Illinois Department of Public Health

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		IL6006829	B. WING		C 09/23/2021						
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
APERION CARE HILLSIDE 323 OAKRIDGE AVENUE HILLSIDE, IL 60162											
(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	S 000 Initial Comments		S 000								
	Complaint Investiga	ation:		\$1;							
	2196526/IL0013789	96:									
S9999	Final Observations		S9999	STATE OF THE STATE		A					
	Complaint Investiga	ation 2196526/IL137896									
	STATEMENT OF LI	CENSURE VIOLATIONS:									
	300.610a) 300.1010h) 300.1210b) 300.1210d)3)			9							
	Section 300.610 Resident Care Policies			2							
	procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conforming and other policies shall comply the written policies the facility and shall	dvisory physician or the immittee, and representatives in services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually locumented by written, signed		28							
	Section 300.1010 N	Medical Care Policies									
	of any accident, injuresident's condition	notify the resident's physician ry, or significant change in a that threatens the health, a resident, including, but not		Attachment A Statement of Licensure Violations							

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING IL6006829 09/23/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 323 OAKRIDGE AVENUE APERION CARE HILLSIDE HILLSIDE, IL 60162 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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 care needs of the resident. 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. These Reguations were not met as evidenced by:

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Based on interviews and records review, the

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Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING 09/23/2021 IL6006829 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **323 OAKRIDGE AVENUE** APERION CARE HILLSIDE HILLSIDE, IL 60162 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 2 facility failed to follow their acute condition change policy, notify the physician of an acute change of condition and the facility failed to inform the physician immediately after first observing that R1 had a swollen lip and tongue. which included swollen lips and tongue for 1 of 3 residents (R3) reviewed for acute change in condition protocol and reviewed for physician notification of acute changes This failure resulted in a delay of treatment for R1 of approximately 5 hours and R1 being hospitalized for treatment of angioedema (lip and tongue swelling) and intubated to protect his airway from worsening swelling. Findings includes: Review of hospital progress notes dated 9/8/2021 documents the following: R1 was admitted on 9/4/from nursing home for lips, tongue swelling concerning for angioedema in the setting of Ace inhibitor therapy and recent treatment with Bactrim. Patient was intubated for airway protection and ENT consulted who observed progressively worsening swelling based on subsequent scopes. Patient had improvement in swelling and was extubated on 9/7. On Sept 4th V14 (family member) states R1 was slumped on the bed at 11:40 AM. R1 was holding his tongue. V14 states, she asked the morning nurse to look at R1 tongue and asked her if it looked swollen. The nurse said R1's mouth is like that because he just woke up. V14 states she called the facility at 3:30 that evening and spoke to V4 and heard V15 say: Tell V14 R1's tongue is swollen. Then V5 said it is from too much popcorn. . At 6:35 pm V14 states she called and spoke to V5 and asked V5: why

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doesn't she send R1 to the hospital. V5 chuckled

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	(X3) DATE SURVEY COMPLETED		
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		IL6006829	B. WING		C 09/23/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		323 OAK	RIDGE AVEN	UE .		
APERIO	N CARE HILLSIDE	HILLSIDE	, IL 60162			
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\$9999	Continued From page 3		S9999			
\$9999	and said R1 probate fine". V14 states is PM and saw R1 and more swollen. V14 and V14 told the nucall. V14 states V5 wrong with him, Y0 everything. You maproblems." V14 states to ut and V14 come. "The emergian allergic reaction swelling didn't start is barely breathing. V14 states was upsthis could have been but that nurse kept On 9/17/2021 at 3: R1 was yelling about that nurse kept On 9/17/2021 at 3: R1 was yelling about that nurse kept On 9/17/2021 at 3: R1 was yelling about the same with swoll called the doctor via to send him out for close when I first come when I first come when I first come when I first come up for me or around 5:00 PM. "That is when I notification. V4 states was allower lip open his mouth." Syou do then. V4 states of observed and in did not call the doct let me observe him.	bly ate something. "He will be he came to the facility at 9:02 at his lip and tongue was even states R1 could barely talk urse to call 911 or she would said "oh there is nothing ou get so upset over ake little things into big tates she asked that R1 be alled 911 and ambulance gency room doctor said R1 had to Lisinopril. The doctor said today. He said your husband "V14 states R1 was intubated. set, angry and sad because an prevented on the 1st shift	S9999			

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: ___ C B. WING_ 09/23/2021 IL6006829 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 323 OAKRIDGE AVENUE APERION CARE HILLSIDE HILLSIDE, IL 60162 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) S9999 S9999 Continued From page 4 that night instead of earlier around 4 pm. It wasn't because the wife came in, I said "Let me call, maybe we need to evaluate this man to make sure it's nothing worse." On 9/17/2021 2:00 PM V2 (DON) states change in condition should be documented, doctor notified, family notified and orders carried out. The facility's Acute Conditions Changes - Clinical Protocol policy dated 8/2008 documents the following: Assessment and Recognition: 5. The nursing staff will contact the Physician based on the urgency of the situation. For emergencies, they will call or page the Physician and request a prompt response. (A)

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