

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/25/2023
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NAME OF PROVIDER OR SUPPLIER APERION CARE PEORIA HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1629 GARDNER LANE PEORIA HEIGHTS, IL 61616
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(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 Complaint Investigation 2325109/IL161152	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3) 300.3210t) 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.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</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>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 further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to prevent resident to resident verbal and physical abuse for two of four residents (R2 and R4) reviewed for abuse in the sample of five. This failure resulted in R2 calling R4 a racial slur, and R4 punching R2 in the nose, causing R2 to have a nose fracture and hematoma to the back of the head."</p> <p>Findings include:</p> <p>The facility's Abuse and Reporting policy dated 12-17-21 documents, "This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and service by staff</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. A resident-to-resident altercation should be reviewed as a potential situation of abuse."</p> <p>On 6-23-23 at 9:30 AM R2 was lying in bed. R2's nose had reddish/purplish bruising and was swollen. R2 stated, "My nose hurts. I got punched."</p> <p>On 6-23-23 at 9:40 AM R4 was sitting in his wheelchair with V6 (Certified Nursing Assistant/CNA) sitting next to R4. R4 stated, "H**I yes I punched R2. R2 called me a N****r. I will punch anybody that calls me that."</p> <p>On 6-24-23 at 10:20 AM V5 (Licensed Practical Nurse/LPN) stated, "R4 hit R2 in the face after R2 called R4 a racial slur. R2's nose got broke."</p> <p>V5's (LPN) Statement dated 6-20-23 documents, "Writer (V5) noted screaming and yelling coming from dining room. Upon arrival I noted (R2)</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>bleeding from nose. (R4) stated the other resident called him a n****r so he punched (R2) in his face."</p> <p>R2's MDS (Minimum Data Set) Assessment dated 4-21-23 documents R2 is cognitively intact.</p> <p>R2's Care Plan dated 5-26-23 documents R2 has the diagnoses of Attention-Deficit Hyperactivity Disorder, Personality and Behavioral Disorders due to known Physiological Condition, Mood Disorder, and Major Depression. This same Care Plan documents R2 is at risk for abuse and neglect and has verbal aggression.</p> <p>R2's CT (Computerized Tomography) Head or Brain dated 6-21-23 documents, "Indication: 70-year-old with blunt facial trauma. Reportedly beat up at (the facility). Impression: Soft tissue contusion/hematoma overlying the right occipital bone (back of the head). Acute fracture on chronic nasal septal (nose) and comminuted nasal bone fracture leftward deviation."</p> <p>R4's MDS Assessment dated 6-9-23 documents R4 is cognitively intact.</p> <p>R4's Care Plan dated 5-26-23 documents R4 has the diagnoses of Anxiety Disorder, Obsessive-Compulsive Disorder, and Major Depressive Disorder. This same Care Plan documents, "I have a behavioral problem and presents physical aggression towards other peers."</p> <p>R4's Progress Notes dated 6-20-23 documents, "(R4) was involved in a physical altercation with another peer in the dining room. Send to (ER) Emergency Room for psychiatric evaluation."</p>	S9999		
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S9999	Continued From page 4 R4's Emergency Department notes dated 6-20-23 documents, "58-year-old presenting to the emergency department after striking another resident (R2) after being called a racial slur." R4's Police Report dated 6-20-23 at 6:08 PM and signed by V4 (Police Officer) documents, "On the listed date and time I (V4) was dispatched to (the facility) for two residents fighting. Upon arrival I (V4) spoke with (V5 LPN) and (V5) advised that she was told that (R2) called fellow resident (R4) a "N****r", so (R4) punched (R2) on the face. I observed (R2) in a wheelchair holding a bloody rag to his nose. (V5) stated she was made aware of by (V6 R2's Friend) who was present during the fight. I then spoke to (V6). (V6) was difficult to understand but stated she observed (R4) punch (R2) in the face with a closed fist. I then spoke to (R4). (R4) was wheelchair-bound as well. (R4) advised (R2) was operating his wheelchair behind (R4). (R4) stated (R2) was trying to hurry (R4), so they could go smoke. (R4) advises he told (R2) to stop hurrying (R4). (R4) advised (R2) replied, "F**k you N****r. F**k you, you f****g N****r." (R4) stated he then punched (R2) on the face." "B"	S9999			