Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008650	A. BUILDING: ______ B. WING ______	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE JACKSONVILLE	1021 NORTH CHURCH STREET JACKSONVILLE, IL 62650

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 1: 300.675 300.675 COVID-19 Training Requirements EMERGENCY documents, a) Definitions. For the purposes of this Section, the following terms have the meanings ascribed in this subsection (a): 1) "CMMS Training" means CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management, available at https://QSEP.cms.gov. 2) "Frontline clinical staff" means the medical director of the facility, facility treating physicians, registered nurses, licensed practical nurses, certified nurse assistants, psychiatric service rehabilitation aides, rehabilitation therapy aides, psychiatric services rehabilitation coordinators, assistant directors of nursing, directors of nursing, social service directors, and any licensed physical, occupational or speech therapists. Any consultants, contractors, volunteers, students in any training programs, and caregivers who provide, engage in, or administer direct care and services to residents on behalf of the facility are also considered frontline clinical staff. 1) All frontline staff employed by facilities shall complete the following portions of CMMS Training: A) Module 1: Hand Hygiene and PPE; B) Module 2: Screening and Surveillance; C) Module 3: Cleaning the Nursing Home;	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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D) Module 4: Cohorting; and
E) Module 5: Caring for Residents with Dementia in a Pandemic.

These Requirements are not met as evidenced by:

Based on interview and record review, the facility failed to complete the required training, "CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management" within the required timelines. This has the potential to affect all 82 residents living in the facility.

Findings include:

On 12/1/21 at 12:00 PM, V4, Licensed Practical Nurse (LPN) Agency, stated, she had not done any of the required CMMS Targeted COVID-19 Training Requirements since she started working in the facility. She stated, she has worked here as Agency for a couple months.

On 12/1/21, Review of the facility's training records do not include the CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management for V4.

On 12/1/21 at 12:12 PM, V18, Corporate Registered Nurse (RN), stated, "We did infection control training on agency but not the CMS COVID training."

(C)

Statement of Licensure Violations 2:

300.610a)
300.1010h)
300.1210a)

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300.1210b)
300.1210c)
300.1210d)2)
300.1210d)5)

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.

300.1010 Medical Care Policies

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. 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.

300.1210 General Requirements for Nursing and Personal Care

a) Comprehensive Resident Care Plan. A

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S9999	Continued From page 3 facility, with the participation of the resident and the resident's guardian or representative, as 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, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. 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: 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: 2) All treatments and procedures shall be administered as ordered by the physician.	S9999		

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Continued From page 4

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

These Requirements are not met as evidenced by:

Based on observation, record review and interview the facility failed to provide pressure ulcer treatments as ordered by the physician for 2 of 4 residents (R34, R60), reviewed for pressure ulcer in the sample of 54.This failure resulted in R34 sustaining a deep tissue injury to left heel.

Finding include:

1. R34's Minimum Data Set, dated 10/5/21, documented severely impaired cognition.

R34's Physician Order Sheet, dated 11/2021, documented a diagnosis of; Venus insufficiency, chronic/peripheral to both lower legs, Type 2 Diabetes Mellitus, Chronic Venous Hypertension with ulcers to bilateral lower legs and Edema, which are overseen by an outside wound clinic.

R34's Braden Assessment, dated 11/11/21, documented at high risk for developing pressure ulcers due to slightly limited with movement, constantly moist and chairfast.

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R34's wound evaluation and management summary, dated 11/22/21, documented a stage 3 left buttock pressure ulcer, resolved on 11/22/21. A shear wound to left back of thigh continues treatment monitoring, measuring 3 x(by) 1.5 x 0.2 centimeters.

R34's Local Hospital-Wound Clinic orders, dated 11/9/21, documented provided procedure for both lower legs wound treatments. On 11/23/21, documented procedure for cultures to both lower leg ulcers and an order for X-ray to left heels, due to wound clinic physician discovery of a deep tissues injury to left heel, with new physician treatment orders to wear waffle boots to both feet at all times, (pressure relieving foam boots).

R34's Nurse Note, dated, from 11/9/21 through 11/23/21, with multiple documentations of R34 refusing to take medications, get into bed and remaining in his wheelchair throughout the day and evening hours into the night.

