

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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 Investigation of Facility Reported Incident of August 29, 2022/IL151101 Complaint Investigation: 2227442/IL151309	S 000		
S9999	Final Observations Statement of Licensure Violations I of II: 300.610a) 300.1030a)4) 300.1030b) 300.1030c) 300.1220b)7)8) 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 300.1030 Medical Emergencies a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as: 4) Toxicologic emergencies (for example,	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 1</p> <p>untoward drug reactions and overdoses).</p> <p>b) The facility shall maintain in a suitable location the equipment to be used during these emergencies.</p> <p>c) There shall be at least one staff person on duty at all times who has been properly trained to handle the medical emergencies in subsection (a) of this Section.</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>7) Coordinating the care and services provided to residents in the nursing facility.</p> <p>8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see that they are carried out.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to educate staff and agency nurses that there was Narcan in their building, facility failed to educate staff and agency nurses on the medication dispensary machine, failed to give staff and agency nurses access codes and privileges to the medication dispensary machine, and failed to provide training to V6 (Interim DON/Director of Nursing). Further non-compliance could result in serious health issues and possibly death.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 2</p> <p>Findings include:</p> <p>Facility "Emergency Pharmacy and Emergency Kits, undated, documents "Emergency pharmacy service is available on a 24-hour basis. The pharmacy supplies emergency medications in limited quantities in portable, sealed containers.</p> <p>Facility provided a document titled "Department Head List," undated, documenting V6 (Interim DON/Director of Nursing/Wound Nurse).</p> <p>Facility "First Dose Machine and (Brand name)," revised 8/2015, documents "The supply of medications will be referred to as the Automated Dispensing System (ADS) unit. The purpose of the emergency supply of medication is to ensure the residents will have access to pharmaceutical care in a manner that provides for the appropriate initiation and continuation of drug therapy. Each person who accesses the ADS will have his/her own individual electronic, biometric, or other authentication credentials permitting access. Access to the First Dose System will be limited to designated licensed nurses. The DON/Director of Nursing will be responsible for developing and maintaining a confidential system for assigning access codes and system privileges for nursing personnel. This information will be maintained current and easily retrievable by the DON.</p> <p>Facility pharmacy emergency kit content, emailed 9/20/22, documents "Naloxone 0.4mg (milligram)/ml (milliliter) vial (1ml) (Narcan)" with a quantity of one.</p> <p>Facility pharmacy ADS medication list inventory, emailed 9/20/22, documents "Naloxone 0.4mg (milligram)/ml (milliliter) vial (1ml) (Narcan)" with a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 3 quantity of two."</p> <p>On 9/20/22 at 12:48 PM, V22 (Pharmacy Director) emailed the following: "Number (how many) of Emergency Kits provided to (nursing home) 3 kits (locations: Hillside unit, Riverside Unit, and one additional to be kept in nursing office for emergency), and Number (how many) (electronic medication dispensary) at (facility) 1 machine."</p> <p>Facility "Director of Nursing/DON," dated 5/2/17, documents "The primary purpose of the DON is to plan, organize, develop and direct the overall operation of our Nursing Department to ensure that the highest degree of quality care is maintained at all times. Make written and oral reports concerning the operation of the nursing services department. Develops methods for coordination of nursing services with other resident services to ensure the continuity of the residents' total regimen of care. Must have as a minimum three years of experience as a supervisor. Must be knowledgeable of nursing and medical practices and procedures as well as laws regulations and guidelines that pertain to nursing care facilities."</p> <p>Facility "Registered Nurse/RN" and Licensed Practical Nurse/LPN job description, dated 5/2/17, documents "The RN is responsible for providing direct nursing care to the residents, and to supervise the day-to-day nursing activities. Complete and file required record keeping forms/charts upon the resident's admission, transfer and/or discharge. Prepare and administer medications as ordered by the physician."</p> <p>V1 (Administrator in training/AIT) provided the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 4</p> <p>training for all the facility nurses and the training did not include any training for the medication dispensary machine, or convenience/emergency medication location/use, machine access, or contents. The provided training for V6 (Interim DON/Wound Nurse) did not include any training for the DON position.</p> <p>Facility was unable to provide any training the facility has done/provided to the agency nurses.</p> <p>Facility was unable to provide any DON training for V6 (Interim DON RN/Registered Nurse.)</p> <p>Facility staffing sheet dated 9/14/22-9/15/22 6pm-6am documents V15 (agency) and V16 (staff LPNs/Licensed Practical Nurses) were the only nurses scheduled to work in the building.</p> <p>R9's electronic nurses notes, dated 9/15/22 at 2:15am by V15 (agency LPN) documents the following: "Writer alerted by staff that (R9) noted lying on his back on the floor at the foot of the bed. Resident lethargic, unable to respond to commands, pupils blown, respirations shallow with periods of apnea noted, and pulse weak/thready. 