

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001713	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/07/2021
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NAME OF PROVIDER OR SUPPLIER APERION CARE WEST CHICAGO	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST NORTH AVENUE WEST CHICAGO, IL 60185
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S 000	Initial Comments Facility Reported Incident of September 19, 2021 IL138574	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) Section 300.610 Resident Care Policies 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. 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.	S9999	Attachment A Statement of Licensure Violations	

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>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to keep a resident safe from physical abuse by another resident (R2). As a result, R1 sustained a laceration that required sutures and emergency room treatment.</p> <p>This applies to one (R1) of four residents reviewed for abuse.</p> <p>The findings include:</p> <p>R1's EMR (Electronic Medical Record) shows R1 is a 45-year-old man who was admitted to the facility on September 21, 2020. He has a diagnosis of Schizophrenia.</p> <p>R1's MDS (Minimum Data Set), dated August 20, 2021, shows R1 is cognitively intact.</p> <p>On September 30, 2021 at 12:48 PM, R1 stated R1 was lying in bed asleep, when R2 jumped on R1 in the bed and started punching R1 in the face. R1 tried to get out of the room, and fell cutting R1's elbow. R1 stated R1 was able to get out of the room and into hallway, where R2 started to beat up on the nurse. R1 said R1 was sent to the hospital where they did an x-ray of R1's face and R1 has a broken nose. "They had to put stitches in my arm too." R1 was observed to have a gauze dressing over the laceration R1 sustained during this altercation.</p> <p>R1's hospital record from September 19, 2021 at 3:45 AM, shows R1 was seen in the emergency room after R1's "roommate attacked him and started jumping on (R1's) bed and punching (R1) in the face. The patient never lost consciousness</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>....(R1) has some epistaxis (nosebleed) bilaterally. (R1) noted a laceration to (R1's) right elbow but has not had any pain at that pointThere is a 4 cm laceration at the posterior elbowSlight tachycardia (fast heart rate) now improvedWill CT (Computed tomography) head and face given recent trauma, will x-ray right elbow given laceration and fallWill update tetanus shot laceration will be irrigated and likely need suture. CT of head negative CT if facial bones show acute fracture to anterior (near front) nasal bones and osseous nasal septumno other fracture Given antibiotics. Tetanus shot updated ...Patient was discharged back to facility. Patient will follow with ENT (Ears Nose Throat) and primary care physician for removal if sutures in 10 to 14 days as it is overlying the joint."</p> <p>On September 27, 2021 at 4:43 PM, V3 (DON - Director of Nursing) created progress note, dated September 19, 2021 at 2:25 AM, " (note from V28, LPN)" (Licensed Practical Nurse) "Heard a loud sound in the west hallway. (R1) came running out from room and suddenly (R2) came out from the same room to attack (R1). I redirected (R2). Both residents were immediately separated from each other. Psyche physician and family notified. Called 911 and residents transported to ER (Emergency Room) per physician order for evaluation and treatment."</p> <p>R2's EMR shows R2 is a 63-year-old man and was admitted to the facility on April 26, 2021. R2's diagnoses included Schizophrenia, bipolar disorder, catatonic disorder due to known physiological condition, unspecified psychosis not due to a substance or known physiological condition.</p> <p>R2's MDS, dated August 4, 2021, shows R2 has</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>moderate cognitive impairment. Reports hallucinations and delusions.</p> <p>R2's care plan, dated April 28, 2021, shows R2 has a history of noncompliance with medications, history of physical aggression, and threatening others.</p> <p>R2's progress note shows last visit from R2's psychiatrist was on June 25, 2021 at 2:06 PM. Progress note shows "Resident seen. Sleeping in bed, no reports of agitation or non-compliance with medication no recent hospitalization. Medications: Cogentin 1mg BID (two times a day), Clozapine 50mg BID, Olanzapine 5mg. PLAN: continue current medication. Possibly discontinue Olanzapine."</p> <p>R2's June MAR (Medication Administration Record) and progress notes show on June 26, 27, and 30, R2 refused R2's medications. On June 20 and 28, they were not given because R2 was asleep.