

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014617	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/02/2023
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NAME OF PROVIDER OR SUPPLIER APERION CARE INTERNATIONAL	STREET ADDRESS, CITY, STATE, ZIP CODE 4815 SOUTH WESTERN AVE CHICAGO, IL 60609
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S 000	Initial Comments Complaint Investigation 2381006/IL156103	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)6)</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 style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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 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>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 are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to utilize proper technique to pull a dependent resident (R2) up in bed. As a result of this failure, R2 sustained a fracture of the right mid humeral diaphysis.</p> <p>Findings include:</p> <p>R2's Admission Record documents diagnoses including but not limited to malignant neoplasm of prostate, secondary carcinoid tumors of bone and pressure ulcer of sacral region, stage 1.</p> <p>R2's 1/13/23 BIMS (Brief Interview for Mental Status) determined a score of 10, indicating that R2's cognition was moderately impaired.</p> <p>R2's Admission Record documents a discharge date of 2/2/23. R2 no longer resides at the facility and attempts to reach R2 for interview were unsuccessful.</p> <p>R2's 1/13/23 MDS section G for Functional Status determined that for ADL (Activities of Daily Living)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>support provided related to bed mobility, R2 was coded at a "2. One-person physical assist." For transfers, R2 was coded at a "3. Two-person physical assist" for ADL support provided.</p> <p>R2's "Preliminary 24-hour Abuse Investigation Report" for an injury of unknown origin that was sent to the state agency on 2/1/23 with a date of occurrence of 2/1/23 documents, in part, "Based on the initial investigation, review of the medical record, and interview of witnesses during the first 24 hours after the incident, the following are the known facts at this time: Resident was being repositioned and began to make facial grimaces and c/o (complain of) pain to right arm. Resident was assessed and medicated with pain medication. X-rays were ordered and came back with an acute nondisplaced mildly angulated fracture of middle humeral diaphysis. MD (Medical Doctor) was notified with orders to send to ER (Emergency Room) for further evaluation." The final "Abuse Investigation Report" sent to the state agency on 2/7/23 documents, in part, "Summary of investigator's findings: A review of the radiology results states that (R2) has a severe diffuse osteopenia. This is likely the reason for the fracture. Other residents that received wound care from (V24 Wound Care Nurse) were interviewed and all reported that she (V24) provided care properly and no concerns of abuse."</p> <p>On 2/28/23 at 1:45 PM, V24 (Wound Care Nurse) stated that she (V24) asked V4 (LPN) for assistance in repositioning R2 because, "He (R2) wasn't in the bed correctly," so that V24 could provide wound care. V24 added, "We repositioned him (R2) and pulled him (R2) up to the head of the bed. I (V24) was standing on his (R2) right side because I (V24) was closer to the</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>window." The surveyor inquired how V24 pulled R2 up in bed. V24 replied, "The way I (V24) have been taught since I (V24) was in nursing school was the way I (V24) pulled him (R2) up, which was underneath his (R2) arm with support." The surveyor inquired if R2 was complaining of pain immediately after being repositioned. V24 answered, "He (R2) wasn't screaming or doing anything like that, but he (R2) kind of like took the left arm and kind of touched it (the right arm)."</p> <p>On 02/28/23 at 2:50 PM, V4 (LPN/Licensed Practical Nurse) answered, "Yes" when the surveyor asked if she (V4) assisted V24 with repositioning R2. V4 stated, "I was on the left side of him (R2). (V24) was on the right. We went to pull him (R2) up in bed and that's when he (R2) began with the guarding of his arm and the facial grimaces." When the surveyor inquired what was used to reposition R2, V4 stated, "I cannot remember if we used a chuck or if under his arms. That one I cannot recall." The surveyor inquired at what point R2 began complaining of the right arm pain. V4 replied, "Immediately after he (R2) was pulled up."</p> <p>On 02/28/23 at 2:33 PM, R19 (R2's roommate) stated, "I (R19) remember that they came in to do a wound on his (R2) back. I (R19) left out the room. When I came back in, he (R2) said, They broke my arm!"</p> <p>R19's 12/30/22 BIMS determined a score of 13, indicating R19's cognition is intact.</p> <p>On 03/01/23 at 9:10 AM, V2 (DON/Director of Nursing) stated, "The expectation is for staff to use the drawsheet or pad with lifting the patient." The surveyor inquired if staff should ever grab a resident under the arms or any other extremity to</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>pull up in bed. V2 replied, "No, should use the draw sheet to reposition."</p> <p>On 03/01/23 at 10:28 AM, V28 (Nurse Practitioner) stated, "I was notified that he (R2) was having arm pain after either transfer or repositioning, so I ordered an x-ray. X-ray, as I (V28) recall, was with an acute finding, so I (V28) sent him (R2) out for an ortho (orthopedic) evaluation." V28 added that R2 has metastatic cancer and is on hospice. V28 stated, "He's (R2) very frail. There's always a risk of pathological fracture." The surveyor inquired if a resident is being improperly transferred or repositioned, is there a risk of a fracture occurring? V8 replied, "There is."</p> <p>R2's 2/1/23 "Medical Transportation Patient Care Report" documents, in part, "Pt (patient) remembered the events of the incident and stated the facility staff member attempted to move the Pt by cradling them when the Pt was telling them to stop."</p> <p>R2's 2/1/23 Hospital "ED (Emergency Department) History and Physical" authored by V29 (MD/Medical Doctor), documents, in part, "History of Present Illness, Initial Comments: ... EMS (Emergency Medical Services) reports the staff was assisting the patient and moving him (R2) up in bed when he (R2) started reporting pain. Patient states they pulled on his (R2) arm too fast and moved too quickly. Reports sudden onset pain when this incident occurred."</p> <p>R2's 02/01/23 hospital Radiology report of the right humerus documents in part, "Impression: Acute transversely oriented minimally displaced fracture of the mid humeral diaphysis."</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The revised 1/19/18 "Transfers-Manual Gait Belt and Mechanical Lifts" documents, in part, "Purpose: In order to protect the safety and well-being of the Staff and Residents, and to promote quality care, this facility will use Mechanical lifting devices for the lifting and movement of Residents. Guidelines: 1. Mechanical lifting devices shall be used for any resident needing a two person assist, or who cannot be comfortably and/or safely by normal transfer technique. Except during emergency situations or unavoidable circumstances, manual lifting is not permitted.</p> <p>The MedlinePlus website (a service of the National Library of Medicine) article dated 10/23/2021 and titled "Pulling a patient up in bed" documents, in part, "You must move or pull someone up in bed the right way to avoid injuring the patient's shoulders and skin. Using the right method will also help protect your back. It takes at least 2 people to safely move a patient up in bed ... Never move patients up by grabbing them under their arms and pulling. This can injure their shoulders. A slide sheet is the best way to prevent friction. If you do not have one, you can make a draw sheet out of a bed sheet folded in half." (https://medlineplus.gov/ency/patientinstructions/000429.htm)</p> <p>(B)</p>	S9999		