911 called. Narcan 4mg (milligrams) administered in each nostril and resident began to respond appropriately to commands. He denies taking anything. (R9) taken to (hospital) for evaluation and treatment. All responsible parties notified."</p> <p>On 9/16/22 at 9:50am, V1 (AIT) stated the facility uses (Name of pharmacy) for their medications and they manage the medication dispensary machine. I started Tues 9/6/22 as the AIT. I do not know what agency gets for education. I do not know what we do for educating them to our building. We use a lot of agency nurses, have a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 5</p> <p>lot of new staff, and only have a few of our own staff. Yes, there will be time when only agency may be in the building because we have three nurses on from 6am-6pm, and two nurses from 6pm-6am."</p> <p>On 9/16/22 at 10:30am, V6 (Interim DON/RN) stated "We suspected drug overdose for (R9). (R9) went unresponsive. (R9) is normally alert and oriented to person and place. He possibly got drugs from the people he hangs out with on the patio. (R9) went unresponsive, was given Narcan x2 doses at the nursing home, and then sent to the hospital. I am only helping out in the DON position until they hire someone."</p> <p>On 9/16/22 at 11:46am, V16 (staff LPN) stated "I am new, started Sept 7th or 8th, 2022. I worked 9/14-9/15/22 from 6pm-6am. I am not entirely sure what happened with (R9). (R9) goes to bed late sometimes, goes to dialysis Tues, Thurs, and Saturdays, is a bilateral amputee, and self-propels his wheelchair around the nursing home. At midnight or 1am (9/15/22) the CNAs reported to me that (R9) was on the floor and unresponsive. I checked his vital signs, he was breathing shallow, he was asked what he took but did not respond, Narcan was given x2 (V15), two doses in his nose, he started to arouse by taking deeper breaths and move his arms and head, I called 911 and sent him to the hospital. I am new and did not know we had Narcan in the building. I am not sure where (V15) got the Narcan."</p> <p>On 9/16/22 at 12pm, V15 (agency LPN) stated "One of the CNAs found (R9) unresponsive, staff got me, pupils were dilated, periods of apnea, the nursing home has had some issues with people overdosing on drugs, and residents know which residents get drugs and go their rooms for drugs.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 6</p> <p>I went to my car and got Narcan that I had on hand. I gave Narcan x2 in his nose, they are single use doses, so I had to use two to get him to respond. I have seen overdoses before, so I had Narcan on hand and figured that is what he did, and after the Narcan he started to come to. I don't know if Narcan is in the building. I think the emergency medications are located in the ADS, and agency nurses do not have access to the ADS. I work on Hillside hall."</p> <p>On 9/16/22 at 11:30am, V17 (staff LPN) was in the building on Riverside hall and stated "I work PRN/as needed and can't get in the (ADS). The C-Box/Narcotic box are located on Hillside in the (ADS). I do not have Narcan on my cart, the convenience-box has Narcan but it is in the (ADS) and I can't get into the (ADS) system." At that same time surveyor and nurse walked to Hillside hallway and entered the medication room where the ADS system was located. In the med room V17 was unable to find the Narcan or access the ADS system where she believed the Narcan was located. Upon surveyor looking around the med room with V17, surveyor found two sealed red medication tackle boxes from pharmacy located on a shelving unit on the bottom shelf. At that same time, V17 verified there were two separate red medication boxes that were secured with zip ties from the pharmacy, and one dose of Narcan was in each medication box for a total of two doses in the building. V17 stated "I did not know Narcan was in the red box." At that same time, the nurse (V5 RN) working on Hillside was on lunch break and V6 (Interim RN DON/wound nurse) was out of the building on lunch. No ADON is employed or listed on the management roster. No other nurses not on break were working in the building besides V17 and V18.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 7</p> <p>On 9/16/22 at 12pm, V18 (agency RN) was in the building on Riverside and stated "I can't get in the (ADS). I am an agency nurse. the Narcan is located in the (ADS), and I don't have Narcan on my medication cart."</p> <p>On 9/19/22 at 11:57am, V6 (Interim DON/RN) slated "I don't want the DON position permanently. I have worked as DON before at another place, but it has been a long time ago. I will have worked here two years in October 2022. I became the interim DON about four weeks ago. When (V11) prior DON left (8/19/22) we had no DON for one week and then I went into the Interim DON position (about 8/29/22). I did not get training as DON here, and when things come up, I call corporate nurse for guidance. I was supposed to be Interim DON for two weeks only. They hired a DON to start on 9/26/22 but I heard they are not coming now. I work during the week Monday thru Friday where I do the wound treatments first thing in the morning on Monday and Tuesday only, and then the rest of the day I spend as Interim DON."</p> <p>"B"</p> <p>Statement of Licensure Violations II of II: 300.610a) 300.1010 h) 300.1620a) 300.1630b) 300.1630c) 300.1630d) 300.1630e) 300.3220f)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 8</p> <p>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.</p> <p>Section 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.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber.</p> <p>Section 300.1630 Administration of Medication b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 9</p> <p>Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>c) Medications prescribed for one resident shall not be administered to another resident.