

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006829	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2023
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NAME OF PROVIDER OR SUPPLIER APERION CARE HILLSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 OAKRIDGE AVENUE HILLSIDE, IL 60182
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S 000	Initial Comments	S 000		
	Complaint Investigation: #2396332/IL162648			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)5)			
	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 300.1210 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.			
	Section 300.1210 General Requirements for			

Attachment A
Statement of Licensure Violations

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>Nursing and Personal Care 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: 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> <p>These regulations were not met as evidenced by the following:</p> <p>Based on interviews and record reviews, the facility failed to conduct a thorough assessment and identify pressure wounds; and failed to document new wounds with necessary treatment interventions for one (R1) four residents reviewed for pressure ulcers. This failure resulted in R1's skin tear on the left gluteus/medial buttock worsening into an Unstageable pressure injury with foul smelling odor; and developed Stage 2 Pressure Injury on the left lateral buttock, Unstageable pressure injury on the right plantar foot and Deep Tissue Injury on the right lateral foot.</p> <p>Findings include:</p> <p>R1 is a 78 year old, male, admitted in the facility on 06/14/22 with diagnoses of Cerebral Infarction, Unspecified; Hemiplegia and Hemiparesis</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>following Cerebral Infarction Affecting Left Non-Dominant Side and Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance and Anxiety.</p> <p>R1's POS (Physician Order Sheet) documented the following: 05/23/23: Left buttock cleanse with normal saline pat dry pack loosely with hydrogel moisten gauze then apply abd and cover with dry dressing daily and as needed. 03/06/23: Left ischium cleanse with normal saline pat dry apply med-honey and cover with foam dressing daily and as needed every day shift for skin care</p> <p>R1's Wound progress notes recorded the following: 05/15/23: The wound is currently classified as a Full Thickness Without Exposed Support Structures wound with etiology of Skin Tear and is located on the Left gluteus. The wound measures 1.5 cm (centimeters) x 1.5 cm x 1.5 cm. Wound progress: unchanged 05/15/23: The wound is currently classified as a Partial Thickness wound with etiology of skin tear and is located on the Left Ischial Tuberosity. The wound measures 2.2 cm x 2.5 cm x 0.1 cm. There is undermining starting at 12:00 and ending at 12:00 with a maximum distance of 4.5 cm. 05/23/23: The wound is currently classified as a Full Thickness Without Exposed Support Structures wound with etiology of Skin Tear and is located on the Left gluteus. The wound measures 2 cm length x 2.5 cm width x 2cm depth. There is a small amount of purulent drainage noted. Wound progress: worsening. 05/23/23: The wound is currently classified as a Partial Thickness wound with etiology of Skin</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Tear and is located on the Left Ischial Tuberosity. The wound measures 3.5cm length x 2cm width x 0.1cm depth. Wound progress: unchanged</p> <p>R1's Wound Assessment Details Report dated 05/30/23 documented: Left buttock - skin tear, type 3, total flap loss, facility acquired, 02/27/23; size: 2.0 cm x 2.5 cm x 2.0 cm undermining at 12 o'clock to 12 o'clock at 4.5 cm; exudate - scanty bloody amount Left ischial tuberosity - skin tear, Type 2 partial flap loss, facility acquired 03/06/23; size: 3.5 cm x 2.0 cm x 0.10 cm; exudate - scanty serosanguineous amount.</p> <p>On 08/15/23 at 1:02 PM, V4 (Wound Care Nurse) was asked regarding R1's wounds. V4 replied, "He had skin tear on the left buttock, identified on 02/27/23 and left ischium identified on 03/06/23. The left buttock reopened on 02/27/23 which was already healed on 12/12/22. It reopened as a skin tear. V11 (Nurse Practitioner for Wound) was seeing his wounds. I don't know how the left buttock skin tear reopened. He was discharged on 05/31/23 with left buttock, left ischium skin tears. They were all skin tears and not pressure ulcers."</p> <p>On 08/16/23 at 12:36PM, V11 was interviewed regarding R1. V11 stated, "He had skin tears and abrasion, but no pressure ulcers as documented. I had documented it as skin tears and never progressed to pressure ulcers based on my progress notes. He had bad immobility and body contractures. At one point, the wound on the left gluteus was cultured. There was a small amount of purulent drainage noted, that is the reason why we did culture."</p> <p>Progress notes dated 05/31/23 documented that</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R1 was sent out to the hospital due to change in condition, seemed weaker than usual.</p> <p>Hospital records dated 05/31/23 under Emergency Department Note recorded the following: Physical Exam: Skin - Left buttock with chronic appearing ulcer that is foul-smelling Inpatient Wound progress notes dated 06/01/23 documented the following: Unstageable Pressure Injury Buttock Left, Medial; fragile, brown, moist, black; Wound length 5.5 cm x 5.5 cm width undermining at 6.5 cm circumferential; Wound Odor - strong; Exposed structure - bone; State of healing - eschar, non-healing; undermining Stage 2 Pressure Injury Buttocks Left, lateral; size - 3.2 cm x 2 cm x 0.2 cm; State of healing - early/partial granulation Unstageable Pressure injury foot right; plantar; Size - 4.7 cm x 1.6 cm Deep tissue pressure injury foot right; lateral; plantar; Size - 1.7 cm x 1.2cm; State of healing - Non-healing All pressure wounds were noted to be present upon admission to hospital.</p> <p>R1 was found to have several pressure injuries on the left buttock, medial; left buttock lateral; right foot, plantar and right foot lateral plantar which facility was documented as skin tears. The left buttock pressure injury, medial was also found to have strong wound odor. According to progress notes dated 05/24/23, a skin tear on the left iliac crest, rear; and a trauma abrasion skin concern was observed on R1's feet, but no wound details report and interventions were presented by facility upon request during onsite survey.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>On 08/21/23 at 11:06 AM, V8 (In Patient Wound Care Hospital) was interviewed regarding R1's wounds. V8 stated "They are not skin tears; they are pressure ulcers. Last time I saw the resident was on 06/01/23 with the following pressure ulcers: left medial buttock, left lateral buttock, right plantar foot and right lateral foot. The strong odor on the left buttock, medial came from the dead necrotic tissue.</p> <p>Facility's policy titled "Pressure Injury and Skin Condition Assessment" revision date 1-17-19 documented in part but not limited to the following: Purpose: To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other ulcers and assuring interventions are implemented.</p> <p>(B)</p>	S9999		
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