R34's Care Plan dated 5/8/21, documented the following interventions: 1. Transfers by a full mechanical lift with only one staff assistance, initiated 7/21/21. 2. Elevate legs every 2 hours initiated 11/19/21.
3. On 12/1/21, R34 is resistive to care and will refuse wound treatment and medicines, this documentation was put in place after this concern was mentioned, on 12/1/21 to V10, Licensed Practical Nurse, (LPN)/ wound nurse.

R34's Progress Notes, on 11/23/21, documented left heel Deep tissue injury and order for foam boots to be worn at all times. No other documentation of non-compliance with wearing the foam boots and to keep both feet off-loaded from a hard surface area. On 12/1/21, at

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9:24AM, documented a first notification with R34's wound clinic.

On 11/29/21 at 8:45AM, initial observation, R34's bed was located near the door with privacy curtain completely closed around him. R34 was sitting in a wheelchair with both feet planted on a hard tile concrete slab floor with foam boots applied to both feet and the wheelchair foot extension dismantled and lying on the floor. Again, at 12:10PM and for every 15-minutes until 3:00PM, R34 remained in the same sitting position.

On 11/30/21 at 8:15AM, R34 was up in a wheelchair in his room, both feet were in direct contact to the floor. R34 was not wearing the foam boots. R34 remained up in the wheelchair with his feet on the floor and no foam boots until 3:30PM when observation ended based on 20-minute observation intervals. R34's foam boots were not visible in his room.

On 11/30/21 at 12:00PM, V9, Certified Nurse Aide (CNA), stated she always works this hall and when asked, if R34 is to wear waffle boots, she stated "I saw him with them on when I left my shift on 11/29/21 and was not sure, because night shift gets him up."

On 12/1/21 at 10:00AM, R34 was up in wheelchair in his room, with both feet in direct contact with the floor. R34 was not wearing the foam boots. R34's foam boots were not visible in his room.

On 12/1/21 at 10:55AM, V10, Wound Nurse, stated that the local hospital wound clinic oversees his bilateral leg ulcer treatment and stated that he is to wear his foams boots at all

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S9999	Continued From page 7 times and was unsure where or why he did not have the boots on, as they may have been transported down to laundry. On 12/1/21 at 4:10pm, V19, Wound Clinic Registered Nurse (RN), stated R34 was seen in the office on 11/29/21 came in the office wearing both waffle (foam) boots, which were soiled and smelled of urine, they were then disposed and replaced with new ones but R34 refused to wear them because they make his feet hot, so he was sent back to the facility without any waffle boots. V19 stated, R34 was seen at the wound clinic on 11/9/21 without a deep tissue injury to either heel identified. V19, continues to state, that when R34 returned on his next visit of 11/29/21, the physician identified a deep tissue injury to R34's left heel, which V19 stated, the injury was a new occurrence, and described as deep reddish-purple in color which is caused by extensive length of time a skin area is in contact with a hard object, which can cause a pressure injury. V19, continues to state that she would expect the facility to follow the wound clinic treatment orders that were ordered on 11/23/21. On 12/2/21 at 923AM, V18, Corporate Crisis Nurse Manager, stated, she would expect staff to follow Physician orders, follow Care Plan interventions, keep in contact with the wound clinic and continue to educate the resident as much as possible. The facility's policy, entitled, "Pressure Ulcer Prevention," dated 1/15/18, documented, use positioning devices or pillows, rolled blankets, etc. to reduce pressure and friction/shearing from heels. 2. On 11/30/21 at 09:46 AM, R60 stated "I have	S9999		

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a sore on my bottom."

R60's Care plan dated 9/28/2021 documents R60 has an actual impairment to skin integrity. R60's Care Plan documents R60 has a coccyx stage 4 pressure sore. R60's care plan documents the following interventions: 10/26/21 Low air loss mattress, 9/28/21 Bilateral heel boots on at all times except for ADLS (activities of daily living) for pressure offloading prevention, administer/monitor effectiveness of medications as ordered, assess/record changes in skin status, avoid shearing: use lift sheet for repositioning, bilateral heel boots on at all times except for ADLs, Encourage good nutrition and hydration in order to promote healthier skin, ensure linens are wrinkle free, Foam wedge for repositioning and offloading, Minimize pressure over boney prominences, Protective skin barrier cream as ordered, provide barrier cream for preventative measure, provide/monitor effectiveness of pressure relieving or reducing devices, Air Loss pressure reducing mattress, heel protectors, air Cushion, Treatment as ordered.

