

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
--	--

(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>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 Violation</p> <p>300.610a) 300.1210b) 300.1210d)2)5) 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 care and personal care shall be provided to each</p>	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	
-------	--	-------	--	--

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

Electronically Signed

TITLE

(X6) DATE

06/25/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
---	--

(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>resident to meet the total nursing and personal 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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>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.</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. (A, B) (Section 2-107 of the Act)</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
--	--

(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>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to promptly assess, treat, and monitor identified pressure ulcers for 3 of 4 residents (R100, 102, 104), reviewed for pressure ulcers in the sample of 13. This failure resulted in the deterioration of ulcers for R100.</p> <p>Findings include:</p> <p>1. On 5/28/19 at 11:25AM, R100 was lying on his right side in bed with bilateral heel protectors. R100 was wearing an incontinent brief and the indwelling urinary catheter bag was attached to the catheter tubing and was not secured to his leg. The incontinent brief had liquid brown stool oozing out of the outer edges of the incontinent brief, down to his left thigh, left hip, and extended upwards to his mid back. There were two incontinent pads underneath him. V7, Registered Nurse (RN), and V15, Certified Nursing Assistant (CNA), went into R100's bathroom to wash their hands prior to caring for R100. V7 rolled R100 closer to the edge of the bed as V15 assisted R100 with positioning on his right side of the bed. Upon removal of R100's incontinent brief by V15, a large open wound to his left buttock was observed without benefit of a dressing. The left buttock had copious amounts of liquid brown stool inside and around the perimeter of the wound bed extending upwards of his mid back. A small border foam dressing, undated, was secured directly above the left buttock extending across his mid back, with large amounts of liquid, brown stool on top of the dressing. Present was a small foam dressing to R100's left posterior</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
--	--

(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>upper hip, dated 5/28/19, with large amounts of liquid, brown stool on top, beside, and below the dressing, and a foam pressure dressing, dated 5/28/19, was affixed to his left posterior thigh. V7 removed a large amount of 6 by 6 size gauze and soaked them with normal saline and squeezed the gauze on top of the left upper hip wound, and brown stool ran down into the exposed left buttock wound. V7 disposed the gauze into the garbage, and with the same soiled hand, took the wound cleanser and sprayed it on top of the left buttock open wound, as liquid stool ran down on top of the left posterior thigh dressing. V7 then proceeded to cleanse the wound bed of the left buttock wound with a wound cleanser, and applied Dakins solution to a handful of gauze. As V7 proceeded to wipe the soaked gauze, he applied the gauze in a circular motion from the outer edge to the inner wound bed. V7, with the same soiled gauze, re-entered the wound bed and removed copious amounts of stool. V7 continued to wipe the left buttock open wound bed using the soaked gauze. V7 then stated, "That's about all (stool) that's in there." Upon completion, brown stool was visible on the inner and outer edges of the wound and brown stool remained on the soaked gauze. V7 washed his hands and left the room to "gather more supplies," leaving the entire left buttock wound bed exposed. Upon returning to R100's room, V7 washed his hands, donned gloves, and removed the border dressing above R100's left buttock, cleansed the area, then removed the left posterior hip dressing. After cleansing the left posterior hip, V7 then packed the left posterior hip with soaked gauze and applied a foam dressing. After, V7 using the same gloved hand, applied soaked gauze, packed the left buttock, and applied a foam dressing. V7 then left the bedside to wash his hands and change gloves. V7</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
--	--

(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>returned to the bedside, removed R100's left posterior thigh soiled dressing, cleansed the left posterior thigh, and packed the wound with soaked gauze, and covered the area with a protective foam dressing. V7 did not change his gloves after removing the soiled dressing and applying the clean, soaked gauze to the wound bed. Throughout the observation of R100's dressing changes, there were no remnants of R100 having a pressure dressing covering his left buttock, nor was it noted within his bed, sheets, and incontinent brief.</p> <p>On 5/28/19 at 12:14 PM, V15, CNA, stated, "When (V7) came in (R100's room) earlier, I told him (V7) there was no dressing on this (R100's) wound."</p> <p>On 5/28/19 at 12:40PM, V7, RN, stated in part when asked by surveyor if he had already performed dressing changes to R100's wounds prior to observation by surveyor, "No, night shift, this is why it's so frustrating when there's no dressings on."</p> <p>On 6/5/19 at 3:39PM, V9, Regional Corporate Nurse (Regional Nurse), stated the expectation for nurses is to follow physician's orders and to accurately document what each nurse has performed, and to complete one dressing at a time, and not to remove dressings all at once, especially open wounds as to prevent cross-contamination.</p> <p>R100's Care Plan, dated 5/9/2019, documents, "Monitor dressing to ensure it is intact and adhering. Report loose dressing to nurse. Date initiated 01/04/2019."</p> <p>R100's Care Plan, dated 5/9/2019, documents</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
---	--

