

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2022
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NAME OF PROVIDER OR SUPPLIER APERION CARE WESTCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154
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S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	<p>Final Observations</p> <p># 1 Statement of Licensure Violations:</p> <p>300.610a) 300.1210b)2) 300.1210c)2) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to carry out physician's orders related to the use of a hand splint and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>therapy carrot (Splints/carrot prevents further contracture) to prevent further decline of a contracture in the hand for one resident (R7) reviewed for restorative nursing program. These failures resulted in R7's left hand contracture deteriorating from moderate to a severe contracture.</p> <p>Findings include:</p> <p>R7 is a 66 year-old male, originally admitted to the facility on 10/02/2018 with diagnoses of Hemiplegia and Hemiparesis (paralysis, weakness) following Cerebral Infarction (stroke) affecting Left Non-Dominant Side; Vascular Dementia without Behavioral Disturbance; Contracture, Left Elbow and Contracture, Left Hand.</p> <p>On 08/01/2022 at 11:30 AM, R7 was observed in bed, awake, has trouble speaking and unable to verbalize needs. His left elbow was observed stiff and flexed. His left hand/wrist was also stiff, clenched into a fist and the fingers are curled inward. No splint or therapy carrot (positions the fingers away from the palm to protect the skin from excessive moisture, or further contracture) on his left hand was observed applied. V28 (Family Member) came for a visit and stated, "He's (R7) been a resident here since October 2018. He had a severe stroke on his left side. The only concern is his left hand, it is clenched, and R7 is unable to open it. I want to ask for any orders to treat his left hand."</p> <p>R7's POS (Physician Order Sheet) dated 10/20/21 documented: Splints: Left hand in therapy carrot for four to six hours daily as tolerated. Left hand and elbow extension splint for four to five hours as tolerated.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Watch for redness, skin breakdown or pain, discontinue use and notify nursing and therapy.</p> <p>On 08/02/22 at 10:00 AM, R7 was observed in bed. No splint or therapy carrot were observed in his left hand.</p> <p>On 08/02/22 at 10:15 AM, V4 (Restorative Nurse) was asked regarding R7's restorative program. V4 replied, "He has a left hand contracture. He has an order for a left hand splint but we are not placing it on him because the left hand is so contracted, he cannot tolerate the splint. Instead, we are putting the carrot in his left hand. Several months ago, we used to put a splint, restorative does it but it was discontinued. He still uses the therapy carrot. V5 (Restorative Certified Nurse Aide, CNA) is placing it every day. The carrot is stored in our office."</p> <p>There was no documentation in the medical record or physician orders confirming that the splint for the left hand was discontinued.</p> <p>V5 (Restorative CNA) was asked regarding application of the carrot in R7's left hand on 08/02/22 at 10:25 AM. V5 stated, "The application of the carrot stick is still ongoing, we place it in the morning and sometimes in the afternoon and it stays for two to four hours. It was placed in his hand last Friday (07/29/2022). I am responsible for the application and removal of it when done. If I am not here, then he is not going to have the carrot in his hand. I did not place it last Saturday and Sunday because I was off and yesterday, I worked on the floor. We're short of staff. There is a log that I have to sign with the time duration in minutes that I put the carrot in his left hand." At 10:45 AM, surveyor asked V5 to show how the therapy carrot is placed in R7's left hand. V5</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>cleaned his left hand with wipes and carefully inserted the therapy carrot. It was observed that his hand and fingers were very stiff and difficult to stretch. Gradually, V5 was able to insert the carrot. V5 verbalized, "It stays for two to four hours, most of the time, only two hours."