</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>e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on observation, interview and record review the facility failed to enter admission medication orders under the correct resident, failed to give the correct medications to the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 10</p> <p>correct resident per physician orders, and failed to identify a change in residents condition until R1 was seen by V8 Physician Assistant during his routine new admission visits (8/22/22) resulting in a R1 being transported to the hospital. On 8/23/22 R1 was admitted to the hospital with the primary diagnosis of Altered Mental Status, palliative care, and severe malnutrition. Extensive failures in the admission process resulted in R1 staying in the hospital from 8/23-9/12/22. R1 was admitted on hospice on 9/13/22 and expired on 9/15/22. The facility also failed to enter R2's admission medication orders until three days after admit and failed to enter admission medication orders correctly per physician orders for R2 resulting in R2 missing three days of required medications (8/18-8/20/22). R1-R8 do not have admission photos and are new admits. Further non-compliance could result in additional deaths.</p> <p>B.Based on observation, interview, and record review the facility failed to enter admission medication orders under the correct resident and failed to give the correct medications to the correct resident per physician orders which included HIV, antihypertensive's, antipsychotic, diuretic, anti-tremor, depression, and sedative medications for two (R1 and R2) of three residents reviewed for medications in a sample of nine. These failures resulted in R1 having a change in condition with a hospital stay from 8/23-9/12/22, and R2 missing three days of required medications from 8/18-8/20/22.</p> <p>Findings include:</p> <p>Facility "Admission of Resident," undated, documents "Obtain an admission photo and distribute to the nursing department for MAR/Medication Administration Record</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 11</p> <p>identification needs. Explain the physician's orders and scheduled care of activities."</p> <p>Facility "Provider Pharmacy Requirements," undated, documents "Regular and reliable pharmaceutical service is available to provide residents with prescription and nonprescription medications. Accurately dispensing prescriptions based on authorized prescriber orders. Screening each new medication order for an appropriate indication or diagnosis; for duplication of therapy with other drugs in the same therapeutic class ordered for the resident."</p> <p>Facility "Ordering and Receiving Non-Controlled Medications," undated, documents "Medication orders are entered into the facility's EHR (electronic health record) and transmitted to the pharmacy. The medication order includes Date ordered, residents name and at least one other identifying information, medication name and strength, indication for use, and directions for use, if a new order. New Admissions/Re-admission Orders: When sending electronically medication orders for a newly admitted resident, the pharmacy is also given all allergies, and diagnoses to facilitate generation of a patient profile and permit initial medication use assessment. Receiving Medications from the pharmacy: A licensed nurse verifies medications received and directions for use with the medication order form."</p> <p>Facility "Medication Errors and Adverse Drug Reaction," revised 1/4/20, documents "To safeguard the resident. To identify causes and prevent future errors. The residents receiving incorrect medication should be observed as needed."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 12</p> <p>Facility "Medication Administration General Guidelines," undated, documents "Medications are administered as prescribed. Five Rights- right resident, right drug, right dose, right route, and right time, are applied for each medication being administered.</p> <p>Facility "Administration Procedures for all Medications," undated, documents "To administer medications in a safe and effective manner. Prior to removing the medication package/container from the cart/drawer check the order, identify the resident before administering medication (photo, verbal confirmation of last name, monitor for side effects or adverse reactions immediately after administration and throughout each shift."</p> <p>Facility "Physician-Family Notification- Change in Condition," revised 11/13/18, documents "To ensure that medical care problems are communicated in a timely, efficient, and effective manner. A significant change in the resident's physical, mental, or psychosocial status (deterioration in health, mental, or psychosocial status)."</p> <p>Facility "Registered Nurse/RN" and Licensed Practical Nurse/LPN job description, dated 5/2/17, documents "The RN is responsible for providing direct nursing care to the residents, and to supervise the day-to-day nursing activities. Complete and file required record keeping forms/charts upon the resident's admission, transfer and/or discharge. Prepare and administer medications as ordered by the physician.</p> <p>Facility "Resident Rights for People in Long-term Care Facilities," revised 3/2011, documents "You have the right to safety and good care."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 13</p> <p>Facility "Resident Rights Federal," undated, documents "These resident rights policies and procedures ensure that each resident admitted to the facility: has a right to dignified existence. Each resident has the right to be free from Psychoactive drug administration not required to treat the resident's medical symptoms."</p> <p>Online "American College of Physicians, Internal Medicine Encephalopathy," copyright 2015, documents "Acute Encephalopathy may be referred to as toxic. Toxic Encephalopathy describes acute mental status alteration due to medications, or toxic chemicals. Causes of acute toxic encephalopathy include acute organ failure such as hepatic (liver) and renal (kidney), dehydration, medications."</p> <p>Facility "Daily Assignment Sheet," dated 8/17/22, documents "V5 staff RN/Registered nurse on day shift (6am-6pm) and V7 Agency LPN/Licensed Practical Nurse for 6pm-6am.