

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005508 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/11/2014 |
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| NAME OF PROVIDER OR SUPPLIER APERION CARE DECATUR | STREET ADDRESS, CITY, STATE, ZIP CODE 2650 NORTH MONROE STREET DECATUR, IL 62526 |
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| (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 |
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| S9999 | <p>Final Observations</p> <p>Statement of Licensure Violations: 300.6251 300.1230j)5) 300.1230k) 300.3260c)</p> <p>300.6251 Section 300.625 Identified Offenders</p> <p>300.625) Identified Offenders If the identified offender is a convicted (see 730 ILCS 150/2) or registered (see 730 ILCS 150/3) sex offender or if the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act reveals that the identified offender poses a significant risk of harm to others within the facility, the offender shall be required to have his or her own room within the facility subject to the rights of married residents under Section 2-108(e) of the Act. (Section 2-201.6(d) of the Act)</p> <p>This requirement was not met as evidenced by the following:</p> <p>Based on record review and interview, the facility failed to ensure that the facility had a copy of each identified offender's Criminal History Analysis Report (CHAR) for ten of 19 (R18, R37, R43, R46, R62, R74, R79, R89, R90, and R92) identified offenders in the facility. This has the potential to affect all 122 residents in the facility.</p> <p>The finding includes:</p> <p>On 12-10-14 at 3:45pm, E20, Business Office Manager stated that she had the CHAR for ten identified Offenders, which determines the offenders' risk level. The facility's completed</p> | S9999 | | |
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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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01/08/15

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| S9999 | <p>Continued From page 1</p> <p>Identified Offender Reporting Forms for each identified offender did not include the CHAR information for the following residents: R74 - admitted on 10-27-14; R18 - admitted on 10-1-14; R92 - admitted on 7-18-14; R79 - admitted on 1-30-14; R90 - admitted on 8-1-11; R89 - admitted on 5-1-11; R62 - admitted on 9-17-14; R37 - admitted on 9-12-14; R46 - admitted on 7-25-14; and R43 - admitted on 10-14-14.</p> <p>On 12/11/14 at 3:00pm, E20 confirmed she could not find the CHAR reports for all these Identified Offenders.</p> <p>According to the Resident Room Roster for 12/8/14, 122 residents reside in the facility. B Section 300.1230 Direct Care Staffing</p> <p>300.1230 j)5) 300.1230k) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. Effective September 12, 2012 a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses.</p> <p>This finding is not met as evidenced by the following:</p> <p>Based on record review and interview the facility</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>failed to meet the minimum staff ratios by failing to have 25% of nursing and personal care time provided by a licensed nurses including at least 10% of care by Registered Nurses for 8 of 14 days reviewed. The facility also failed to provide the minimum number of hours of direct personal care for skilled/intermediate residents for 14 of 14 days reviewed. This has the potential to affect all 122 residents residing in the facility.</p> <p>Findings include:</p> <p>The undated spread sheet provided by E1, Administrator on 12/10/14 at 1:00pm documents the period of time reviewed for staffing as 11/21-12/4/14. The spread sheet documents an average of 15 skilled care residents and 102 intermediate care residents for that time period, which equals 312 hours of minimum direct care staff. The minimum hours of licensed nurses calculates to 78 hours per 24 hour period. The minimum hours of RN (Registered Nurse) time calculates to 31 hours per 24 hours. The minimum hours for Additional Direct Care staff is 234 hours per 24 hour period.</p> <p>The spread sheet documents the following 24 hour periods are below the minimum level for RN hours (31 hours): 11/22, 11/23, 11/26, 11/27, 11/28, 11/30, 12/1/14.</p> <p>The spread sheet documents the minimum level for Licensed Nurses hours as not being met on 11/27/14.</p> <p>The spread sheet documents Additional Direct Care Staff hours below minimum requirements of 234 hours per 24 hour period for every day reviewed from 11/21-12/4/14.</p> | S9999 | | |
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| S9999 | <p>Continued From page 3</p> <p>The daily time sheets dated 11/21-12/4/14 confirm the hours worked by RNs, Licensed Nurses and Additional Direct Care Staff on the preceding dates.</p> <p>On 12/10/14 at 4:10pm E1, Administrator, confirmed the RN, Licensed Nurse and Additional Direct Care hours listed on the spread sheet for each day are accurate.</p> <p>The Resident Census and Conditions of Residents dated 12/8/14 documents 122 residents reside in the facility.</p> <p style="text-align: center;">B</p> <p>300.3260c) Section 300.3260 Resident's Funds</p> <p>300.3260c) Resident's Funds The facility may accept funds from a resident for safekeeping and managing, if it receives written authorization from, in order of priority, the resident or the resident's guardian, if any, or the resident's representative, if any or the resident's immediate family member, if any; such authorization shall be attested to by a witness who has no pecuniary interest in the facility or its operations and who is not connected in any way to facility personnel or the administrator in any manner whatsoever. (Section 2-201(2) of the Act)</p> <p>This requirement was not met as evidence by the following:</p> <p>Based on record review and interview, the facility failed to have witnessed authorizations as required for resident funds for 52 of 74 residents with resident funds. This failure affects 15 of 24</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>residents (R1, R2, R3, R4, R5, R6, R7, R10, R11, R15, R20, R21, R23, R24, R25) on the sample of 24, and 37 residents (R30, R23, R34, R35, R36, R38, R39, R40, R44, R47, R46, R54, R55, R56, R57, R59, R62, R63, R65, R66, R68, R69, R70, R71, R73, R74, R76, R77, R78, R80, R81, R82, R83, R84, R87, R89, R91) on the supplement sample.</p> <p>The finding includes:</p> <p>1. On 12-10-14 at 10:45 A.M., E20, Business Office Manager provided a list of all 74 residents that currently have funds in the group resident trust fund account, along with their authorizations. The following residents did not have the authorizations signed by a witness: R1, R3, R4, R6, R7, R10, R15, R20, R21, R24, R25, R35, R38, R39, R44, R54, R55, R59, R63, R71, R73, R74, R77, R78, R82, R87, R89, and R91.</p> <p>2. On 12-10-14 at 10:45 A.M., E20 provided the resident trust fund authorizations as above. The following residents had their authorizations witnessed by an employee: R2, R5, R11, R23, R30, R32, R34, R36, R40, R47, R48, R56, R57, R62, R65, R66, R68, R69, R70, R76, R80, R81, R83, and R84.</p> <p>On 12-10-14 at 10:50 A.M., E20 verified that the authorizations for the above residents have no witness or were witnessed by an employee.</p> <p style="text-align: center;">B</p> | S9999 | | |
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