PRINTED: 05/04/2021 Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6015333 04/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **8200 WEST ROOSEVELT ROAD** APERION CARE FOREST PARK FOREST PARK, IL 60130 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S 000 Initial Comments S 000 Complaint Investigation 2192040/IL132147 S9999 Final Observations S9999 . Statement of Licensure Violation 300.610a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies 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

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b)

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

care needs of the resident.

resident to meet the total nursing and personal

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

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WING IL6015333 04/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD **APERION CARE FOREST PARK** FOREST PARK, IL 60130 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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: 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. Based on interview and record review, the facility failed to keep a resident free from abuse as a result of a physical altercation between two residents, (R1 and R2). This failure resulted in R1 being emergently transferred to local hospital, where he was diagnosed with a left hip fracture. Findings include: R1 is an 80 year old resident of the facility whose diagnoses include aftercare following joint replacement surgery, fracture of unspecified part of neck of left femur, and chronic systolic (congestive) heart failure. R2 is a 55 year old resident of the facility whose diagnoses include other intervertebral disc degeneration lumbar region, unspecified protein-calorie malnutrition, Covid 19, and unspecified fracture of the right patella. 3/30/21 1:20 PM R2 stated, "I was telling him (R1) that he kept urinating on the floor in the bathroom. He then got out of his bed and grabbed me. We fell and we were tussling on the floor. He got up and sat on the garbage can. He told them that I was aggressive with him. That

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FORM APPROVED illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: С B. WING 04/02/2021 IL6015333 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8200 WEST ROOSEVELT ROAD APERION CARE FOREST PARK FOREST PARK, IL 60130 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** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 was on Friday." At this time, R5 also said, "I heard the two of them (R1, R2) fighting okay...l didn't see anything!" 3/30/21 at 1:40PM, R1 stated "The man in the next bed (R2), came up to me; he was talking and saying that I urinated on the floor. I ask him how could he know that I was urinating on the floor if he didn't see me? He grabbed me by my collar and hit me here and here." (R1 pointed to his chin and forehead). "We fell to the floor and then I got up." 4/1/21 1:00 PM V17 (CNA-Certified Nursing Assistant) said, a little after 8:00 am (R2) came to the nursing station and said, come get this man, he urinated all over the floor. We separated them (R1 and R2). R1 was set up in the hall to eat his breakfast. Later R1 went back in the room. At some time he told his family that he had been punched. (V6, LPN-Licensed Practical Nurse) came in to work and R1 told V6 that he had been hit. We kept them separated and then R1 was moved to another room. 3/31/21 1:36 PM V7 (LPN-Licensed Practical Nurse) said, about 8:00 am when R2 came to the nursing station. He said that R1 urinated on the floor and we needed to come and get him. R1 was standing by the bathroom, he said R2 pushed him. I took R1 to the nursing station, R2 denied pushing him. We kept them separated and I told the staff to keep them separated. 3/31/21 12:47 PM V6, LPN said, I came in at 10:15am or so on my off day (3/26/21). As far as I know the incident happened about 8:25-8:30am.

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R1 was in the room with V2. When I came in R1 was sitting in his chair. He said, thank God you are here. He reported an altercation with R2. R1

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illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _____ B. WING IL6015333 04/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **8200 WEST ROOSEVELT ROAD** APERION CARE FOREST PARK FOREST PARK, IL 60130 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 3 said that R2 asked me about urine. R1 said, he hit me on my forehead, chin and lip. I lost my balance and fell on my tailbone and knee. R1 was holding his left hip. I checked him for bruises and gave him two (acetaminophen). I called (V5-Family Member). I went and told the doctor that he (R1) needed x-rays. A progress note on 3/26/21 reads that R1 was assessed for injuries. R1 said that he fell on his left tail bone and knee. He complained of pain on the left tail bone and knee. An x-ray was ordered. A progress note dated 3/26/21 5:19 PM reads that the x-ray findings presented an acute transcervical fracture of the proximal femur. R1 was sent to the hospital on 3/26/21. A discharge note from the hospital dated 3/29/21 reads that R1 was brought to the emergency department and was found to have a left hip fracture. He went to OR (operating room) on 3/27/21 for left THA (total hip arthroplasty). A Policy titled Abuse Prevention and Reporting-Illinois reads, Guidelines: The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. (A)

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