STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005177	A. BUILDING: _____ B. WING _____	C 08/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE LAKESHORE	7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626

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S 000	Initial Comments Complaint Investigation 2285983/IL149580	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)3) 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 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 following and shall be practiced on a 24-hour, seven-day-a-week basis: 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. Therse requirements are not met as evidenced by: Based on interview and record review, the facility failed to address the refusal of life sustaining treatment for one resident (R1) documented as having cognitive impairment; and failed to communicate with residents' family regarding decline in the condition of the resident. These failures resulted in R1 having a delay in surgical treatment, and R1 developing sepsis. Findings include: R1's medical record showed R1 was initially admitted to the facility on 8/14/2018. R1's Diagnosis includes, but is not limited to: Type 2 diabetes mellitus, chronic kidney disease stage 3, Type 2 diabetes mellitus with other diabetic kidney complication, Anemia, Iron deficiency, major depressive disorder, anxiety disorder and Type 2 Diabetes Mellitus with diabetic peripheral angiopathy without Gangrene, Non-pressure chronic ulcer of the other part of left foot with unspecific severity. R1's plan of care presented for cognition focus, initiated 10/17, and with revision date 11/05/2021, identified R1 as an adult with impaired cognitive function, that has poor self and environmental	S9999		

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S9999	Continued From page 2	S9999		

awareness. R1 scored 12 out of 15 on BIMS (Brief Interview for Mental Status), and has difficulty in understanding information presented. Listed intervention includes, but not limited to, communicate with me, my family and clinical team about my care needs.

R1's Advance Directive Status plan of care, presented initiated 8/04/2021 with revision date 11/05/2021, listed R1 as a "Full Code", and interventions to this focus includes, but not limited to, R1 receiving continuing education about options to address life sustaining care throughout R1's stay at the facility, if R1 remained coherent and able to understand the information.

R1's plan of care documented R1 had wounds on bilateral heels and pressure ulcer coccyx. The goal of care is the pressure ulcer will show signs of healing and remain free from infection through reviewed date listed as 8/17/2022.

R1's plan of care documented R1 as having a venous /stasis ulcer of the left heel, right heel, and a new pressure ulcer coccyx. The goal of care is to have no symptoms of infection through the reviewed date and target date listed as 8/17/2022.

R1's vascular consultation document from, dated 6/23/22, documents in part: "(R1) has Pressure ulcer of right heel was unstageable. History from the facility was that (R1) was non-ambulatory for a long period of time. (R1) is indeed non-ambulatory, (R1) should have an above-knee amputation on the right (referring to right leg)."

Review of R1's wound consultation notes, dated 6/28/22, showed R1 had 75% gangrene of the right heel and debridement was done.

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S9999	Continued From page 3 Documentation on 7/12/22 also showed gangrene at 75% with severe necrotic odor. R1's hospital record (7/20/22 admission) showed diagnosis including, Renal failure and Gangrene and Nonhealing wounds, right lower extremity. Procedure performed listed includes, but not limited to, Right above knee amputation (8/15/22), Perma-Cath placement with informed consent obtained through V26 (family). Review of R1's electronic chart progress notes did not show any documentation R1's refusal of life sustaining surgical intervention was addressed by a psychotherapist or a psychiatrist. The facility was unable to present any documentation that addressed R1 understanding of the severity of the situation. R1's medical record present did not show any documentation R1's refusal of life sustaining surgical intervention was clearly explained to R1's understanding. The facility did not show any documentation the facility followed up with or seek any psychotherapy and psychiatrist consultation to address the root cause of R1 refusal. No family member was informed, and no guardian was consulted. On 8/11/22 at 2:54 pm, V27, PRSC (Psychiatrist Rehabilitation Services Coordinator) was interviewed regarding communicating with R1 in making decision to adhere to treatment plan of amputation of the right leg. V27 stated, in part, "The nursing department wants the Social Service Department to speak to (R1) about the issue." V27 stated she did, and R1 said, R1 "will get back to them on whether (R1) wants the surgery done." V27 stated, "(R1) did not get back to them (referring to Social Services	S9999		