On 12/02/21 at 9:38 AM during incontinent care, R60 did not have a dressing in place to the pressure sore on coccyx. Adult incontinent brief and bed checked and no dressing present. Adult incontinent brief contained yellow drainage from wound.

R60's Physician Order (PO) dated 10/18/2021 documents coccyx: Cleanse area with wound cleanser, pack open area with Calcium alginate with silver and cover with dry dressing once daily and as needed (PRN)

The Facility Pressure Ulcer Prevention policy dated, revised 1/15/2018 documents moisture

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barrier may be applied by CNA (Certified Nursing Assistant) as needed to intact skin and may be kept at bedside.

The Facility policy Skin Condition Assessment and Monitoring Pressure and non-pressure dated revision 6/8/2018 documents that dressings which are applied to pressure ulcers shall include the date of the licensed nurse who performed the procedure.

On 12/06/2021 at 10:49AM, V2, Director of Nursing (DON), stated that she would expect dressings to be in place as ordered.

(B)

Statement of Licensure Violations 3:

300.610a)
300.1010h)
300.1210a)
300.1210b)
300.1210c)
300.1210d)6)

300.610 Resident Care Policies

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and dated minutes of the meeting.

300.1010 Medical Care Policies

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. 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.

300.1210 General Requirements for Nursing and Personal Care

a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as 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, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological

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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:

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:

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.

These Requirements are not met as evidenced by:

Based on record review, observation and interviews, the facility failed to implement interventions, provide supervision to prevent falls, and provide safe transfers for 3 of 6 residents (R13, R34, R53), reviewed for falls in the sample of 54. This failure resulted in R53 sustaining a laceration to his right top of head requiring 11 sutures.

Findings include:

1. R53's Physician Order Sheet, dated for

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S9999	Continued From page 12 11/2021, documented the following: Anoxic (without receiving oxygen) brain damage, Epilepsy, Dysphagia, receiving Enteral Feedings, Aphasia, Nothing by Mouth, contracture of the muscles to multiple sites. Enteral Feeding order for Jevity 1.5 calories to infuse at a rate of 99 ml, (milliliters) starting at 6:00 PM and to run via feeding pump until 8:00 AM or until total volume of 1386 ml. has been infused, with an active date of 11/9/21. R53's Minimum Data Set (MDS), dated 11/7/21, documented, severe mental cognition. R53's Fall Risk Assessment, dated 10/25/21, documented intermittent confusion, 3 or more falls in past 3 months, gait and balance, not able to perform function at a score of "At Risk for Falls." Fall Risk Assessment, dated 11/1/21, documented a repeat of assessment 10/25/21, "At Risk for Falls." R53's Care Plan, initial date of 3/19/21, documented, at risk for falls due to non-weight bearing status, Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all request for assistance, date initiated: 4/1/21. On 11/29/21 at 9:00 AM, R53 was holding a rolled cloth in his right hand and right arm bent up and contracted up towards his chin, also, right hand contracted, both legs extended straight and rigid and both feet extended downward, unable to communicate clearly, however, R53 could understand by rolling his eyes or make non-verbal sounds. On 12/1/21 at 1:10PM, V9 and V20, Certified	S9999		

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Nurse Aides (CNA's), were providing incontinent care for R53. V20 stated at 1:15 PM, that R53 cannot move himself or assist with care. V9 and V20 rolled R53 side to side in his bed for incontinent care. R53 was unable to provide assistance, with both arms contracted and both legs extended out during the roll from side to side and support provided by staff.

R53's Incident Report, date range for 6/1/21 to 11/30/21, documented an un-witnessed Fall Incidents on 6/21/21 at 10:27 AM, 7/11/21 at 10:16 PM, 9/7/21 at 10:30 PM, 9/13/21 at 3:16 AM, 9/14/21 at 11:40 PM, 9/23/21 at 11:30 AM and 10/25/21 at 1:30 AM.

These Incident Reports, all document an un-witnessed fall, with R53 lying on the floor near the side of the bed.

R53's Fall incident of 9/23/21 at 11:30AM is the only fall event where R53's Enteral Feedings would not have been infusing as scheduled.

