

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/08/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRADLEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 NORTH KINZIE BRADLEY, IL 60915</b>
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S 000	Initial Comments  Complaint: 2276174/IL149807	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210b) 300.1210c)1)3) 300.1220b)2) 300.1630d) 300.1650a) 300.1650d)1) 300.3240a)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	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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S9999	<p>Continued From page 1</p> <p>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:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation and a notation made in the resident's record.</p> <p>Section 300.1650 Control of Medications</p> <p>a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.</p> <p>d) Inventory Controls</p> <p>1) For all Schedule II controlled substances, a controlled substances record shall be maintained that lists on separate sheets, for each type and strength of Schedule II controlled substance, the following information: date, time administered, name of resident, dose, licensed prescriber's name, signature of person administering dose, and number of doses remaining.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide physician ordered pain medication to treat pain.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>This applies to 1 resident (R5) reviewed for pain. This failure resulted in R5 experiencing untreated pain during the provision of care.</p> <p>Findings include:</p> <p>An 8/1/2022 Nurse Practitioner Advanced Care Planning Note, completed by V3 (Nurse Practitioner), documents R5 with a change in status due to end stage liver failure.</p> <p>On 8/5/2022 at 9:35 AM R5 laid in bed, unresponsive and with no signs of pain. R5's skin was very jaundiced (yellow) and she had an indwelling catheter draining bright red blood. V17 (R5's Niece) was present at bedside and stated she has been at the bedside off and on for the past two days to check on R5. V17 stated the evening of 8/1/2022 R5 was placed on hospice care and morphine was ordered. V17 stated on 8/2/2022, V17 came to the facility, sometime in the early afternoon, and noticed R5 was grimacing, her eyes were watering and R5 would not allow V17 to touch her. V17 stated she asked the nurse (V21) if she could administer R5 some morphine for her pain and V21 stated she could not administer her morphine because it was not available.</p> <p>On 8/5/2022 at 9:08 AM V4 (Wound Nurse) stated on 8/1/2022 V4 tried to do an initial wound assessment on R5 after she returned from the hospital and R5 was in pain just removing the tape, so she stopped and did not complete the assessment. V4 stated the facility policy is to provide pain medications for pain or contact the physician if needed. V4 stated she was going to administer Tramadol at the time but V17 refused it. V4 stated V5 (Physician) and hospice came and evaluated R5 right after this occurrence and</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>morphine was ordered for R5's pain.</p> <p>On 8/6/2022 at 12:06 PM V15 (Nursing Assistant) stated she cared for R5 on 8/1/2022 between 2-10 PM and R5 was yelling out when being provided care during the shift. V15 stated, prior to R5 being sick she had sensitive skin and would sometimes tell you she was in pain or yell when she was being provided care.</p> <p>On 8/8/2022 at 9:05 AM V22 (Nurse) stated she worked the evening of 8/1/2022 until 6 am 8/2/2022. V22 stated R5 could still make her needs known, although she was intermittently confused, but would at times respond to questions asked. V22 stated R5 denied pain and did not exhibit any signs of pain except for once between 4-5 AM while being provided care. V22 stated R5 went to sleep after being provided care and did not exhibit any further signs of pain.</p> <p>On 8/5/2022 at 4:26 PM V20 (Nursing Assistant) stated she cared for R5 on 8/2/2022 between 6 AM-2 PM and R5 was yelling out when being provided care during this shift, but she did not notice R5 in pain at any other time. R5 stated prior to R5's recent change in status, R5 would yell out while being provided care when she was in pain.</p> <p>On 8/5/2022 at 9:08 AM V4 (Wound Nurse) stated on 8/2/2022 she went to change R5's dressings and she had pain just being touched. V21 could not find R5's Morphine to medicate R5 for pain. V4 stated, "I am not sure why hospice or the physician wasn't called earlier."</p> <p>On 8/5/2022 10:04 AM V8 (Hospice Nurse) stated, she was called to the facility on 8/2/2022 because the facility was unable to locate R5's</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>morphine which had been ordered and provided to the facility the prior evening. V8 stated when she assessed R5 on 8/2/2022 around 12 PM, R5 was having so much pain when touched that R5 wouldn't allow her dressings to be changed.</p> <p>On 8/5/2022 at 11:15 AM V3 (Nurse Practitioner) confirmed morphine was ordered for pain management by hospice for R5 on 8/1/2022 due to a significant change in status from liver failure. V3 confirmed if R5 was having pain at any time, even just during positioning, she should have been administered morphine for pain management. V3 stated she was unaware of any issues and stated R5 having pain is "unacceptable." V3 stated the purpose of hospice is comfort and she should not have been in pain.</p> <p>R5's Hospice Visit Summary dated 8/2/2022 at 12:22 PM, completed by V8, documents R5 is comfortable unless she is touched, then she yells in pain. This note also documents the facility does not have the ordered morphine. V8 documents R5 was observed by V8 lying comfortably in bed and when touched, she yells in pain.</p> <p>R5's Hospice Physician Order Form dated 8/1/2022 documents R5 with an order for Morphine, 20 milligrams (mg) per milliliter (ml), take 0.25 ml (5 mg) every hour as needed for pain. R5's Order Summary Report 7/30-8/31/2022 documents an order with a start date of 8/2/2022 for Morphine Sulfate 0.25 ml every hour as needed for end of life pain.</p> <p>R5's Controlled Substance Proof of Use documents R5 did not receive her first dose of Morphine on 8/2/2022 until 3:20 PM.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>On 8/5/2022 at 10:04 AM, V8 (Hospice Nurse) stated on 8/1/2022 a "comfort kit" of medications, including morphine, was left by V23 (Initial Hospice Nurse) at the facility for R5. V8 further stated on 8/2/2022 it was discovered V22 and V23 did not verify the presence of these medications at the time of exchange as required. V8 stated on 8/2/2022 another bottle of morphine was issued to the facility for R5.</p> <p>A Hospice Controlled Medication Delivery Receipt dated 8/2/2022 documents a bottle of Morphine, 20 milligrams per milliliter was provided to the facility with both V22 signing as the receiving nurse and V23 signing as the delivering nurse for this transaction.</p> <p>The Hospice Pre-Admission Summary documented 8/1/2022 at 5:54 PM by V23 shows R5 assessed with a pain score of 5 on the Face, Legs, Activity, Cry and Consolability (FLACC) scale.</p> <p>The facility policy, Pain Management Program, dated 7/6/2018 documents it is the goal of the facility to provide resident comfort. The quality, duration and location of pain will be used to evaluate the pain and identify changes in pain. When the resident is unable to describe pain, physical signs such as grimacing, body posturing, and changes in behavior will be used to determine the presence of pain. The management of pain includes use of pain medication as appropriate.</p> <p>(B)</p>	S9999		
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