

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005847	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/11/2023
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NAME OF PROVIDER OR SUPPLIER APERION CARE ELGIN	STREET ADDRESS, CITY, STATE, ZIP CODE 134 NORTH MCLEAN BOULEVARD ELGIN, IL 60121
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S 000	Initial Comments Complaint Investigation 2371195/IL158332	S 000		
S9999	Final Observations Statement of Licensure Violation 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 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	S9999	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>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a resident was safely transferred by using a mechanical lift and two staff assistance to prevent injuries. As a result, R1 sustained an acute distal femur fracture and was admitted to the hospital.</p> <p>This applies to 1 of 3 residents (R1) reviewed for safe transfers in the sample of 7</p> <p>Findings include:</p> <p>On 02/10/2023 at 10:30 AM and 3:30 PM, V2 (Director of Nursing/DON) said R1 uses a mechanical lift with two staff assistance and on 02/08/2023 around 9:00 AM V6 (Certified Nursing Assistant/CNA/Hospice) transferred R1 from</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>wheelchair to shower chair without using a mechanical lift and asking for help. V2 said after the shower, when V6 got R1 back to her room, V6 noticed swelling in R1's knee and reported it to V3 (Registered Nurse/RN). V2 said R1 complained of pain upon assessment and x-ray was taken per the physician's order. R1 had a distal femur fracture per radiology report and was transferred to the hospital for further evaluation. V2 said the hospice provider creates a binder for each resident, and hospice staff is expected to use the binder and sign in and out in the visitation log, which is kept in the binder.</p> <p>On 02/10/2023 at 3:40 PM, V8 (R1's Physician and Medical Director) said a nurse from the facility reported to him that R1 was fine with no new problems and complained of pain after the transfer. V8 said that V6 (CNA) should have used the mechanical lift with two staff assistance to transfer R1. V8 said, "The fracture must have happened during the transfer."</p> <p>A review of the face sheet showed that R1 was a 93-year-old admitted to the facility on 11/19/2014 with diagnoses including gout, dementia, cerebral atherosclerosis, type 2 diabetes, chronic obstructive pulmonary disease, and an encounter for palliative care. R1's Minimum Data Set dated 12/12/2022 showed R1's cognitive abilities were severely impaired, and R1 required a mechanical lift with extensive two assists for transfer. A review of the care plan dated 06/18/2022 and the current care plan showed R1 required a mechanical lift and two staff assistance for transfer.</p> <p>The radiology report dated 02/08/2023 showed R1 had an acute distal femur fracture. R1's care profile in the hospice binder was highlighted for</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>"transfer mechanical with two staff assistance" under special instructions. The visitation log showed in and out signatures of other hospice staff and was missing V6's signatures. The facility phone investigation report with V6 witnessed by V10 (RN Case Manager-Hospice) showed R1 was calm with no complaints of pain or discomfort and no noticeable swelling upon undressing R1 before the shower. V6 stated in the report, "I have been caring for R1 for a long time, and she transfers by herself."</p> <p>On 02/10/2023 at 12:10 PM and 12:28 PM during interview, V4 (CNA) and V3 (RN) said they were assigned to R1 on 12/08/2023. V4 (CNA) arrived to work around 6:00 AM, and R1 was in a wheelchair sitting in the dining room. V4 said after R1's breakfast, she wheeled R1 to her room, and V4 did not notice any distress or no complaint from R1. V3 (RN) said that R1 did not complain of any pain and was not in distress when she made her rounds at 8:00AM. V3 said V6 (CNA) notified her (V3) that R1 had some swelling and asked her to assess R1. V3 said she assessed R1 and R1 told her "Dolor" meaning pain in Spanish, and R1 had swelling in her right knee. V3 said she notified R1's physician, applied cold compresses, and administered pain medication. V3 said R1 had an acute distal femur fracture after a stat x-ray. V3 and V4 said R1 requires mechanical lift with two staff assist for transfer, and V6 did not call them for assistance. V3 said she was not aware that V6 transferred R1 by herself.</p> <p>On 02/10/2023 at 3:07 PM V6 (CNA) was interviewed in the presence of V9 (Hospice Executive Director/Hospice RN Case Manager). V6 said she was taking care of R1 for a month, twice a week by herself and never used the mechanical lift since she was unaware that R1</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>needed the mechanical lift and two assistances. V6 said she never knew the facility had a hospice binder for R1.</p> <p>A facility's "Transfers - Manual Gait Belt and Mechanical Lift" policy included: PURPOSE: To protect staff and residents' safety and wellbeing and promote quality care, this facility will use a mechanical lift for lifting and movements of residents. GUIDELINES: Mechanical lifting devices shall be used for any residents needing two staff assistance or who cannot transfer comfortably and/or safely by normal transfer technique.</p> <p>(A)</p>	S9999		