PRINTED: 05/04/2022 FORM APPROVED

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 IL6003453 B. WING 04/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6450 NORTH RIDGE BLVD **APERION CARE WEST RIDGE** CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation 2282548/IL145299 2282515/IL145258 S9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.1210d)3) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for Attachment A further medical evaluation and treatment shall be Statement of Licensure Violations made by nursing staff and recorded in the

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

TITLE

(X6) DATE

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is no floor mats or alarms.

On 3/31/22 at 11 AM, V1 (administrator) stated V1 has done some interviews but has not interviewed the staff on duty that discovered the

fractures. V1 stated she is still acquiring

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STATEMENT OF DEFICIENCIES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | |
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| APERIO | N CARE WEST RIDGE | |), IL 60626 | | | |
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| 93333 | , | • | S9999 | | | |
| | interviews and inve | stigating it. | } | | | |
| | R1 is an 82-year old | d, dependent female who was | | | | |
| | admitted to the facil | ity on 8/5/19 per the face | 1 | | | |
| | sheet. R1's quarterl | y Minimum Data Set (MDS) | | | | |
| | dated 12/30/21 doc | uments her brief interview | | | | |
| | mental score (BIMS |) of 3 which means R1 is not | , | | | İ |
| | able to be interviewed | ed due to cognition. The MDS | | | | İ |
| | for her needs is free | quire extensive to total care quently incontinent of bowel | | | | |
| | and bladder and is r | non-ambulatory. R1's | 300 | | | |
| | diagnoses include D | Dementia, Bipolar disorder, | | | | |
| | Syncope and Collap | ose. | | = | | |
| | On 2/21/22 at 1:40 t | DM V2 (Linemand Described | | | | |
| : | Nurse/I PN) stated F | PM, V3 (Licensed Practical R1 is very restless when up in | | 2 | | |
| | wheelchair so R1 wi | Il be laid down in bed to ease | | | | |
| | restlessness and fal | Is asleep. V3 stated that R1 is | | | | |
| | usually seen sitting i | up in bed. | | | | |
| | On 3/31/22 at 1:17 E | PM, V2 (Licensed Practical | | | ĺ | |
| | Nurse/LPN) stated \ | /2 works days 7 AM to 3 PM. | | İ | | |
| | V2 stated when V2 of | did rounds in the morning, R1 | | | | |
| | was seen up and dre | essed in a wheelchair. V2 | | 1 | | |
| 8 | stated that it was ne | ar the end of the shift when | | × | | |
| 4 | V4 came to tell me a | about R1's leg that is swollen | | | | |
| | and red and R1 is in | a lot of pain. V2 goes to her right leg is red and | | | | |
| G. | swollen. V2 stated R | 11 was in the bed when she | | | - | |
| | assessed her. V2 sta | ated R1 denies pain until her | | | | |
| | leg was touched their | n she would scream out in | | | | ì |
| | pain. V2 stated she of | calls V8, the attending | | 13 | 1 | ļ |
| | physician who orders | x-rays. V2 stated she | | 23 | | |
| | contacts portable x-r | ay company to find out it is arrival is 6 hours. V2 stated | | ii | | |
| | | physician to inform him of | | | | |
| | the 6-hour wait and s | she endorsed it over to | | | | |
| | oncoming shift. V2 st | tated that the facility's fall | | 45 | | |
| 1. | interventions are call | light within reach, frequent | i | | | |
| | rounding every 2 hou | irs, lower the bed, put in | | | | |

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PRINTED: 05/04/2022 FORM APPROVED 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 IL6003453 04/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6450 NORTH RIDGE BLVD APERION CARE WEST RIDGE CHICAGO, IL 60626 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 supervised area and use of floor mats. V2 stated she thought maybe R1 had a floor mat when informed that there is no floor mat on floor or in R1's room. V2 stated the restorative nurse has been here 3 days and the Director of Nursing (D.O.N.) has been here one week. On 3/31/22 at 1:30 PM, V4 (Certified Nurse Aide/CNA) states R1 was dressed and up in the wheelchair at the start of the 7 AM to 3 PM shift on 3/29/2022. V4 stated it was after lunch near end of the shift when V7 asked for help with transferring R1 from the wheelchair to the bed. V4 stated R1 voiced "take it easy" and was guarding her right side as R1 is put into the Hoyer lift. V4 asked "what is the matter?", R1 did not say. V4 said R1 is on the bed when they start to remove her clothes. V4 stated as she pulled down R1's pants, R1 cried out, "ouch" and R1's right leg is red and swollen. V4 stated that R1 is in a lot of pain when the right leg is touched and she will cry out. On 3/31/22 at 4:30 PM, V5 (11 PM to 7 AM CNA) stated that R1 is never gotten out of the bed on the night shift. V5 stated he provides care to R1 during the night and is careful because R1's legs are so severely contracted. V5 stated that a lot of caution is needed when caring for R1. V5 stated R1 is not combative during care. On 3/31/22 at 5:09 PM, V7 (assigned CNA) to R1. stated that R1 was in the bed at 7 AM when shift was started on 3/29/22. V7 stated that it was

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after the breakfast meal around 9:30 AM when she asked V4 to help her with incontinent care for R1. V7 stated when they both entered the room, R1 was in the bed and when they started to perform incontinent care, R1 screamed out in pain. R1's right leg is red and swollen. V7 states

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STATEMENT OF DEFICIENCIES (X1) PRO

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DAT | (X3) DATE SURVEY | |
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| | that V4 went to infor V7 that her account other staffs' intervier telling you what I know the staffs' intervier telling you what I know the staffs' intervier telling you what I know the staff are not gotten to responsibility to get stated V5 has worked and is a caring CNA contracted in the legueded when caring combative when up down to ease her reasteep. On 4/1/22 at 8:53 And stated R1 is very decannot say what hap severely contracted since admission to the ago. R1's legs are not stated he was aware and fibula but was not (2nd to 5th toes). V8 hospital again last night R1 was experiencing know why an orthope R1 while in emergent that there is not much fractures and R1 is not an assistance. | rm the nurse, V2. Informed does not line up with the ws, V7 response is "just | \$9999 | | | | |
| | acute fracture of the | distal third of the tibia with | | | | | |

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| S9999 | Continued From page 5 | | S9999 | | | | |
| | prominent displacement, a fracture of the | | | | | | |
| | proximal fibula with | soft tissue swelling and | | | | | |
| | postop hardware in | the 1st proximal phalanx | | | | | |
| ĺ | fracture of distal 2nd | to 5th metatarsals. | ĺ | | | | |
| | On 4/1/22 at 12:45 F | PM, V1 (Administrator) stated | | | | | |
| | V1 was told that the | injury was noted in the | |] | | | |
| | morning of the 3/29/ | 22. Explained that 2 staff | ĺ | | | | |
| 1 | members, V4 (CNA) | and V2 (LPN), both said it | | | | | |
| | day shift V1 agreed | ernoon before the end of the I that someone is not being | | | | | |
| | forthright. V1 agreed | ned that restorative nurse and | | | • | | |
| - 1 | D.O.N. are new to th | e facility and have been here | | | | | |
| | less than one week. | | | | | | |
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