(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>R100 was admitted to the facility on 11/27/2018. The Care Plan also documents R100 having contractures to his left and right hand, Quadriplegia, and having an indwelling catheter related to his skin breakdown. The Care Plan further documents interventions to include: "Report pertinent changes in skin status to physician and any other notable changes or observations."</p> <p>R100's May 2019 Treatment Administration Record (TAR) documents the following treatments were not documented as being done on the following dates and shifts: 1. Left hip 5/8/19 (day shift); 2. Left heel 5/8/19 and 5/9/19 (day shift); 3. Left thigh and buttock 5/7/19 and 5/8/19 (day shift), 5/16/19 and 5/18/19 (day shift); and 4. Scrotum 5/16/19 and 5/18/19 (evening shift). R100's TAR (provided by the facility at the time of the survey) does not list the evening nor night shift treatment to R100's left hip from 5/15/19 through 5/31/19, and through 6/5/19. The TAR for May 2019 further documents as follows: "Right Thigh and Scrotum (sic): Zinc oxide ointment every shift for Wound Care."</p> <p>On 6/6/19 at 2:13 PM, V27, Nurse Practitioner (NP), stated she would not expect zinc oxide to be applied as a treatment for R100's Stage 4 right thigh wound as was listed on R100's May (2019) TAR. V27 further stated Hospice will be following R100, and going forward Hospice will be caring for R100's wounds and pain management.</p> <p>R100's Physicians Order, dated 4/9/2019 at 1:38 PM, documents, "Left Thigh and Buttock: Cleanse with NS (normal saline), Apply wet to dry dressing with Dakins solution and cover with foam dressing." The physician's orders further documents that the dressing is to be done every</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
---	--

(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 6</p> <p>shift, every day.</p> <p>R100's Physicians Order, dated 5/14/2019 at 6:52 PM, documents, "Left Hip: Apply Dakins and foam dressing every day shift for wound healing."</p> <p>R100's Physicians Order, dated 6/6/19 at 10:15AM, documents, "Cleanse wound to right posterior thigh, pack loosley (sic) with Dakins wet to dry, cover with dry dressing every shift."</p> <p>Facility Wound Assessment, dated 5/21/19, documents the following: "NPAUP (National Pressure Ulcer Advisory Panel) PRESSURE INJURY STAGING DEFINITIONS: A Stage 3 Pressure Injury as full-thickness skin loss, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present." The Report documents a Stage 4 Pressure Injury: "Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer." The Report further documents the following regarding R100's pressure ulcers (PU) "1c. Measurement - Length x (by) Width x Depth in Centimeters (cm)." The Report further documents R100 having the following: Stage 4 Left Buttock ulcer, Stage 3 Left Lateral Heel ulcer, Stage 4 Left Posterior Hip ulcer, Posterior Scrotum (no type of wound or staging listed), and Right Posterior Thigh: (no type or staging of wound listed). All wounds were listed as in-house acquired.</p> <p>Physician Wound Evaluation and Management Summary, dated 5/21/2019, documents R100 having multiple wounds, having fecal incontinence, and no medications found to be affecting wound healing in clinical context. The Summary further documents: "1. Stage 4</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
--	--

(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 7</p> <p>pressure wound of the left buttock with greater than 130 days in duration, measuring 11(length) x 9.5 (width) x 2 cm (depth), wound extended to sacrum, coccyx and right buttock, with a recommendation for a low air loss bed. 2. Wound of the left posterior upper thigh with greater than 73 days in duration, measuring 9 x 8 x not measurable, with a recommendation for a gel cushion to his chair. 3. Stage 3 pressure wound of the left lateral heel with greater than 73 days in duration, measuring 0.3 x 0.5 x 01cm, with a recommendation for a sponge boot. 4. Wound of the left posterior hip with greater than 35 days in duration, measuring 4.5 x 3.5 x not measurable. 5. R100's wound to his posterior scrotum documents being resolved on 5/21/19. 6. Wound of the right posterior upper thigh greater than 35 days in duration, measuring 6.5 x 4 x not measurable cm. The wound evaluation and summary further documents: "Other Diagnosis: Cellulitis and abscess of buttock. Treatment Recommend PICC (Peripherally inserted central catheter) line placement and Cefazidime 1 g (gram) IV (intravenous) Q (every) 8h (hours) for 5 weeks. Probiotics BID (twice daily) for 60 days." The Dressing Treatment Plan lists the following as treatments for R100's wounds: Left buttock, left posterior upper thigh, left posterior hip, and right posterior upper thigh having primary dressing of Dakins Solution with a dry protective dressing with a secondary dressing of foam with border to be applied three times daily. The Dressing Treatment Plan also documents R100's left lateral heel to receive a sterile gauze with a sterile pad covering.</p> <p>Facility Wound Assessment dated 5/30/19, documents the following for R100: Wound 1: Stage 4 Coccyx, measuring 11.8 x 6 x 3; Wound 2: Stage 3 Left Heel measuring 2.0 x 2.0; Wound</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
--	--