</p> <p>R2's progress note shows on July 1, R2 came out of room with pants down and refused to pull them up. When staff was redirecting R2, R2 became "aggressive" and hit and kicked staff. "Code Yellow" was called and R2 was sent to local hospital for evaluation.</p> <p>R2's July MAR shows R2 refused R2's medications on July 12, 14, 15.</p> <p>R2's progress note on July 15, shows R2 was attempting to leave the floor, when staff intervened he became "combative" and started to hit, kick, and punch at staff. "Code Yellow" was called and R2 was sent to the hospital for evaluation.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R2's August MAR shows R2 refused medications on August 6 and 10.</p> <p>R2's September MAR shows R2 refused R2's medication on September 18.</p> <p>R2's progress note shows R2 attacked R1 on September 19 at 2:45 AM.</p> <p>R2's care plan was not updated to reflect the behaviors that occurred on the dates above. There was no documentation to show the facility had notified V35 (R2's psychiatrist) of any of R2's medication refusals.</p> <p>Facility provided undated policy titled "Medication and Treatment Refusal" shows the procedure 1. Should a resident refuse his or her medication and/or treatment, documentation must be recorded concerning the situation. 2. Documentation pertaining to a resident's refusal will include as a minimum e.) documentation each time the resident refused his medication and/or treatment, f.) The date and time the physician was notified as well as the physician's response3. Inquires concerning the resident's refusal of medications or treatment should be referred to the Director of Nursing Services. *****Note: Cardiac, psychotropic, oral glyemic, and insulin refusal must be reported to the physician each time refused.</p> <p>Facility provided "Behavior Crisis" revision date 11/20/20 shows the purpose is to initiate appropriate measures to control and secure the environment when a resident has a behavior crisis or catastrophic reaction. A behavior crisis is defined as a situation in which a resident is considered to be a significant danger to self or</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>others. The crisis may or may not have been exhibited in the past, however, is not an ongoing (day-to-day) observed behavior. Guidelines: 1. Implement measures to provide safety. 2. Summon additional staff as needed. 3. Defuse crisis through calming communication. 4. Assess need for additional intervention as indicated, including implementing Code Yellow Procedure (refer to Code Yellow Procedure- Behavior Crisis): Remove resident from situation, remove offending stimuli from resident, place resident in a safe environment, remove onlookers from area. 5. Assess need for chemical restraint, 6. Assess need for physical restraint physician and facility on-call person for additional interventions. If restraint is required in an emergency situation to prevent resident from harming self or others, obtain an order and refer to Restraint Guidelines. 8. Contact the Local Police Department as indicated, if behavior crisis requires immediate removal from facility. 9. Follow disaster action plan procedures, when necessary. 10. Evaluate behavior crisis. Contact mental health or hospital for transfer and admission to the psychiatric care unit as indicated.</p> <p>Facility policy "Code Yellow Procedure- Behavior Crisis" with revision date January 11, 2021 shows the purpose it to initiate appropriate measures to control and secure the environment when a resident has a behavior crisis it catastrophic reaction ...A behavior crisis is defined as a situation in which a resident is considered to be a significant danger to self or others1) call for help by using the intercom system to page a "Code Yellow" with location. 2) Implement measures to provide safety. 3) summon additional staff as needed. 4) diffuse crisis through calming communication 5) Assess need for additional interventions as indicated: remove</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>resident from situation, remove offending stimuli form resident, place resident in a safe environment, and remove onlookers from area. 6) assess need for chemical restraint, 7) assess need for physical restraint, 8) contact physician, on-call person for additional interventions. If restraint is required in an emergency situation to prevent resident from harming self or others, obtain an order and refer to Restraint Guidelines, 9) contact local police department as indicated, if behavior crisis requires immediate removal from facility12) Contact mental health or hospital for transfer and admission to the psychiatric care unit as indicated.</p> <p>(A)</p>	S9999		