</p> <p>1. R1's local hospital note, dated 7/8/22 by V24 (R1's MD/Medical Doctor ED/Emergency Department) documents "(R1) has a past medical history of alcohol use disorder, liver disease, presenting with a chief complaint of lower extremity weakness. States he is trying to quit drinking and stopped drinking 1.5 days ago."</p> <p>R1's EHR (electronic health record) documents R1 was admitted to the nursing home on 8/15/22, from 8/22-9/12/22 in the hospital, and 9/12/22 at the facility.</p> <p>R1's EHR from the facility documents the following: "Diagnoses- Fatty Liver, Unspecified Psychosis, Anxiety, ETOH withdrawal,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 14</p> <p>BPH/Benign Prostate Hypertrophy, Atrial Fibrillation, Anemia, Metabolic Encephalopathy, Alcohol dependence, and elevated liver enzymes.</p> <p>R1's hospital "After Visit Summary/AVS" from a local hospital, dated 7/8-8/15/22, documents the following: "Diagnosis of Alcohol Withdrawal. Discharge Medications: Tylenol 325mg/milligrams (2 tablets) po/by mouth every four hours as needed for pain; Calcium Carbonate 500mg chew take two tablets by mouth every eight hours as needed for heartburn or indigestion; Depakote 500mg by mouth two times daily; Folic Acid 1mg po daily; I-Vite 1 tablet by mouth daily; Ativan 1 tablet by mouth three times daily for five days, then 0.5mg tablets three times daily for five days, then 0.5mg tablets two times daily for five days, then 0.5mg tablets daily after breakfast for five days; Flomax 0.8mg po daily; and Thiamine 100mg po daily."</p> <p>R1's head cat scan at local hospital, dated 8/16/22, documents "No acute intracranial abnormality."</p> <p>R1 was admitted to the facility on 8/15/22 and already had admission orders in his record.</p> <p>R1's Facility Incident Report reported to (state agency), dated 9/3/22, documents the following: "On 8/29/22 at 4:54pm, (R1) with the diagnoses of 'Toxic encephalopathy, psychoses not due to known physiological condition, anxiety, alcohol dependence with withdrawal, and fatty liver' received hospital updates for resident due to inpatient status. Upon reviewing hospital updates it was noted there are medications that are on his EMAR (Electronic Medication Administration Record) that are not his medications. Incorrect orders were entered into the residents EMAR. On</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 15</p> <p>8/30/22, (V7) Agency LPN/Licensed Practical Nurse was asked if she could recall the events of the night of 8/17/22. (V7) stated she was looking at (R1's) chart, two residents were trying to exit see, staff were conducting a 'code pink', grabbed (R2's) medication orders to enter them into (online charting system). (V7) stated 'I did not mean to enter the wrong orders into (R1's) chart. It was crazy that night. I should have double checked I was on the correct person before I continued entering orders. I am horribly sorry for the medication error.'</p> <p>R1's EHR "Order Recap Report" from the facility, dated 8/1-9/30/22, documents the following: Order date 8/15/22 and 9/12/22 documents "I have reviewed and concur with the plan of care, allergies, and diagnoses" signed by V20 (R1's Medical Doctor/MD) at the nursing home.</p> <p>R1's 8/15/22 nursing home orders include the following: "Occupational Therapy/OT evaluation and treatment; Tylenol 325mg/milligrams (2 tablets) po/by mouth every four hours as needed for pain; Calcium Carbonate 500mg chew take two tablets by mouth every eight hours as needed for heartburn; Depakote 500mg by mouth two times daily/BID; Folic Acid 1mg po daily; I-Vite 1 tablet by mouth daily; Ativan 1 tablet by mouth three times daily/TID for five days (R1's MAR/Medication Administration record documents R1 got this medication 8/16-8/20/22), then 0.5mg tablets three times daily for five days (R1's MAR/Medication Administration record documents R1 got this medication 8/21-8/22/22), then 0.5mg tablets two times daily for five days, then 0.5mg tablets daily after breakfast for five days (unspecified diagnosis); Ativan 1 tablet by mouth three times a day for anxiety (on top of the tapering Ativan listed prior with no order, R2's</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 16</p> <p>order) R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Flomax 0.8mg daily for BPH; and Thiamine 100mg po daily."</p> <p>R1's 8/16/22 orders include the following: "Physical Therapy/PT and Speech Therapy/ST evaluation and treatment as indicated; full code; and PT evaluation and treatment for 2-4 weeks for four weeks."</p> <p>R1's facility note, dated 8/15/22, documents "(R1) arrived around 5:45pm, full code, regular diet, alert, 1 assist with gait belt and cares, and incontinent at times."</p> <p>R1's facility note, dated 8/17/22, documents "(R1) admitted on 8/15/22 for skilled nursing/rehab after being hospitalized for alcohol abuse and withdrawal. Previously lived independently in his home prior to his hospitalization."</p> <p>R1's activities interview, dated 8/17/22, documents R1 was able to answer all the questions on his daily preferences and activity preferences.</p> <p>R1's 8/17/22 medical record has orders that include the following (These were R2's orders): "Abilify 2mg po BID for depression (no diagnosis of depression, no order, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Ascorbic Acid 500mg by mouth BID (no orders, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Cogentin 1mg po BID for Parkinson's (no diagnosis of Parkinson's, no order, and R2's order). R1's MAR/Medication Administration record documents R1 got this</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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 17 medication 8/18-8/22/22; Biktarvy tablet 50-200-25mg by mouth daily for HIV (no diagnosis of HIV, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Vitamin D 2000 unit by mouth daily (no orders, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Doxazosin 4mg daily for antihypertensive (no diagnosis of hypertension, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Ferrous Sulfate 325mg by mouth daily (no order, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Lisinopril 5mg daily for antihypertensive (no diagnosis of hypertension, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Lasix 40mg BID for fluid retention (no diagnosis of fluid retention, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Ativan 1 tablet by mouth three times a day for anxiety (on top of the tapering Ativan listed prior for R1 with no order, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Nicotine Gum 4mg 1 gum by mouth every hour for nicotine cessation (no order, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; Nystatin Powder apply to abdominal folds every day and night shift (no order, and R2's order); Miralax powder 17mg/grams 1 scoop by out one time a day for constipation (no order, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22; and Ritonavir 100mg one time a	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 18</p> <p>day for HIV (no order, no diagnosis, and R2's order). R1's MAR/Medication Administration record documents R1 got this medication 8/18-8/22/22.</p> <p>R1's 8/18/22 orders include the following: "OT and treatment for one week; and ST evaluation and treatment for 2-4 weeks for four weeks."</p> <p>The wrong orders entered into R1's nursing home medical record for Miralax and Lasix resulted in R1 having multiple bowel movements a day including incontinent episodes. R1's Bowel and Bladder Elimination record for bowel continence, dated 8/18/22 documents one incontinent and one continent, 8/19/22 one incontinent, and 8/22/22 one incontinent bowel episode.</p> <p>R1's 8/22/22 nursing home orders include the following: "regular texture and consistency diet."</p> <p>R1's physician progress note, dated 8/22/22 at 6pm by V8 (R1's PAC/Physician Assistant Certified) documents "(R1) currently sleeping in bed and not easily aroused. Send to ER/Emergency Room for evaluation."</p> <p>R1's facility note, dated 8/22/22 at 7:31pm and 9:57pm, documents "(R1) sent to hospital because of changes in his level of consciousness for the past two days. (R1) has been sleeping throughout this shift."</p> <p>R1's communication form and progress note from the facility, dated 8/22/22, documents "(R1's) situation has gotten worse, mental status is unresponsiveness, functional status needs more assistance, and neurological is decreased level of consciousness."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 19</p> <p>R1's EHR documents R1 went to the hospital on 8/22/22, and on 9/12/22 returned to the facility.</p> <p>R1's local hospital notes, dated 8/23/22-9/12/22, documents R1 was ordered and received the above medications during his hospital stay which were R2's admission orders from 8/17/22 along with R1's admission orders from 8/15/22.</p> <p>R1's local hospital notes, dated 8/22/22 by V26 (Registered Nurse Emergency Department), documents "(R1) has no history of dementia but alcoholism. (R1) will not answer any questions, just screams when touched, and unable to obtain oral temp."</p> <p>R1's local hospital notes, dated 8/23/22 by V27 (Resident Doctor ED) documents "I spoke to the nurse at (facility) and learned the following: (R1) was sent to the hospital for increased lethargy and altered mental status. On 8/22/22 (V1) R1's PA at the nursing home evaluated (R1) and thought he had decreased level of consciousness. Other nursing notes in the last two days mentioned acute concerns from the patient and stable vital signs. They mentioned he has decreased appetite and thirst. (R1's) communication and mental status limits this history. Physical exam: Brown crusting in oropharynx, very dry. Neurological: Challenges communicating. Patient is arousable. History was somewhat difficult to obtain from the patient due to difficult to understand speech. Patient was initially somnolent but was arousable and able to answer questions."</p> <p>R1's local hospital notes, dated 8/23/22 by V28 (R1's case manager) documents "(V9/R1's POA/power of attorney) is aware of (R1's) condition worsening."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 20</p> <p>R1's local hospital notes, dated 8/24/22, documents "(R1) has been very drowsy for most of the day."</p> <p>R1's note from a local hospital, dated 8/23-9/12/22, documents R1 has the following diagnoses: "8/23/22 Altered Mental Status and 8/29/22 Palliative Care by Specialist." This form further documents discharge medication orders: 9/12/22 orders include the following: "Abilify 2mg po BID (R2's admit order and no order for R1); Ascorbic Acid 500mg by mouth BID (R2's admit order and no order for R1). R1's MAR/Medication Administration record documents R1 got this medication 9/14/22; Cogentin 1mg po BID (R2's admit order and no order for R1); Calcium Carbonate 500mg chew take two tablets by mouth every eight hours as needed for heartburn; Depakote 500mg by mouth two times daily; Ferrous Sulfate 325mg by mouth daily (R2's admit order and no order for R1); Flomax 0.8mg daily for BPH; Folic Acid 1mg po daily; Nystatin Powder apply to abdominal folds every day and night shift (R2's admit order and no order for R1). R1's MAR/Medication Administration record documents R1 got this medication 9/13-9/14/22; Miralax (Glycolax) powder 17mg/grams 1 scoop by out one time a day for constipation (R2's admit order and no order for R1); Thiamine 100mg po daily; Vitamin D 2000 unit by mouth daily (R2's admit order and no order for R1); Zyprexa 2.5mg by mouth daily; and Foley Catheter and bag change as needed, and foley catheter care every shift as needed."</p> <p>R1's facility's notes, dated 9/12/22, documents "Resident arrived around 4pm by stretcher, lethargic, catheter draining dark urine, pureed diet, (mechanical) lift for transfers, incontinent of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 21</p> <p>bowel, and medication concerns."</p> <p>R1's 9/13/22 facility orders include the following: "I-Vite 1 tablet by mouth daily; pureed texture and regular consistency diet; may crush acceptable medications; (name of hospice) to evaluate and treat stat (immediately) for 'Toxic Encephalopathy (Brain dysfunction cause by toxic exposure); Do Not Resuscitate/DNR; and admit to hospice."