(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 8</p> <p>3: Stage 4 Left Trochanter/Hip: 5.3 x 4 x 1; Wound 4: Stage 4 Left buttock measuring 9.6 x 6.5 x 3; Wound 5: Stage 4 Left Posterior Upper Thigh measuring 6.5 x 4.5 x 2; and Wound 6: Stage 4 Right Posterior Upper Thigh measuring 6.5 x 4 x 1.5.</p> <p>R100's most recent skin risk assessment provided by the facility, dated 3/6/2019, documents R100 being chair fast, completely immobile, constantly moist, having very limited sensory perception, and scoring a 10, indicating a high risk for skin breakdown.</p> <p>R100's May 2019 Medication Administration Record (MAR) documents R100 having received "Ceftazidime Solution Reconstituted 1 GM (gram). Use 1 gram intravenously three times a day for Cellulitius 6 Weeks Begin after PICC line insertion -Start Date- 5/14/2019 2200 (10:00PM)."</p> <p>Most laboratory results for R100 dated 2/8/19, document R100's serum albumin being 4.5, with normal limits between 3.5 to 5.7, and Total Protein being 8.1 with normal limits between 6.4 to 8.9.</p> <p>Registered Dietitian (RD) Assessment dated 5/15/19 for R100, documents, "RD consult for continued chronic and serious wounds. Meds reviewed." The RD Assessment further documents in part, "B. Labs/diagnostics 2/8/19 labs assessed total protein and albumin WNL (within normal limits)."</p> <p>Social Service Note dated 5/24/2019 at 6:58AM, documents, "LATE ENTRY: Writer (V4, Social Services Director) spoke with residents (sic) brother, sister and resident (R100) to explain that we will no longer have a wound doctor rounding</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
---	--

(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 9</p> <p>at our facility. Writer concerned that resident would not get his needs met."</p> <p>Minimum Data Set (MDS) dated 4/26/2019, documents in part R100 having a Brief Interview for Mental Status (BIMS) score of 14, indicating cognition in tact.</p> <p>On 5/30/19 at 10:10AM, R100 stated he does not always get his dressing changes as ordered and "not three times a day always."</p> <p>On 6/6/19 at 11:20AM, V3, LPN, stated R100's TAR for May (2019) did not reflect his wound to his right thigh until she "Put the right thigh treatment on the TAR yesterday (6/5/19)." V3 further stated, he (R100) did not receive Zinc oxide ointment to his right thigh, that was only for his scrotum at the time, "and that was a transcribing error, we can't prove that he got the right treatment," which was supposed to be "Dakins solution and cover with a dressing," which is what is listed on the TAR as of yesterday.</p> <p>On 6/6/19 at 11:25 AM, V3, LPN, stated she measured and documented on the Facility's Wound Assessment on 5/30/19 regarding R100's wounds. V3, further stated she has not had training from the facility on wound documentation or measurements of wounds.</p> <p>On 6/6/19 at 2:13 PM, V27, Nurse Practitioner (NP), stated in part, the expectation is for nurses to be trained by the facility in wound care, provide treatments as ordered, and with accurate documentation, and each wound should be listed separately on the TAR.</p> <p>On 5/28/19 at 5:48 PM during phone interview, V17, Wound Physician/MD (Medical Doctor),</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
---	--

(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 10</p> <p>stated she has been following R100's wound care at the facility and would expect all dressing changes to be done per her treatment recommendations, especially R100 given his multiple wounds and condition, and to be listed correctly on the TAR. V17 also stated she would expect to be notified with treatment refusals, including dressing changes, and the expectation is to follow infection control during care, including dressing changes and catheter care per professional standards of practice. V17 stated she would expect the nurses to call her if there were any discrepancies or questions regarding treatment orders. V17 further stated fecal material could contribute to the deterioration of R100's wounds and that R100 was already receiving an intravenous (IV) antibiotic.</p> <p>2. Progress note dated 1/24/2019 at 1:27PM, documents, R102 was admitted on 1/24/2019 to the facility with the following diagnoses in part, "Diabetes Mellitus, Hyperlipdemia, Chronic Kidney Disease, Stage 3, Atherosclerotic Heart Disease, Dysphagia, Amputation of two or more right lesser toes, subsequent encounter, Type 2 Diabetes Mellitus with foot ulcer, pressure ulcer of sacral region, unstageable. The Progress Note further documents R102 met with V4, Social Services Director (SSD) to discuss Hospice.</p> <p>MDS dated 4/26/2019, documents R102 being extensive assistance for Activities of Daily Living (ADLs).</p> <p>Facility Wound Report dated 4/22/2019, documents in part, R102 having a Stage 4 coccyx wound that was facility acquired. The Report lists the measurements as 6.5 cm (centimeters) in length by 6 cm wide x 2.5 cm depth.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
---	--