R53's Fall Incident Report, dated 10/25/21 at 1:30 AM, documented, "Writer while doing night treatments found resident lying on the floor on his stomach beside his bed. Noted a moderate amount of blood and during assessment found a 3 cm. (centimeter) laceration to his right forehead in his hairline." A new intervention to reposition in bed.

R53's Progress Note, dated 10/25/21 at 5:01 AM, documented transferred to a local hospital for evaluation and treatment of a fall.

R53's Emergency Area Hospital report, dated 10/25/21 at 2:43 AM documented, R53 brought to hospital due to fall from rolling out of bed with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008650	A. BUILDING: ______ B. WING ______	12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE JACKSONVILLE	1021 NORTH CHURCH STREET JACKSONVILLE, IL 62650

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laceration to top of scalp and R53 is severely contracted in extremities and neck and later admitted for treatment of Fecal impaction, Dehydration and Aspiration Pneumonia.

R53's Progress Note, dated 10/31/21, R53 returned to facility from hospital receiving 11 sutures to the right top of his head.

R53's "Fall IDT (interdisciplinary team), date 11/3/21, documented a root cause of fall, "resident likes to scoot himself out of bed, intervention to remove bookshelf from room."

On 10:50 AM, V2 Director of Nursing (DON), stated, she would expect her staff, especially with R53 to be observed frequently. V2 stated, that R53 will scream out, and feels that staff walk by his room and ignore him. V2, also stated, that one nursing staff is not enough to provide care, especially the hall where R53 resides.

On 12/6/21at 1:30P M, V31, R53's Physician, stated, he would expect residents to be observed at least every two hours and that the facility should increase their staffing levels to assure monitoring.

The facility's policy and procedure, entitled "Fall Prevention Program," dated 11/21/17, documented, to assure the safety of all residents in the facility, will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions. The Care Plan will identify all risk and issues, to address each fall which will include interventions to be changed with each fall, as appropriate.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S9999	Continued From page 15 2. On 11/30/21 at 08:19 AM, R13's nurses notes document that R13 had a fall and received Hematoma to right side of head on 10/23/21 with root cause being identified as R13 wanting to go shopping. R13's note documents Intervention to place wheelchair in hallway and dycem (non-slip) strips on floor beside bed. On 12/01/21 at 11:36 AM, there were no dycem strips on the floor beside R13's bed. On 12/01/201 at 12:50PM, R13's wheelchair beside bed and unlocked. R13's Fall Risk Assessment dated 7/27/2021 and 10/12/2021 documents that R13 is at risk for falls. R13's Care Plan dated 2/9/2021 documents that R13 is at risk for falls related to physical mobility limitations. R13's Care Plan documents as part of intervention to review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter and remove any potential causes if possible. On 12/01/21 at 03:46 PM, V2, DON, stated that she would expect interventions for falls identified in the care plan to be in place. 3. On 12/01/2021 at 11:30 AM, V9 CNA, operated the full mechanical lift to transfer R34. V16 CNA did not provide support, nor did she check to see if the sling straps were secure when R34 was being lifted up off of the bed. When V9 raised R34 with the full mechanical lift, she raised him up in the air, to an approximate height of over 5 feet, based on surveyors standing height. V16 CNA did not support R34 in the sling allowing R34 to swing back and forth and eventually rotate in a full circle while being up in the air during the transfer.	S9999		

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On 12/06/2021 at 09:30 AM, V13 CNA, stated that when they use the full mechanical lift, they are to use 2 staff members, 1 to operate the lift and the other is to guide the resident into the bed or chair. They are to have their hands on the resident while they are moving.

On 12/06/2021 at 09:40 AM, V28 CNA, stated that when they use a full mechanical lift, they are to be supporting the resident in the sling while the other CNA is operating the lift.

R34's Care Plan, dated 10/19/2021, documents "Use mechanical lift for transfers to prevent further injury."

On 12/06/21 at 10:50 AM, V2 DON, stated when using the full mechanical lift, she would expect the CNA's and nurses to use 2 staff with 1 staff member operating the lift and the other staff member to have hands on the resident providing support throughout the transfer.

The facility's policy, "How to use a (full mechanical lift)" dated 10/2013, documented a picture of 2 attendants, one attendant was operating the lift and the other supporting the resident legs and the resident backside.

(B)