</p> <p>R1's facility notes, dated 9/14/22 at 2:20am, documents (R1) is totally dependent on one to two staff for activities of daily living including bed mobility, transfers, eating, toileting, dressing, personal hygiene, walking, and bathing.</p> <p>R1's facility notes, dated 9/14/22 at 2:33am, documents "Resident open eyes to name only. Nonverbal at this time. (Catheter) patent and intact, draining dark amber urine."</p> <p>R1's nursing home notes, dated 9/15/22 at 5:33am, documents "Resident expired on 9/15/22 at 4:55am."</p> <p>R1's 9/15/22 facility orders include the following: "Discontinue medications due to death."</p> <p>On 9/13/22 at 9:40am, R1 was in bed, fidgeting/twitching, mouth open, does not respond to my voice, does not respond to his name, eyes closed, and catheter on his right side draining amber urine. R1 is white (Caucasian), tall, and skinny.</p> <p>2. R2's EHR documents R2 was admitted to the facility on 8/17/22</p> <p>R2 was admitted on 8/17/22 and R2's admission orders were entered on R1's electronic</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1628 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 22</p> <p>medication orders. R2's admission orders were not entered into R2's electronic medication orders until 8/20/22.</p> <p>R2's hospital record from a local hospital, dated 7/21-8/17/22, documents the following: "Why you were in the hospital: schizoaffective disorder, bipolar type; HIV; hypertension, and peripheral edema. Discharge Medications: Albuterol 108mcg/act 2 puffs Q6 PRN; Abilify 5mg po daily; Ascorbic Acid 500mg po BID; Cogentin 1mg po BID; Biktarvy 50-200-25mg po daily; Calcium Carbonate Vit D3 600-400mg po daily; Prezista (Darunavir) 800mg po daily; Cardura 4mg po daily; Ferrous Sulfate 325mg po daily; Lasix 40mg po BID; Lisinopril 5mg po daily; Lorazepam 1mg po TID PRN; Multivitamin 1 tablet po daily; Nicotine gum Q1 hour PRN; Glycolax 17 gm po Q12 hours PRN; Ritonavir 100mg po daily; and Zolof 25mg po daily."</p> <p>R2's "Discharge Summary" from (local) hospital, dated 8/17/22, documents "(R2's) medical history significant for HIV AIDS currently on retroviral therapy, and schizoaffective disorder/bipolar disorder."</p> <p>R2's nursing home orders include the following order dates: "Ascorbic Acid 500mg po BID ordered 8/20/22 (R2's MAR/Medication Administration record documents R2 got this medication 8/21/22); Cogentin 1mg po BID ordered 8/20/22; Biktarvy 50-200-25mg po daily ordered 8/20/22 (R2's MAR/Medication Administration record documents R2 started getting this medication 8/21/22); Calcium Carbonate Vit D3 600-400mg po daily order date 8/20/22; Prezista (Darunavir) 800mg po daily order date 8/20/22 (R2's MAR/Medication Administration record documents R2 stated</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 23</p> <p>getting this medication 8/21/22); Cardura 4mg po daily order date 8/20/22; Ferrous Sulfate 325mg po daily order date 8/20/22; Lasix 40mg po BID order date 8/20/22; Lisinopril 5mg po daily order date 8/21/22; Multivitamin 1 tablet po daily order date 8/31/22; Nicotine gum Q1 hour PRN ordered 8/19/22 and R2's MAR documents R2 was given this hourly on 8/20-8/23/22 per entered ordered Q1 hour scheduled and not PRN per order; Glycolax/Miralax 17 gm po Q12 hours PRN order date 8/20/22 and per R2's MAR was given this on 8/20/22 one dose; and then 8/21-8/30/22 given two doses a day (not ordered PRN it was scheduled; and order on 8/30/22 this was changed to PRN; Ritonavir 100mg po daily ordered 8/20/22; and Zolof 25mg po daily ordered 8/20/22."</p> <p>R2's Lorazepam 1mg po TID PRN was never entered into R2's nursing home medication orders.</p> <p>The wrong orders entered into R2's nursing home medical record for Miralax resulted in R2 having multiple bowel movements a day including incontinent episodes. R2's Bowel and Bladder Elimination record for bowel continence, dated 8/11/22, documents: 8/17/ continent; 8/18/22 continent, 8/19/22 continent; 8/20/22 continent; 8/22/22 two continent; 8/23/22 one continent and two incontinent; 8/25/22 two incontinent; 8/26/22 one incontinent; 8/27/22 one continent and one incontinent; 8/28/22 one incontinent; 8/29/22 two continent; and 8/30/22 two incontinent bowel episodes</p> <p>On 9/13/22 at 10:50am, R2 was in a manual wheelchair, stated he got the facility in August, unsure if he has had his picture taken, alert, and states he goes outside and around the facility in</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 24</p> <p>his wheelchair during the day. R2 is overweight/obese, and in a manual wheelchair.</p> <p>On 9/13/22 at 9:30am, V3 and V4 (both CNAs/Certified Nurse Assistants) stated "(R1) could walk but he was unsteady and would use the wheelchair to self-propel himself thru the home. Before his last hospitalization he could feed himself but now we have to feed him, and he won't open his eyes. Before this last hospitalization we had to remind him to eat at times, but he fed himself. Now he can't walk or move, and he needs a (brand name of chair) or hi-back wheelchair for safety. (R1) came back yesterday (9/12/22) about four or five pm and he is not the same. He was at the hospital about two weeks."