(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 11</p> <p>Physician's Orders dated 4/9/19, documents in part, "Coccyx wound: Pack with Dakins soaked Kerlix cover with foam dressing," related to pressure ulcer of sacral region unstageable.</p> <p>TAR for R102 documents in part, "Coccyx wound: Pack with Dakins soaked Kerlix, cover with foam dressing every shift related to PRESSURE ULCER OF SACRAL REGION, UNSTAGEABLE." The TAR dated 5/2/19 (day shift) does not have an entry that the treatment was performed to R102's coccyx wound as ordered.</p> <p>Discharge Record dated 5/3/2019 at 10:40PM, documents R3 expired on 5/3/19 at 10:40PM.</p> <p>3. On 5/28/19 at 10:42AM, R104 stated, "don't always get my wounds done on time."</p> <p>Physician's Orders dated 12/19/2018 at 12:04PM, documents, "Skin prep to healed sacrum wound." The frequency listed is every day and evening shift.</p> <p>Physicians Order, dated 10/1/2018 at 1:57 PM, documents, "Skin prep to left ankle," and "skin prep to bilateral heels." The frequently listed is every day and evening shift.</p> <p>TAR dated 5/1/2019 through 5/31/2019 documents R104 having not received skin prep to her bilateral heels, sacrum, nor left ankle on 5/16/19 on the evening shift, nor skin prep to her sacrum.</p> <p>Scale for Predicting Pressure Score Risk, dated 6/8/19, documents R104 having a score of 12, indicating high risk.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
---	--

(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 12</p> <p>Skin and Wound Evaluation dated.11/28/2018 at 6:16PM, documents, R104 having a Stage 4 pressure ulcer to her sacrum upon admission.</p> <p>On 6/10/19 at 4:23, V3, LPN, stated R4's bilateral heels and left ankle was receiving skin prep due to her history of pressure ulcers.</p> <p>Facility Policy entitled Dressing Change, dated 11/28/12 and revised on 1/9/18, documents in part: "1. Guidelines: 1. Prior to beginning treatment a. Check physician order and resident allergies b. Ensure all equipment/supplies are available to perform the dressing change c. Ensure resident has been assessed for pain and medicated if needed." The Policy further documents in part, "10. Remove soiled dressing and place in plastic trash bag. 11. Remove soiled gloves and place in plastic trash bag. 12. Wash hands. 13. Apply clean gloves 14. Clean area/wound. 15. Observe wound. 16. Apply prescribed ointment and/or dressing per doctor order. 17. Secure dressing in place. 18. Remove gloves and discard in plastic bag. 19. Initial and date the dressing prior to securing to resident. 23. Sign the Treatment Administration Record (TAR)."</p> <p>Facility Policy entitled Skin Condition Assessment & Monitoring - Pressure and Non-Pressure, dated 11-28-12, and latest revision on 6-8-18, documents in part, "Purpose: To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown pressure injuries and assuring interventions are implemented. Guidelines: Pressure will be assessed and measured at least weekly by licensed nurse and documented in the resident's clinical record." The policy also states in part, "Each resident will be observed for skin</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/10/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
--	--

(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 13</p> <p>breakdown daily during care. Changes shall be promptly reported to the nurse who will perform the detailed assessment." The policy further states in part that nurses are to have sufficient supply of clean disposable gloves to perform assessments on multiple areas. Conduct hand hygiene in accordance with facility standard/universal precautions. The policy also states in part, "3. Dressings which are applied to pressure ulcers shall include the date of the licensed nurse who performed the procedure. Dressing will be checked daily for placement, cleanliness, and signs and symptoms of infection."</p> <p>Facility Policy entitled Physician Orders - Entering and Processing, dated 8/22/7 and revised on 1/31/18, documents in part, "Purpose: To provide general guidelines when receiving, entering, and confirming physician or prescriber's orders. Guidelines: When receiving physician's orders: Enter the order into the resident's chart under 'order' tab and according to the instructions for the type of order that is received." The policy also documents in part, "5. If a treatment, be sure to put in the directions the specific area(s) to be treated." The policy further documents in part, "3. Notify the resident's physician, for verification," and "5. Following a physician visit, a licensed nurse will check for any orders that require confirmation. The orders will be confirmed by the nurse and the instructions for the order will be completed."</p> <p>(B)</p>	S9999		
-------	---	-------	--	--