ______ | C 12/15/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE CHICAGO HEIGHTS | 490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411 |

| (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<br>implemented CPI.<br><br>On 12/15/2020 at 1220 Pm V2 (DON) said R23 upset about money missing and escalated to code yellow with CPI hold. R23 had stepped on R23's foot causing them to fall down. I think it was a bear hug hold.<br><br>On 12/11/20 at 233pm, V32 (ADON) said R23 was upset because I had accidently thrown his money away. R23 was yelling and cursing at me. V29 (behavior aide) intervened and asking him to be more respectful and R23's anger turned toward V29. R23 tried to punch V29 and fell into V29 and they both fell to the ground. V32 denies using any CPI hold on R23. V32 said the fall could have been prevented if R23 was not aggressive. V32 unclear who or when code yellow was called. V32 was given statement from reportable and stated unable to recall events of incident.<br><br>R23's hospital record dated 4/6/20 document left ankle injury related to physical altercation at nursing home. R23 stated he tripped over another person. Under clinical impression documents bimalleolar fracture of left ankle.<br><br>According to the crisis prevention institute, CPI teaches that staff should consider the use of a physical intervention only as an emergency intervention to respond to an individual posing an immediate danger to self or others. CPI also teaches that physical restraint should be used only as a last resort when all other attempts to calm escalating behavior have been tried and have failed. The Nonviolent Crisis Intervention® program focuses not on restraint training, but on ways to avoid the need to restrain. Staff must be aware that serious physical and psychological | S9999 | | |

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 |
|---|---|---|---|
| | IL6008064 | A. BUILDING: ____<br>B. WING ____ | C<br>12/15/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE CHICAGO HEIGHTS | 490 WEST 16TH PLACE<br>CHICAGO HEIGHTS, IL 60411 |

| (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<br><br>risks are inherent in any physical intervention. The only truly safe physical restraint is the one that never occurs. Nonviolent Crisis Intervention® training stresses the importance of having a monitor present at every restraint-someone who is not involved in performing the actual physical hold. The person should be assigned the responsibility of monitoring physical signs of distress and obtaining medical assistance.<br><br>Facility code yellow policy- Behavior crisis policy dated 1-11-18 documents to initiate appropriate measures to control and secure the environment when resident has a behavior crisis. Guidelines include call for help by using intercom to page "code yellow", implement measures to provide safety, summon additional staff, defuse crisis through calming communication, assess need for additional intervention as indicated, remove resident from situation, and remove offending stimuli from resident, place resident in safe environment.<br><br>B | S9999 | | |