</p> <p>On 9/13/22 at 10:00am, V5 (staff Registered Nurse/RN) stated "I work 6am to 6pm and have worked with (R1) frequently. Before (R1) went to the hospital last, he could stand, sit in the wheelchair, walk the hallways, and answer yes/no questions." Verified R1 had a catheter now. "He (R1) was new, came from the hospital and was here five or six days before sent to the hospital again after getting the wrong medications. He (R1) fell a few times when he first got here, he was a person that needed a one to one and now he is not a one to one. He (R1) wore briefs before. (R1) got (R2's) medications for a few days. I was here working when (R2) was admitted (8/17/22) and performed his admission assessment, he came at change of shift, and the oncoming nurse (V7 agency LPN/Licensed Practical Nurse) put the orders in the computer. (V7) was to put the orders in for (R2) under (R2's) name but put (R2's) orders in the computer under (R1's) name. The orders go directly to pharmacy then for them to fill. When we put the orders in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1628 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 25</p> <p>the computer, they are the orders for the residents. I gave (V7) R2's admission summary paperwork because I was the off going nurse and (V7) was the oncoming nurse and we help one another out. I probably should have stayed and finished the orders so we would not have had this happen. I was off work the next day (8/18/22) and came back on 8/19/22 and asked staff/management where (R2's) medications were in (online charting system). I spoke to V6 (Interim DON/Director of Nursing) about (R2's) missing medications in (online charting system). I knew (R2) had medications he needed to be given because I had started his admission on 8/17/22 and (V7) was to put the orders in. I left (R2's) admission packet on the desk for (V7) to complete. I did (R2's) admission assessment and the other nurse was supposed to put the orders in for (R2). We have a re-admit checklist we go by with each admission."</p> <p>On 9/13/22 at 9:30am, V4 (CNA) stated "Our prior (V11) DON used to keep (R1) in his office as a one-to-one observation, or he would walk with (R1). We also used to keep (R1) up at the desk for close observation. He would go in his wheelchair and push himself around, he was really unsteady when walking. He did fall a few times when he was first here which is why he was on increased observation. He would ask for alcohol and clothes. He would disrobe himself at times. He did use the toilet but wore briefs(incontinent briefs) because he did have incontinent episodes."</p> <p>On 9/13/22 at 12:00pm, V6 (DON) stated "I have been DON for about three weeks until someone gets hired. The nurse (V7 LPN) must have been under (R1's online charting system) access and put (R2's) orders under (R1's) name. (V7) did</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 26</p> <p>come to me to find where (R2's) orders were and we could not find any orders in (online charting system) for (R2). (R2) needed his medications so we re-entered them under (R2's) name so he could get his medications. 8/20/22 (R2's) medication orders were put in. When we put orders in (online charting system) it goes to pharmacy automatically so they can fill his medication orders. When (R1) was sent to the hospital on 8/22/22 (local hospital) called and wanted to know why (R1) was on medications without a diagnosis. I and V2 (RN Regional Nurse Consultant/RNC) both emailed and discovered (R2) was on the same medications so we called the hospital and gave the full list of medications (R1) should not have been on. (R1) is still on some medications from the hospital that he should not be on from his admission. I did call the doctor for clarification and verified these medications he was not on at admission (8/15/22)."</p> <p>On 9/13/22 at 12:20pm, V2 stated "(V11) was the DON until August 19, 2022, and V8 (R1's PAC) was here August 22, 2022. (R1) was more lethargic and he was sent to the hospital per (V8's) request. The nurses did not identify (R1) had a change in condition until (V8) pointed it out. (V8) asked the nurse about Ativan which was held (8/21/22) but (V8) felt (R1) was more lethargic from the week prior and sent him to the hospital. I was notified the hospital had concerns about the medications (R1) was on. I looked at (online) orders and (admission sheet) and compared and saw HIV medications (R1) was not on but was on now. It was determined (R1) got (R2's) medications and orders were put in under (R1's) name. V7 (Agency LPN) stated she put (R2's) orders in (online charting) under (R1) and did not check to make sure she was in the correct</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 27</p> <p>chart which should have been (R2's). (R1) got (R2's) medications for five days (8/18-8/22/22). New admission pictures should be in (online charting) within 24 hours of admit. Activities or social services take the residents pictures for admission."</p> <p>On 9/13/22 at 1:07pm, V7 (Agency LPN) stated "I worked 8/17/22 and I took care of (R1) and (R2). (R2) was a new admit. I was going to put his orders in (online charting system) but at the time of putting in orders we had a 'code pink' (elopement) so I had to go take care of that. I was looking at (R1's) chart prior to the 'code pink', and when I got back from the 'code pink' I just entered (R2's) orders without verifying I was on (R2's) chart. I entered (R2's) orders on (R1's) record on accident. I had a lot of distractions going on, call lights, 'code pink', and residents very busy and demanding. I should have double checked the resident's records. I worked the next night and couldn't find the orders for (R2) I had entered. I know I put them in. I asked V6 (Interim DON) (who was the wound nurse at the time) to help me find them, she and I both looked, she notified V2 (RN RNC/Regional Nurse Consultant), (V11) prior DON (who was the DON at the time). It was a mistake, there were no pictures in the online record for (R1) or (R2). I work for agency."</p> <p>On 9/13/22 at 4:48pm, V9 (R1's brother and POA) stated "My wife was there to take (R1) to smoke and then a few days later he was trying to die. He could carry on a conversation and hold his cigarette and smoke by himself before he got the wrong medications. Now he can't open his eyes and he is not eating. My wife noticed from his (local hospital) my chart he was on the wrong medications. My wife is at the nursing home now talking with them about putting (R1) on hospice.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 28</p> <p>He was getting HIV medications, blood pressure and (diuretic) medications at the nursing home which he has never taken before. He has low blood pressure so he shouldn't be getting a medication for high blood pressure. On 8/23/22 we thought he was going to die."