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S9999	Continued From page 4 Department)." On 8/15/22 at 11:58 am, V23 (Wound Care Physician) stated R1 has a right heel diabetic wound. V23 stated R1 has gangrene of the right heel. V23 stated the wound was being treated with betadine soak. When asked whether R1 was sent out for consultation, V23 stated R1 was sent out for consultation, and the plan was to amputate. V23 stated (V23) last saw R1 on 7/12/22. V23 stated he did not order any antibiotics because 75% of the leg was with black gangrene tissue and had a mild odor. V23 stated, "(R1's) leg cannot be saved so there was no point in ordering any antibiotics." On 8/17/22 at 12:58 pm,V16, PRSD (Psychiatrist Rehabilitation Services Director), stated, "We (referring to the facility Social Services Department) offer counseling to the resident just to educate them of the importance of compliance with medical procedures and treatment. We reach out to the family of the resident, and if the resident still refuses, there is nothing we can do at that time. The resident is given time to digest the information and will be re-approached." When the surveyor asked V16 about cases where the prognosis of the resident is poor with possibility of death, V16 stated, "If, for example, there is a severe reason for why this medical treatment or procedure is needed then (the facility) will involve the psychotherapist to step in." The surveyor asked V16 whether R1 was referred to the psychotherapist or psychiatrist to inquire about R1's refusal of life sustaining procedure to amputate the infected leg. V16 stated R1 was referred to the psychotherapist. V16 was asked to present documentation of the psychotherapist addressing this issue with R1. V16 was unable to produce any documentation to support his	S9999		

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S9999	Continued From page 5 statement. On 8/16/22 at 11:44 am, V24, NP (Nurse Practitioner) for V25 (Primary Physician), stated "(R1) has multiple co-morbidities and was being treated by in-house wound care team. (R1) was sent out for possible vascular consultation." When the surveyor asked whether V24 physically assessed R1's wound, V24 stated, "I (V24) defer to the wound care team when they tell me the wound is stable." The surveyor then asked whether V24 was aware R1 has gangrene on his right leg. V24 stated she was told the wound was in a stable condition, and V24's wound documentation about R1's wound refer to the wound as being stable. When the surveyor asked about R1's refusal of life sustaining surgical intervention, and V24 was asked whether R1 would have benefit from psychotherapy or psychiatrist consultation, V24 stated, "(R1) is alert able to make decisions by self and I (V24) don't know how to answer that." On 8/17/22 at 4:15 pm, V23 (Wound care Physician) was asked whether V23 was aware R1 was refusing the surgical procedure. V23 stated, "I'm not aware (R1) was refusing the amputation." V23 stated, in part, "I (V23) have known (R1) a long time. I've had good relationship with (R1) for over four years. (R1) needs the amputation; that's what (R1) needs. It is a lifesaving procedure for (R1) and if the patient (referring to R1) cannot understand, they (referring to the facility) need someone else to make the decision, unless (R1) is on a DNR (Do Not Resuscitate) status. They (Facility) can call the family or appoint a guardian." V23 stated, "The resident has the right to refuse, if the patient is of a clear mind, but (R1) might die; the resident needs to know the consequences. The resident (R1) may need a	S9999		

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S9999	Continued From page 6 more professional intervention and opinion." On 8/22/22 at 3:55 pm, V25 (Primary Physician) stated, "(R1) was non-decisional, unable to make medical decisions. (R1) was not in any condition to understand what was going on." V25 stated due to encephalopathy, R1 was not clear, non-decisional, and was unable to consent to surgery. The consent was signed by the POA (Power of Attorney). V25 stated, "Typically, the POA or surrogate will be the decision maker in this case. (R1) was in the hospital last time (referring to admission of 7/20/22) for severe anemia, arterial insufficiency of the right leg with gangrene. (R1) requires dialysis and blood transfusion, requires amputation of the right above the knee, and has sepsis that is related to prolonged illness, encephalopathy related to renal failure, and sepsis. (R1) had Sepsis at this admission." (R1 was sent and admitted to the hospital on 7/20/22, amputation was performed during the same hospital stay on 8/15/22) The facility Job Description for Social Services Director documented , "The purpose of the Social Service Director is to assist in planning, organizing, implementing, evaluating, and directing the overall operation of the facility's social service department in accordance with federal, state and local standards, guidelines and regulations, to assure that medically related emotional and social needs of the residents, families." The facility Psychiatric Rehabilitation Service Coordinator (PSRC) Job Description documented the primary purpose of the job description is to "implement the programs of the Social Services Department, to assure that the medically related emotional and social needs of the resident are	S9999		

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S9999	Continued From page 7 met/maintained on as individual basis, to safeguard the health, safety and welfare of all manner in accordance with facility's established policies and procedures applicable laws and regulations and the directions of your supervisors, who include the PRSD, Administrator and/or other members of the community's management to whom such persons report, in order to assure that the highest level of social services for the community's residents is maintained at all times. As a PRSC, you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties." (B)	S9999		