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FORM APPROVED Illimois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C B. WING IL6001085 02/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **650 NORTH KINZIE** APERION CARE BRADLEY BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint 2271469/IL143854 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210c)2 300.1210d)5) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary b) 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: Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. All treatments and procedures shall be 2) administered as ordered by the physician. Attachment A Statement of Licensure Violations

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED IL6001085 C B. WING 02/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **APERION CARE BRADLEY 650 NORTH KINZIE** BRADLEY, IL 60915 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5)TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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: 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced Based on interview and record review the facility failed to provide dressing changes as ordered for a pressure ulcer. This applies to 1 resident (R1) reviewed for pressure ulcers. This failure contributed to the deterioration of R1's sacral pressure ulcer. Findings include:

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C B. WING IL6001085 02/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE **APERION CARE BRADLEY** BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 R1's initial Skin and Wound Evaluation Report dated February 1, 2022, completed by V4 (Wound Nurse), documents R1 with a stage 3 pressure ulcer to the left buttock measuring 6.0 X 3.0 X undetermined depth in centimeters and a stage 3 pressure ulcer to the right buttock measuring 1.5 X 0.6 X undetermined depth in centimeters. R1's February 2022 Treatment Administration Record (TAR) documents R1 with orders to cleanse the right and left buttock pressure ulcers with normal saline, cover with calcium alginate and a gauze dressing beginning on February 2. 2022. Neither the TAR or the Order Administration Notes (Progress Notes) document these treatments as occurring on February 3 and 4, 2022. R1's Wound Evaluation and Management Summary Physician Report dated February 9, 2022, completed by V3 (Wound Physician), documents R1 with an unstageable full thickness pressure ulcer to her right buttock measuring 1.2 X 1.2 X unmeasureable depth in centimeters and an unstageable full thickness pressure ulcer to the left buttock measuring 10 X 9.3 X unmeasureable depth in centimeters. The ordered treatment plan for both of these pressure ulcers was to apply Santyl, Calcium Alginate and a cover with a dressing every day. R1's February 2022 Treatment Administration Record (TAR) documents R1 with orders to cleanse the right and left buttock pressure ulcers with normal saline, apply Santyl to the wound bed and cover with calcium alginate and a gauze dressing beginning on February 10, 2022. Neither the TAR or the Order Administration

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