STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 03/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

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S 000	Initial Comments Complaint Investigation: 2191870/ IL131942	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210 d)3)6) 300.1220 b)3) 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**	

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S9999	Continued From page 1 c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3)Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.	S9999		

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S9999	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to utilize a resident's fall risk assessment to identify fall risk interventions and failed to update the care plan with effective fall interventions after two fall incidents for 1 (R17) of 3 residents reviewed for fall prevention, the facility also failed to follow the fall policy by not updating residents fall plan of care following a fall and failed to provide therapy screen for residents following a fall for 3 of 3 (R9, R11 and R17) residents reviewed for falls. These failures resulted in R17 having a subsequent third fall resulting in a closed injury, and traumatic acute cord edema resulting in acute extremity weakness. Findings include: 1) R17 admitted to facility on 4/21/10 with diagnosis of schizophrenia, major depressive disorder, bipolar, cataracts and traumatic brain injury. R17 minimum data set (MDS) dated 12/18/20 states under section G "functional status documents under bed mobility, transfer and toilet are coded as supervision with set up. Walk in room and walk in corridor are coded as limited assistance- resident highly involved in activity; staff provide guided maneuvering of limbs or non-weight bearing assistance. And one-person physical assist. Under functional limitations in range of motion documents no impairment to upper extremities. Under balance during transitions and walking document not steady only able to stabilize with staff assistance when turning around and facing opposite direction while walking."	S9999		

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S9999	Continued From page 3 R17's fall risk assessment dated 2/19/21 states "At risk for falls. Under gait and balance documents balance problem when standing, balance problem while walking, decreased muscular coordination, change in gait pattern when walking through doorway, jerking or unstable when making turns, and requires use of assistive device" R17's progress note dated 2/19/21 states "Fall on the smoke patio due to slick floor with no injury noted at this time." R17's progress note dated 3/8/21 states "Fall in hallway in front of nurse's station. Resident fell on his buttocks due to misuse of walking device. R17's progress note dated 3/10/21 states "Resident reports to nurse of falling last night unwitnessed. Resident further reports hitting his head, but no visible signs of injury. Resident's LOC is unchanged and at baseline. Remains alert and oriented x 3 per baseline. However, resident's mobility is somewhat changed. Unable to sit up per self and requiring staffs' assist x 2. Although unable to render voluntary ROM, with assessment of ROM capability- resident is stiff and resistant to ROM assessment." R17's care plan initiated 12/28/16 with revision date of 2/24/2021 states "R17 have potential for minor injury related to fall history I have impaired mobility. I also receives routine psychotropic medication in addition I have poor safety awareness. Interventions: Encourage resident to take rest periods during ambulation when feeling weak with date initiated 8/28/19; Remind resident to lock walker. Ensure resident has on proper foot ware when up ambulating. Monitor skin tear s/p	S9999		

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fall with date initiated 12/11/18; Staff to clean up spills as soon as it occurs. Encourage resident to be aware of his surroundings with date initiated 6/25/19; Complete routine fall assessment with date initiated 12/28/16; Continue with restorative program with date initiated 12/28/16; Educate on safety with date initiated 11/11/19."

Facility's fall policy revised 11/21/17 states "The purpose is to assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive device are utilized as necessary. Under guidelines care plan incorporates identification of fall risk/issue, addresses each fall, interventions are changed with each fall as appropriate and preventative measures. Each resident will be screened by a therapist at time of admission, quarterly, after each fall and with significant change in resident's mental and functional abilities."

On 3/24/21 at 11:45 AM, V30 (MDS Nurse) said if resident is coded as limited assistance/one-person assist indicates someone should be present during activity. If activity is coded as supervision/set up staff should be present during the activity to provide assistance as needed. V30 (MDS Nurse) said she is not responsible for fall care plans.

On 3/24/21 at 2:39 PM, V20 (MDS Nurse) said she will help with care plans but has not updated any fall care plans for residents.

On 3/25/21 at 4:45 PM, V20 said R17 was on restorative but when he returned to facility on

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S9999	Continued From page 5 12/8/20 he was not picked up for restorative services. On 3/25/21 at 12:13 PM, V2 (Director of Nursing/DON) said fall care plans should be updated within 24 hours with new interventions. V2 said she is not responsible for care plans and MDS nurses are responsible. V2 said facility does not have a restorative nurse at this time. V2 said she was unable to find therapy screens for R17. On 3/25/21 at 1:41 PM, V34(Medical Director) said R17 's fall was a contributing factor to R17's current diagnosis and change in condition due to the fact R17 could use both his upper extremities prior to fall. R17's hospital record dated 3/10/21 documents a diagnosis of closed head injury. R17's CT scan dated 3/10/21 documents a subcutaneous hematoma overlying the left frontal bone. R17's hospital record dated 3/11/21 documents under diagnosis of acute extremity weakness secondary to traumatic acute cord edema, central cord syndrome. Under primary complaint documents patient states, he sustained fall a few days ago and now experiencing weakness. Patient has no movement in upper extremities. Under MRI cervical spine impression documents severe central spinal canal stenosis at C3-C4 due to the degenerative changes resulting in cord compression and mild cord signal abnormality at c4 level which may represent acute cord edema or myelomalacia (softening of spinal cord) from chronic compression. According to American Association of Neurological Surgeons, Central cord syndrome (CCS) is an incomplete traumatic injury to the	S9999		

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cervical spinal cord - the portion of the spinal cord that runs through the bones of the neck. This injury results in weakness in the arms more so than the legs. The injury is considered "incomplete" because patients are usually not completely paralyzed. This syndrome more commonly affects patients age 50 and older, who have sustained a neck (cervical) hyperextension injury.

2) R9 was admitted to facility on 8/7/19 with diagnosis of neuropathy, major depressive disorder, psychotic disorder, chronic obstructive pulmonary disease, and migraine.

R9's care plan initiated on 8/7/19 documents "(R9) is at risk for falls related to use of psychotropic medications and knee pain. Interventions included: Administer medications as ordered with date initated 5/6/20; Ensure resident has on proper footwear with date initiated 8/26/19; Observe for weakness and tiredness and encourage rest periods as needed with date initiated 8/26/19; Observe medications resident is receiving for side effects with date initiated 8/26/19."

R9's progress note dated 2/19/21 states "Resident reported that she tripped on ice and fell at the smoke patio."

R9 's record did not include any therapy screening.

On 3/25/21 at 12:13 PM, V2 (DON) said fall care plans should be updated within 24 hours with new interventions. V2 said she not responsible for care plans and MDs nurses are responsible. V2 said she was unable to find therapy screens for R9.

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3) R11 was admitted to facility on 12/2/2016 with diagnosis of schizoaffective disorder, major depressive disorder, type 2 diabetes, and seizures.

R11's progress note dated 2/4/21 states "(R11) tripped and fell while trying to open her wardrobe."

R11's progress note dated 2/18/21 states "(R11) rolled down from her bed with her comforter on the floor no injury noted at this time."

R11's care plan dated 4/9/16 states "(R11) has potential for injury related to history of fall and use of psychotropic medication. Interventions include: Monitor for pain with date initiated 1/22/19; Call light in reach at all times with date initiated 4/9/16; Ensure bed in lowest position with date initiated 4/9/16; Review labs with date initiated 4/9/16."

R11's care plan did not document any update after falls on 2/4/21 or 2/18/21.

R11's record did not include any therapy screening.

On 3/25/21 at 12:13 PM, V2 (DON) said fall care plans should be updated within 24 hours with new interventions. V2 said she not responsible for care plans and MDs nurses are responsible. V2 said she was unable to find therapy screens for R11.

(A)