</p> <p>On 9/13/22 at 5:48pm, V10 (R1's family) stated "(R1) was in the hospital for alcohol abuse. When he was at the nursing home he recognized me, ate, and I took him outside to smoke cigarettes. He was sent to the hospital on 8/22/22 and he was out of his mind. He could not communicate or talk, he did not recognize me, and he moaned and groaned. He did have a fall at the nursing home where he had a cat scan done which was negative. I checked his (local hospital) my chart and noticed he was on abilify, (diuretic), high blood pressure, and HIV medications. I told the hospital he did not have HIV and they called the nursing home. He got the wrong medications at the nursing home and hospital. He was at the nursing home for alcohol abuse and rehab. He lived in a two-story home by himself which he took care of prior to going to the nursing home. He was at the nursing home to "dry out" from alcohol, get some rehab since his legs were weak, and when he was physically able to, he was to go back home to live independently as he did before."</p> <p>On 9/15/22 at 9:20-9:37am, V8 (PA-C/Physician Assistant Certified) for R1 at the facility stated "(R1) has been lethargic, the last day I saw him for his evaluation (8/22/22) he was very lethargic and I sent him in for an evaluation at the hospital. Abilify can cause falls, drowsiness, restlessness, and somnolence. Ativan can sedate, affect ambulation, and increase your risk for falls. If you are on Ativan double your usually dose it can</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 29</p> <p>sedate, absolutely, we give 2mg IV in ER for status epilepticus so 2.5mg of Ativan TID would 'snow' (R1) for sure. Benzotropine (Cogentin) can cause drowsiness, sedation, dizziness and nervousness; Biktarvy can cause liver and kidney problems; Doxazosin can cause hypotension and sedation; Lasix can dehydrate, cause confusion and kidney failure; Miralax can cause diarrhea and dehydration, Lisinopril can cause lightheadedness and hypotension; and Ritonavir can cause drowsiness, loss of appetite, and cause severe liver failure. Taking medications that are not prescribed for you can harm your kidneys, liver can be harmed especially since most medications are metabolized in the liver and (R1's) liver was already compromised due to his alcoholism, so these medications can cause increased liver toxicity. When (R1) was sent to the hospital for falls he had a cat scan, and it showed no subarachnoid or traumatic brain injury, so I don't believe that was the cause of his change in condition on 8/22/22."</p> <p>On 9/16/22 at 1:55pm, V13 (R1's attending physician at local hospital) from 8/24-8/29/22 stated "When I saw (R1) in the hospital he was awake, rolling around in bed, disoriented, restless, most times sleeping during the day, had urinary retention so he needed a catheter, and agitated. If he got medications for the heart, blood pressure, Parkinson's disease, HIV, an antipsychotic, and a diuretic medication, and he was not prior prescribed these medications they could contribute to his encephalopathy along with his chronic encephalopathy from alcoholism. I looked at his previous hospitalization discharge to see if he was on these medications because the hospital team identified he had no diagnoses for these medications and determined he was not on these medications from his most recent</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
--	--

(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	<p>Continued From page 30</p> <p>discharge from the hospital (8/15/22). I had my nurse try to contact the nursing home but could not get through to the nursing home to speak to anyone. I tried reaching (R1's) primary doctor (V14) and (R1's) nursing home doctor (V20) but never spoke to them. If (R1) was dehydrated with these medications on board it could contribute to his co-morbidities and overall decline in health. I cannot say 'no' that these medications did not cause his death, but they could have exacerbated his co-morbidities and how much they accelerated to his death I am not sure, but it is possible. This was very unfortunate for him."</p> <p>On 9/18/22 at 9:25am, V11 (prior DON) employee file was reviewed from the facility with a hire date of 3/14/22 and termination date of 8/19/22. V11 stated "I have been gone from (facility) for about a month. I am a traveling DON for all the (nursing home facility). I go the buildings and help out where needed. I worked at (facility) about 6-8 weeks only as their DON, and I was only in the position until they could hire someone."</p> <p>3. R1-R8 electronic nursing home medical records do not have identification photographs/pictures to identify the residents and document the following admission dates: R1 admit 8/15/22; R2 admit 8/17/22; R3 admit 9/12/22; R4 admit 8/25/22; R5 admit 9/7/22; R6 admit 8/22/22; R7 admit 8/31/22, and R8 admit 8/31/22.</p> <p>On 9/13/22 at 10:37am, V5 (staff RN) stated "Administration takes the pictures of the new residents and puts in (online charting system)." At that same time V5 verified R1-R8 did not have a picture in (online charting system) for identification purposes did not have their picture in (online charting system) and had been in the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/21/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
---	--

(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	<p>Continued From page 31</p> <p>facility for at least a day to a few weeks as new residents. "It can be difficult to identify new residents, especially since we have gotten quite a few lately."</p> <p>On 9/13/22 at 10:45am, R3 was in bed, alert and oriented, stated she was at the hospital for 11 days and came to nursing home on 9/12/22, and has not gotten her picture taken. No picture in her medical record.</p> <p>On 9/13/22 at 11:08am, R7 was in his room in bed, alert and quick to respond to questions, stated "No one has taken my picture and I have been here a few weeks."</p> <p>"AA"</p>	S9999		