</p> <p>In an interview conducted on 08/02/22 at 11:35 AM, V4 (Restorative Nurse) was asked regarding R7's left hand contracture. V4 verbalized, "We used to have a Restorative Nurse, but that person left, don't know exactly the date. Since then, the facility doesn't have any Restorative Nurse. I started doing the Restorative notes last 04/20/22. His left hand and fingers could still be moved, the degree of contracture was moderate at 50% normal. My assessment last month which I dated 08/02/2022, the left hand contracture was so severe, less than 50% of normal. He cannot open his fingers and move his wrist. It declined because the splint and the carrot were not continuously applied. He was referred for Occupational Therapy."</p> <p>R7's Restorative Observation Notes documented the following: 04/11/22: Splint program B. Contracture screen - left elbow: 3. Moderate 50% of normal; left hand/fingers: 3. moderate 50% of normal 07/29/22: Splint program B. Contracture screen - left elbow: 4. Severe <50% of normal; left hand/fingers: 4. severe <50% of normal</p> <p>OT daily treatment note dated 10/15/2021 reads: Elbow extension improved with elbow extension brace for LUE (left upper extremity). Patient displays increased active range of motion left hand. Continue with restorative nursing.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>OT evaluation and plan of treatment dated 07/28/2022 reads: Musculoskeletal System Assessment LUE ROM (range of motion): elbow/forearm-impaired; wrist-impaired; hand-impaired; thumb-impaired; index finger-impaired; middle finger-impaired; ring finger-impaired; little finger-impaired AROM (Active Range of Motion) - Left wrist: flexion, severe LUE contractures, allows for minimal PROM (Passive Range of Motion); extension, severe LUE contractures, allows for minimal PROM</p> <p>08/02/2022 at 3:46 PM, V20 (Occupational Therapist) was interviewed regarding R7's therapy evaluation. V20 stated, I did the evaluation on his left hand on 07/28/2022. He had a left hand contracture. He was not able to actively do it by himself with the whole upper left extremity. It had to be passive range of motion. The orange carrot helps to stretch the hand and that would hopefully reduce the contracture. The splint also reduces the contracture and prevent further decline or deformity of the hand.</p> <p>R7's Restorative logs for the splint and therapy carrot administration indicated the following: May 2022: no documentation on 05/04; 05/05; 05/09; 05/10; 05/12; 05/13; 05/14; 05/15; 05/18; 05/20; 05/21; 05/26; 05/27 and 05/30.</p> <p>June 2022: no documentation on 06/01 to 06/10; 06/12 to 06/15; 06/17 to 06/20; 06/22; 06/25 to 06/29.</p> <p>July 2022: splint program for left hand and elbow as ordered for four to six hours for six to seven times per week as tolerated. Gentle ROM to BUE</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>(bilateral upper extremity) and place orange carrot in left hand or elbow extension splint to LUE as tolerated.</p> <p>No documentation on 07/03; 07/07; 07/08; 07/11; 07/12; 07/13; 07/16; 07/17; 07/22; 07/23; 07/24; 07/26; 07/28; 07/29; 07/30 and 07/31.</p> <p>R7's restorative logs dated May to July 2022 indicated that splint and therapy carrot were not applied daily as ordered.</p> <p>R7's Care Plan, date initiated 10/25/21 regarding the left hand and elbow splint/ therapy carrot, documented in part: Interventions: Establish wearing schedule: four to six hours as tolerated.</p> <p>On 08/03/22 at 09:52 AM, V21 (Physician) was interviewed regarding R7 and contracture. V21 stated, "He is my patient. I've been taking care of R7 for a long time. R7 has a history of stroke, R7 had a right sided CVA (Cerebrovascular Accident, stroke) and has left hemiplegia (left sided weakness, paralysis), and a contracted left hand. His fingers can't be moved and are always contracted. If I give an order, it should be followed. Splints and the carrot help in preventing further decline in the contracture of the left hand."</p> <p>08/03/22 at 11:51 AM, V3 (Director of Nursing) stated, "If there is an order for splints or braces, the restorative nurse is responsible for carrying it out. Doctors' orders should be followed per the resident's plan of care. Splints/carrot prevents further contracture. Restorative Aides are the ones applying the splints or carrot sticks. If restorative nurse and aides are not here, the nurses on the floor are trained to apply the devices. The splints/braces should be kept at bedside. In the log, if it is not documented, it is not done, maybe staff forgot about it but it should</p>	S9999		

