

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012173</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE WESTCHESTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154</b>
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S 000	Initial Comments	S 000		
	Annual Licensure and Certification			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.610a) 300.1010h) 300.1210b)4) 300.1210d)2) 300.1220b)2)</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 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not 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.</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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.</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 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>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</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>	S9999		

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S9999	<p>Continued From page 2</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview the facility failed to timely identify and treat a resident's urinary tract infection (UTI) by not following a physician's order on day it was written and not notifying the medical doctor and /or Nurse Practitioner (NP) of abnormal urine culture and sensitivity test. This applies to 1 of 40 sample residents ( R74).</p> <p>As a result, R74 was allowed to remain in pain for 13 days after reporting the urinary pain to medical doctor.</p> <p>Findings include:</p> <p>R74 is a 58 year old admitted to the facility on 1/13/2021 with diagnosis that include but are not limited to: Borderline Personality Disorder, Liver Cirrhosis, Polycystic Kidney disease, Type II Diabetes, Weakness and Pain. Minimum Data Set updated 7/22/2021 indicates R74 is cognitively intact.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 8/23/202 12:00PM, R74 was observed in her room, sitting in a wheelchair. R74 said " I saw the doctor a few days ago and I told him that I was having burning when I go pee. Nobody is doing anything about it. It is still painful, and I already have pain everywhere else in my body. I haven't been given anything for it."</p> <p>08/25/21 11:56 AM, V2 (Director of Nursing) stated "No one documented that R74's culture and sensitivity were relayed to the doctor. I expect for the nurses to relay abnormal labs as soon as they received the results. I would say that failing to report a positive Urinalysis result two days after it was received by the nurse is a delay in treatment, is a delay on care."</p> <p>08/26/21 01:54 PM V32, Nurse Practitioner, said " I see the residents weekly, every Wednesday. R74 was complaining to me on 8/11/2021 of dysuria and difficulty emptying her bladder. I originally ordered a Urinalysis and Culture Sensitivity for the next day and the resident said that she provided a sample, but I don't know what happened, as I never received any results for it. I then re-ordered the labs to be done on 8/18/2021. No one ever gave me any verbal notification of the lab results. I saw the results on 8/24/2021 while rounding and I placed an order for an antibiotic."</p> <p>R74's medical record dated 8/12/2021 at 8:45 pm, states Physician ordered a urine and culture and sensitivity test to be done one time only for hematuria for 2 Days. R74's medical record had no indication of results received for this order, no progress notes waere written by nursing regarding this order.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>According to R74 electronic record 8/18/21 3:15PM indicated a Physician wrote an order for Urinalysis and culture and Complete Blood Count to be carried out for the diagnosis of dysuria.</p> <p>R74 Physician Progress Note 8/18/2021 7:12 PM reads R74 is a 58 year old who was seen today for complaints of continued dysuria. States she gave a urine sample, no results have been updated.</p> <p>R74's lab order results indicate: Urine specimen was collected 8/19/2021 at 4:12PM. Urine specimen was received by the laboratory on 8/20/2021 at 3:19PM. On 8/24/2021 at 7:35PM, order was written for oral antibiotic to be taken by mouth twice daily, start 8/24/2021 at 8:00PM.</p> <p>On 8/25/2021 4:05PM, Physician's Progress Note states: "Urinary tract infection: positive. Complaints of dysuria. Denies hematuria. Begin oral antibiotic twice a day for 7 days."</p> <p>Facility presented: Physician -Family Notification-Change in Condition policy dated: revision date 11-13-2018, states: Purpose is to ensure that medical care problems are communicated to the attending physician or authorized designee in a timely, efficient and effective manner. The facility will inform the resident; consult with the resident's physician or authorized designee such as Nurse Practitioner; and if known, notify the resident's legal representative or an interested family member when there is: 9B) A significant change in the resident's physical, mental, or psychosocial status.</p> <p>(B)</p>	S9999		