

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015333</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/26/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE FOREST PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130</b>
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S 000	<p>Initial Comments</p> <p>Complaint Investigation:</p> <p>2199664/IL141849 2290136/IL142124 2290334/IL142400</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210a) 300.1210b)4) 300.1210c) 300.1210d)3)</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 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning.</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.</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow their nutritional monitoring policy by not monitoring a resident's nutritional intake at each meal to detect potential nutritional problems for 1 of 3 (R3) reviewed for weight loss. This failure resulted in (R3) having a significant unplanned weight greater than 10% in one month.</p> <p>Findings include:</p> <p>R3 was admitted with the diagnosis of congestive heart failure, hypertension, diabetes mellitus, chronic kidney disease and malignant neoplasm. Care plan dated 12/12/21 documents: R3 had a potential for altered nutrition. Intervention dated 3/22/21: determine food dislike, monitor weights, observe for changes in oral intake/appetite, note for significant changes. Nutrition Progress note dated 11/11/21: R3's meal intake remains variable. No recommendation. Nutrition Progress note dated 12/28/21: R3 had significant weight loss: 9.3% x 3 months.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R3' weight dated 1/6/22 documents: 12/15/21 - 161.5 pounds/lbs., 11/2/21 - 183.5 lbs., 10/1/21 - 187.5 lbs.</p> <p>On 1/6/22 at 3:11pm, V15 (ADON) said, R1 had declining health and wasn't eating.</p> <p>On 1/7/22 at 1:06pm V15 (ADON) said, we conduct a daily meeting to review weights. If there is a weight loss, we would notify the MD and dietitian immediately. Restorative weighs resident and compares weights for any loss or needed re-weighs so any weight loss can be addressed. R3's weight loss was not planned.</p> <p>On 1/7/22 at 1:42pm, V16 (CNA) said, "R3 wasn't eating. I notice R3's weight loss around Thanksgiving. R3 looked thin and his face was shriveled up. R3 was independent with eating, did not like the facility food and did not report any swallowing difficulties. I told the V18 (Nurse)".</p> <p>On 1/7/22 at 2:12pm, V17 (Restorative nurse) said, restorative aide will tell the floor nurse about any weight loss so the doctor can be notified. I will inform V2 (DON), V15 (ADON) and V45 (Dietitian) of any weight loss so we can implement interventions and update the doctor. I don't have any correspondence for R3's weight loss recorded on 12/15/21 to V45.</p> <p>On 1/11/22 at 11:29am, V18 (nurse) said, I gave R3 medication. R3 did not have any swallowing issues. I don't recall anyone reporting R3's losing weight.</p> <p>On 1/11/22 at 11:50 am, V30 (nurse practitioner) said, I am notified if a resident has a 5-8% weight loss. I was notified late on 12/27/21 or on</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>12/28/21 of R3's weight loss. I saw R3 on 12/28/21, R3 reported having a hard time swallowing. I was debating making R3 nothing by mouth and start intravenous fluids. I ordered labs which indicated R3 was dehydrated. I should have been updated prior to 12/27/21 or 12/28/21 of R3's weight loss. I would have been able to assess R3 for swallowing problem sooner, ordered speech to evaluation and treat. R3 had a hypotensive episode. R3 was discharged to the hospital (on 12/29/21).</p> <p>On 1/14/21 at 7:34am, V45 (dietitian) said, R3 had a significant weight loss of 12% x 6 weeks. Weights are monitored weekly at a minimal. R3 needed to be assessed medically. I was notified of R3's weight loss on 12/28/21. R3 was on a general diet and did not have any swallowing difficulty until he became weak and was discharged to the hospital (on 12/29/21). R3 ate 50-75% for most meals and 76-100% for a few meals.</p> <p>On 1/25/22 at 4:14pm, V8 (nurse) said, albumin levels are taken to see if a resident is eating, and it can indicate malnutrition.</p> <p>Lab result dated 12/13/21 documents: Albumin 2.7gm/dL (ref. range 3.2 -5.0) low. Lab result dated 12/28/21 documents: Albumin 2.8gm/Dl (ref. range 3.2 -5.0) low. Low albumin may indicate malnutrition.</p> <p>Nutrition amount report dated 12/15/21, 12/16/21 and 12/23/21 documents: R3 ate 51%-75% for 2 of 3 meals.</p> <p>Nutrition amount report dated 12/20/21: R3 ate 76%-100% for 2 of 3 meals</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>Nutrition amount report dated 12/22/21: R3 ate 76%-100% for 1 of 3 meals.</p> <p>Nutrition amount report dated 12/22/21, 12/26/21 and 12/27/21 documents: R3 ate 51%-75% for 1 of 3 meals.</p> <p>Nutrition amount report dated 12/17/21-12/19/21, 12/21/21, 12/24/21 and 12/25/21. No documentation for 3 of 3 meals.</p> <p>Weight change note dated 12/27/21 documents: R3 observed with significant weight loss. Family noted that R3 prefers boiled eggs and fruit for breakfast. R3 consumed 100% of dinner.</p> <p>Physician Progress noted dated 12/28/21 documents: R3 was seen for weight loss, cough and congestion. R3 appeared to have difficulty swallowing. R3 ate a small portion of breakfast sausage. Lung sounds very course. R3 appears mildly confused with difficulty coughing. Questionable aspiration pneumonia. Speech therapy to see tomorrow.</p> <p>Nursing note dated 12/29/21 documents: R3's admitting diagnosis was Anemia, hyperkalemia and hypotension.</p> <p>Hospital paperwork dated 12/29/21 documents: R3 was alert, cachectic (physical wasting with loss of weight). R3 had not been eating much. R3 did not like the food. R3's hypotension was secondary to poor intake and was treated for severe protein calorie malnutrition.</p> <p>(A)</p>	S9999		