

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/07/2022
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NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER SPRINGFIELD, IL 62702
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(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 Complaint Investigation: 2247996/IL151981	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)1)2) 300.1620a) 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 following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician.	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
10/25/22

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S9999	<p>Continued From page 1</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent significant medication errors in 1 of 6 residents (R2), reviewed for medications in the sample of 7. This failure resulted in R2 not receiving a medication that subsequently led to admittance to the hospital.</p> <p>Findings include:</p> <p>On 10/6/22 at 9:40 AM, R2, stated, she takes Carafate, (Sucralfate), 4 times per day, before meals and at bedtime. R2 stated, when she first went on the Carafate, she wasn't getting it at the proper times and she ended up in the hospital twice with a gastrointestinal, (GI), bleed but, she isn't sure if it was caused by that. R2 stated, she has had "3 scopes and several units of blood between the 2 hospitalizations but, they figured out I had 3 bleeding ulcers that was causing the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>problems and they are healed now, but the doctor says I will always have to take the Carafate and iron."</p> <p>R2's Face Sheet, undated, documents R2 has a diagnosis of Gastro-Esophageal Reflux Disease, (GERD), and Anemia.</p> <p>R2's Minimum Data Set (MDS), dated 9/14/22, documents R2 is cognitively intact.</p> <p>R2's Care Plan, dated 12/30/21, documents R2 has Anemia and to give medications as ordered.</p> <p>R2's Hospital After Visit Summary, dated 6/29/22, documents R2 was admitted 6/21/22 with a diagnosis of GI bleed and a physician's order for Sucralfate 1 gram by mouth 4 times daily before meals and nightly for 30 days.</p> <p>R2's Medication Administration Record (MAR), dated 6/1/22 - 6/30/22, fails to document the Sucralfate physician's order.</p> <p>R2's Physician Order Sheet, dated June 2022, fails to document the Sucralfate ordered on 6/29/22 upon R2's discharge from the hospital.</p> <p>R2's Progress Note, dated 7/11/22 at 4:29 PM by V11, Nurse Practitioner, documents R2 is "being seen today for complaints of diarrhea. She reports that she has consistently had diarrhea right after her meals since Friday. She denies seeing any blood in her stools. She denies abdominal pain. She was recently hospitalized for GI bleed and discharged on Protonix and Carafate. She is to have a follow up with GI in 3 months. She was started on Maalox as needed on Friday and had labs drawn today. In looking at (R2's) medication profile, it appears the Carafate</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>was never started. She was to get this 4 times per day with meals and at bedtime. She is tired and fatigued. Color is pale. She denies fever, chills, body aches, nausea, or vomiting. Later in afternoon, a critical H/H (Hemoglobin/Hematocrit) was called to facility. Her hemoglobin was 5.9 and hematocrit 20.7. (R2) will need to be transferred to hospital for possible blood transfusion and further work-up.</p> <p>R2's MAR, dated 7/1/22 - 7/31/22, documents a physician's order, dated 7/11/22 with a discontinuation date of 7/12/22 for Sucralfate 1 gram by mouth before meals and at bedtime for gastric ulcers.</p> <p>R2's Progress Note, dated 7/12/22 at 7:28 AM, by V12, LPN, document "Writer called (hospital) this morning to get update on resident from yesterday's transfer for critical lab values. Resident is admitted to ICU (Intensive Care Unit) at this time for GI bleed.</p> <p>R2's MAR, dated 7/1/22 - 7/31/22, goes on to document a subsequent order following R2's readmission to the hospital on 7/11/22, dated 7/18/22, for Carafate 1 gram by mouth 4 times daily for gastric distress.</p> <p>On 10/6/22 at 10:35 AM, V4, Licensed Practical Nurse (LPN), stated R2 came back from the hospital with an order for Carafate.</p> <p>On 10/7/22 at 9:05 AM, V10, R2's Physician, stated R2 not getting the Carafate as ordered from 6/29/22 through 7/11/22, could have contributed to her subsequent hospital readmission on 7/11/22 for the GI bleed. V10 stated Carafate is "like a chalk and gets in between the mucosa of the GI tract and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>decreases the acid production." V10 stated Carafate is normally given for 4-6 weeks to aid in healing gastric ulcers. V10 stated any order should be followed and if not taken for that time frame, could have delayed the time for healing. V10 stated if the ulcer is not healed within the 4-6 weeks, he would follow up with an endoscopy to ensure there is not something else going on.</p> <p>On 10/7/22 at 10:05 AM, V1, Administrator, states she would expect the nurses to follow physician orders.</p> <p>The "Medication Administration Oral" policy, undated, documents the purpose is to safely administer medications as prescribed.</p> <p>(A)</p>	S9999		