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S9999	Continued From page 7 be documented." Facility's policy titled, "Restorative Nursing Program", revision date 1-4-19 stated in part but not limited to the following: Purpose: To promote each resident's ability to maintain or regain the highest degree of independence as safely as possible. Includes, but is not limited to, programs in walking/mobility, dressing and grooming, eating and swallowing, transferring, bed mobility, communication, splint or brace assistance, amputation care and continence programs. Facility presented policy titled "Physician Orders - Entering and Processing" revision date 1-31-18 when requested. The policy does not specifically address guidelines in following doctors' orders for restorative program. (B) #2 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)5) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in	S9999		

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S9999	<p>Continued From page 8</p> <p>the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>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:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to prevent residents from developing facility acquired pressure ulcers who were admitted with no previous skin alterations and are totally dependent on staff for care and repositioning. This failure applied to two (R17 and R27) of three residents reviewed for pressure ulcers and resulted in R17 developing an infected wound to her right second toe that required treatment with oral and topical antibiotics, as well as a Stage 2 pressure ulcer to her coccyx and an unstageable pressure ulcer to right ischial tuberosity; R27 developed a Stage 3 pressure ulcer on the coccyx.</p> <p>Findings include:</p> <p>R17 is a 92-year-old female who has resided at the facility since 12/26/2021 with past medical history including, but not limited to Dementia, major depressive disorder, weakness, other abnormalities of gait and balance, altered mental status, etc.</p> <p>8/01/2022 at 11:05 AM, R17 was observed in her room sleeping and unable to wake or respond to her name. At 2:15PM, R17 was still in her bed in the same position, a floor mat was noted at the bedside, room unorganized with some garbage noted on the floor, resident was not wearing any heel protectors and no wedges were noted on the</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>bed.</p> <p>8/2/2022 at 9:52AM, R17 was observed lying-in bed, still not able to respond to any questions or open her eyes or answer any questions, again no heel protectors or wedges noted.</p> <p>Progress note documented by V19 (RN/wound care) reads as follows: 08/02/22 1:33 PM Wound Care: Weekly wound rounds performed by writer. During wound rounds, resident noted with open area to R (right) 2nd toe. Area cleansed w/normal saline and protective dressing applied. Area appears reddened with small amount of purulent drainage coming from wound noted. Wound MD at bedside. Resident seen and treated by Wound Care MD. Wound care orders obtained from Wound MD. Oral and topical antibiotic ordered to treat infection to R 2nd toe. Resident to start 14-day course of doxycycline (antibiotic) 100mg bid and Bactroban topical to be applied to area bid x 14 days. Labs ordered with (company name). Protective and preventive measures to be put in place including, but not limited to, air mattress, frequent repositioning, and incontinence program, offloading, and nutritional supplements.</p> <p>Progress note documented on 7/08/2022 by V19 reads; Weekly wound rounds performed by writer. During wound rounds, resident noted with pressure area to Right Ischium. Area cleansed w/normal saline and protective dressing applied. Spoke with daughter, (Legal Guardian) to make aware. Unit nurse made aware. Wound Care consult in place. Wound Care Md in facility during wound rounds and consult performed. Wound care orders obtained from Wound MD. Labs and supplements ordered. Protective and preventive measures to be put in place including, but not</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>limited to, air mattress, frequent repositioning, and incontinence program, offloading, and nutritional supplements.</p> <p>Review of wound list provided by V3 (DON) showed that R17 has a stage 2 pressure ulcer to her coccyx and an unstageable pressure ulcer to right ischial tuberosity (the lowest of the three major bones that make up each half of the pelvis) both wounds are facility acquired.</p> <p>Braden observation dated 5/13/2022 scored R17 as 13 (moderate risk) for skin breakdown.