

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MARSEILLES	STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341
--	---

(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
S 000	Initial Comments	S 000		
	Complaint Investigation: 2321651/IL156898			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210d)4)C</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. 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.</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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MARSEILLES	STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341
--	---

(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
S9999	<p>Continued From page 1 care needs of the resident.</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>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.</p> <p>-These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a residents dignity in a public place, while providing transportation assistance to an out-of-facility appointment. This failure resulted in R1 experiencing ongoing embarrassment and humiliation.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, Dignity, dated (revised) 4/23/2018 directs staff, "The facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Staff shall carry out activities in a manner which assists the resident to maintain and enhance his or her self-esteem and self-worth."</p> <p>The facility Transportation Log, dated February</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MARSEILLES	STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341
--	---

(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
S9999	<p>Continued From page 2</p> <p>2023 includes the following information, "Thursday, February 23, 2023 (R1) Eye appointment at 2:15 P.M."</p> <p>On 2/28/23 at 9:02 A.M., R4 (R1's roommate) stated, " (R1's) not here. (R1's) in the hospital. (R1) had been complaining of her leg hurting and they (facility staff) finally sent her to the hospital. I have never ridden in the facility van, but (R1) has. You need to talk to (R1) about it. It was bad. (R1) talked about it, constantly, for days. (R1) said it was a horrible, embarrassing situation. (R1) told me they took her to an appointment, and all she had on was a gown and socks. They didn't put foot pedals on her wheel chair and her socks got caught and she almost fell out of the wheelchair. She was so upset and embarrassed because bystanders had to help put her back in her chair, hold her legs up so the girl (V3/Transpiration Aid) could move her chair and her gown kept blowing up because of the wind. (R1) was still crying everytime she talked about it."</p> <p>On 2/28/23 at 10:13 A.M., V4/R1's Power of Attorney stated, "Yes, I am aware of the situation that occurred on 2/23/23 when facility staff transported (R1) to an eye doctor appointment without sufficient staff to assist and with (R1) dressed inappropriately for the weather. (R1) called me immediately when she returned from the appointment. (R1) was crying and very distraught. (R1) kept saying it was the most embarrassing and horrible thing that had ever happened to her. (R1) said they were unable to use her regular wheelchair to transport her and had placed her in a smaller wheelchair and didn't put the footrests on the chair for her feet to rest on. They took (R1) out of the building in only a house dress and socks. (R1) wasn't wearing a jacket and (R1's) legs were exposed. (R1) said</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MARSEILLES	STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341
--	---

(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
S9999	<p>Continued From page 3</p> <p>(V3/Transportation Aid) had taken her to other appointments, but that another person always went with to assist. For this appointment, they sent (V3/TA) by herself without assistance. (R1) is unable to hold her legs up and (R1) weighs almost 370 pounds. (R1) told me once (V3/TA) got her out of the van, she was unable to push (R1), because (R1's) feet kept dragging on the pavement. (R1) told me she almost fell completely out of the wheelchair two different times, and it took the assistance of bystanders to lift (R1's) legs up and assist in pushing (R1's) wheelchair into the eye doctor's office. (R1) says it was very windy outside and her dress kept flying up and (R1) was exposed. After the appointment, it took assistance from staff at the eye doctor's office and even a couple of managers from the next-door jeweler's office to get (R1) back in the van. Besides being so humiliated and cold due to the outside weather temperatures, (R1's) lucky (R1) wasn't seriously hurt."</p> <p>On 2/28/23 at 10:27 A.M., V3/Transpiration Aid (TA) stated, "When I was told to take (R1) to this appointment (2/23/23), I went to (V1/Administrator) and I told (V1) I needed help with R1 as (R1) is too heavy. V1 told me, You'll be fine. Figure it out. I told (V1) again I wasn't comfortable, but (V1) wouldn't get me any assistance. When I went to get (R1), it took three other cnas to help get (R1) from (R1's) regular wheelchair into this smaller chair. I believe, it was V5 and V6/CNAs and I can't remember who else. I asked for some foot pedals for (R1's) chair, and they told me there wasn't any. I got (R1) loaded into the van and drove (R1) to the appointment. I unloaded (R1) from the van and then I had an incline to push (R1) up to get to the sidewalk. (R1) can't hold (R1's) legs up and they kept</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MARSEILLES	STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341
---	---

(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
S9999	<p>Continued From page 4</p> <p>dragging on the ground. (R1's) socks would catch the cement. (R1) almost came out of her wheelchair totally, a couple of times. Every time I tried; (R1) would slip further down in her chair. Some bystanders came to help me. I know (R1) was crying, (R1) said she was so embarrassed. It was very windy and chilly out that day. At one point, (R1's) dress flew up and exposed (R1). I took my jacket off and wrapped it around (R1's) legs. I was very frustrated and angry that I hadn't gotten any help. It was embarrassing for (R1) and for me. When we left the appointment, some of the staff from the eye doctor's (office) and even a manager from the jewelry store came and held (R1's) legs up so I could push (R1) to the van. When we got back, I immediately went to (V1/Administrator) and (V8/Human Resources) and they told me all of it was my fault."</p> <p>On 2/28/23 at 10:59 A.M., R1 stated, "(V3/Transportation Aid) took me to my appointment, this past Thursday (2/23/23). (V3/TA) has taken me before, but she had help. I don't know why (V3/TA) didn't have any help this time. They put me in a different chair, because my regular chair won't fit on the facility van. They told me they didn't have any footrests that would fit this chair, so we left without them. It was so humiliating. My socks would snag on the concrete, and it would pull me almost completely out of the chair. I kept trying to push myself back into the chair, but I couldn't get myself all the way back. I can't hold my legs up off the ground and they kept dragging. My dress kept coming up because of the wind. (V3/TA) gave me her coat to cover my legs. People kept coming by to help. Finally, a nurse from somewhere and the manager of a jewelry store came and kept my legs lifted up and (V3/TA) could push my chair into the doctor's office. It was very cold and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER APERION CARE MARSEILLES	STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>windy. I was really upset, and my legs were freezing cold. None of this is (V3's) fault. She needed help. I've been so upset about all of this, since it happened. I haven't been able to stop crying. I was so humiliated and embarrassed." At that same time, R1 stated she was not going to return to the facility upon discharge from the hospital. "I'm never going back there."</p> <p>On 3/1/23 at 8:49 A.M., V2/Interim Director of Nurses (DON) stated, "When a resident leaves the facility for an outside appointment, the expectation is that the resident is fully clothed, preferably in their own clothing, with the appropriate outside garments on, depending on the weather. Including shoes and socks. If a resident prefers to leave the facility in a dress or a skirt, their legs should be completely covered with a blanket or lap robe to ensure their dignity. A resident should never leave the facility in only a gown and socks. If a resident requires footrests on their wheelchair, then they should always have those footrests in place to prevent accidental ejection from their wheelchair or injuries to their feet, ankles, knees or legs."</p> <p>On 3/2/23 at 8:45 A.M., R1's personal belongings were packed in boxes on top of her bed. No clothing or personal items were present in R1's closet or dresser drawers. At 9:40 A.M., V1/Administrator confirmed R1 was not returning from the hospital to the facility. V1 also confirmed that (R1) was going to another facility.</p> <p>(B)</p>	S9999		
-------	--	-------	--	--