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
	IL6012173	A. BUILDING: ______ B. WING ______	C 12/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WESTCHESTER	2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154

(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 Facility Reported Incident of 11/21/21 - IL141084	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a) 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	S9999	Attachment A Statement of Licensure Violations	

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
	IL6012173	A. BUILDING: ______ B. WING ______	C 12/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WESTCHESTER	2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154

(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
S9999	Continued From page 1	S9999		

resident to meet the total nursing and personal care needs of the resident.

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.

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.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012173	A. BUILDING: ____ B. WING ____	C 12/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WESTCHESTER	2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154

(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
S9999	Continued From page 2	S9999		

neglect a resident.

These requirements were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to follow fall prevention interventions for a resident assessed to be at risk for falls and fall related injuries. As a result of this failure, R1 fell, while unsupervised, and sustained a fracture of the left condylar process of the mandible.

This applies to 1 of 3 (R1) residents reviewed for falls and injury from a total sample of 5.

The findings include:

R1 is a 74-year-old resident with numerous diagnoses that include the following: Heart Failure, Renal Failure and Dialysis, Dementia with Behaviors, History of COVID 19, Anxiety Disorder and History of Falls. A review of the facility's fall incident logs documents that R1 sustained falls on the following days: 6/7/21, 6/29/21, 7/4/21, 7/5/21, 7/11/21, 7/13/21, 7/27/21, 8/3/21, 8/7/21, 10/16/21, 11/20/21, and 11/22/21 with no injuries except the fall on 11/20/21 (fracture of the left condylar process of the mandible).

Per the facility reported incident, R1 was sent out to the hospital emergency room for evaluation, after a fall at 9:31PM, on November 20, 2021. R1 returned later to the facility with computerized tomography (CT) of the head/brain dated 11/21/21 that documented an acute fracture of the left condylar process of the mandible.

On 12/18/21 at 1:30 PM, V10 (R1's nurse on 11/20/21) stated, "R1 fell, in the bathroom, during

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012173	A. BUILDING: ______ B. WING ______	C 12/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WESTCHESTER	2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154

(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
S9999	Continued From page 3	S9999		

PM shift, while I was passing medications. We had three CNAs scheduled for the PM shift, but only two CNAs showed up for the PM shift. We could have monitored R1 more effectively with an additional CNA."

On 12/18/21 at 12:30 PM, V2 (Director of Nursing) stated, "Care plan interventions should be implemented effectively to prevent resident fall. Staff should have monitored R1 when she went to the bathroom to avoid fall."

On 12/18/21 at 1:30 PM, V10 added, "R1 was saying her face was hurting, and we noticed a small nosebleed when R1 was assisted back to bed. We continued monitoring, and informed V7 (physician). V7 ordered to send R1 to the emergency room (ER) for further evaluation. R1 came back from ER the next day, early morning.

On 12/18/21 at 1:30 PM, V7 (R1's attending physician) stated, "R1 has dementia and is very impulsive. They keep her close to the nurses' station most of the time. R1 shouldn't be left naked. Fall intervention implementation can help to reduce fall occurrence and injury. CNAs should pay attention to this resident to supervise and maintain a clutter free environment."

On 12/20/21 at 5:15, V11 (Oral Surgeon) stated, "R1 had a significant fracture of the left condylar process of the mandible. It's not a hairline fracture. We can't do surgery with her condylar process; it has to heal by itself. R1 is coming tomorrow for a follow-up appointment, and is not going to have any surgery. We downgraded her diet to a liquid diet."

During the survey on 12/18/21 at 9:55 AM, R1 was observed, naked, sitting at a low bed, with a

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
	IL6012173	A. BUILDING: ____ B. WING ____	C 12/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WESTCHESTER	2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154

(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
S9999	Continued From page 4 soiled incontinent brief on the floor, and pants trapped on the wheelchair leg. The wheelchair was close to the resident, with the left break unlocked. The call light was observed on the floor, and no floor mats were at the bedside. On 12/18/21 at 10:00 AM, upon surveyor notification, observed V8 (Night Nurse) picking up the incontinent brief from the floor, unstrapping R1's pants from the wheelchair leg, and locking wheelchair left leg. V8 grabbed the call light from the floor and placed it within R1's reach.. At 10:05 AM, V8 stated, "I was working last night; I will dress her up, and her room should be clutter free to prevent accidents, and call light should be reachable for the resident." Record review on fall risk assessment dated 10/16/21 document that R1 was at risk for fall and record review on fall care plan indicates interventions including floor mats to the side of the bed, resident to have anti-rollback applied to the wheelchair, resident to be in the supervised area while awake, call light is within reach, safe environment with even floors free from spills and/or clutter, and working and reachable call light. The facility provided fall policy revised on 11/21/17 document: Safety interventions will be implemented for each resident identified at risk. (B)	S9999		