</p> <p>Admission charting dated 4/22/2022 indicated that R17 has no skin or wound concerns.</p> <p>Care plan initiated 12/23/2018 and revised 8/03/2022 stated that resident has potential impairment to skin integrity due to incontinence, fragile skin, and impaired mobility. Interventions include, but not limited to encourage and assist with offloading pressure from bilateral heels while in bed, encourage and assist with turning and repositioning at regular intervals every shift.</p> <p>Wound care assessment detail report dated 7/8/2022 indicated that R17 has an unstageable pressure ulceration to her ischial tuberosity identified on 7/8/2022, measuring 3.70 x 2.30 x unknown (L x W x D), area 8.51cm and unknown volume.</p> <p>R27 is a 90-year-old female who has resided at the facility since 04/2021, with medical history including, but not limited to hyperlipidemia, hypertensive chronic disease, dementia, abnormal posture, weakness, contracture of left knee and right wrist, etc.</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>8/01/2022 at 11:48AM, R27 was observed in her bed, awake but non-verbal and could not answer any interview questions. At 2:10PM, resident was observed lying in the same position as earlier and still non-verbal, no heel boot or wedges noted on the bed.</p> <p>8/2/2022 at 10:30AM, resident was observed during wound care, awake and alert but did not respond to any questions.</p> <p>8/02/22 at 10:30AM observed wound care for R27 with V19 (RN) who stated that resident has a stage 3 pressure ulcer that is facility acquired. Observed a large area of healed area in the resident's bottom (coccyx) and an area of fresh wounds that is about a quarter size. V19 said that the wound was facility acquired.</p> <p>Per record review, R27 was readmitted to the facility on 04/2021, Braden score assessment dated 4/19/2021 scored resident with a score of 9, very high risk for alteration in skin integrity. Admission assessment dated 4/24/2021 did not document any skin concerns.</p> <p>Physician order dated 4/22/2021 states, elevate boots to bilateral lower extremity to offload heels.</p> <p>Care plan initiated 11/18/2021 states to assess and record changes in skin status.</p> <p>Facility Minimum Data Assessment (M D S) dated 5/5/2022 coded R27 in section C Cognition) with a BIMS score of 3, section G (Functional) coded R27 as dependent on staff for all ADL activities, and total dependence with 2 staff physical assist for toileting.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2022
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NAME OF PROVIDER OR SUPPLIER APERION CARE WESTCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154
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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
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S9999	<p>Continued From page 13</p> <p>Resident developed a stage 3 facility acquired pressure ulcer identified as documented in wound note dated 7/20/2022, measuring 1.70x 2.00x 0.50 (LxWxD), area of 3.40cm and volume of 1.70cm. Wound care note dated 8/2/2022 shows a Braden score of 10 (High risk), clinical stage of wound still a stage 3, measuring 2.80 X 2.00 X 0.30 (LxWxD). Area of 5.60cm and volume of 1.68cm.</p> <p>8/3/2022 at 2:13PM, V3 (DON) said that the admitting nurses do the initial skin assessment to see if residents have any wound or skin issues, Braden score is part of the admission assessment to determine if residents are prone to skin breakdown, those identified at risk have care plan in place, with interventions like air loss mattress, offloading and turning and repositioning. Skin conditions should be identified during ADL care or weekly skin checks and any type of impairment like redness should be reported to the nurse or the wound team.</p> <p>A facility policy presented by V3 (DON) titled pressure ulcer prevention, with a revision date of 1/15/18, states as its purpose; to prevent and treat pressure sores/pressure injury. Under guidelines, the document states in part; to maintain clean/dry skin during daily hygiene, inspect the skin several times daily during bathing, hygiene, and repositioning measures, may use lotion on dry skin. Turn dependent resident approximately every two hours or as needed and position resident with pillow or pads protecting bony prominences as indicated.</p> <p>(B)</p>	S9999		
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