Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6001085	B. WING		C 06/16/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	00/10/2020		
APERIOR	CARE BRADLEY		TH KINZIE Y, IL 60915			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
\$ 000	S 000 Initial Comments		S 000			
	Facility Reported In	ncident of 5/31/23/IL160811	î (5 8		
S9999	Final Observations	M 11	S9999		W E	
	Statement of Licens	sure Violations:		21	W 2	
-	300.610a) 300.1210b) 300.1210d)6)		6	* Z		
b	22			W 2		
	Section 300.610 Re	esident Care Policies	*			
	procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory confined in the policies shall complete the complete in the procedure of the complete in t	shall have written policies and ing all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the emmittee, and representatives or services in the facility. The ly with the Act and this Part. shall be followed in operating				
	b) The facility scare and services to practicable physical well-being of the reseach resident's complan. Adequate and care and personal of	shall provide the necessary of attain or maintain the highest of attain or maintain the highest of a stain or maintain the highest of a stain or maintain the highest of a stain or maintain the highest or maintain the highe		Attachment A Statement of Licensure Violation	ons	

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

TITLE

(X6) DATE

PRINTED: 07/12/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6001085 06/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **650 NORTH KINZIE APERION CARE BRADLEY** BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 S9999 Continued From page 1 Pursuant to subsection (a), general d) nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 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. These requirements were not met as evidenced Based on interview and record review the facility failed to provide safe motor vehicle transport. This failure resulted in R2 suffering multiple fractures and injuries requiring hospitalization when R2's improperly secured wheelchair tipped forward causing R2 to fall on vehicle floor. This applies to 1 of 3 residents (R2) reviewed for injuries in a sample of 6. Findings include: R2's Admission Record dated 04/13/2023 documents diagnoses which include muscle wasting and atrophy, repeated falls and severe

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protein-calorie malnutrition.

The facility's incident report dated 05/31/2023, completed by V2 Director of Nursing, documents "Resident (R2) experienced an unwitnessed fall

during transportation from an orthopedic appointment. Resident was assessed, resident had a laceration on left eyebrow and no other visible injuries. NP (Nurse Practitioner) notified

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		IDENTIFICATION NUMBER:	A. BUILDING:		COMP							
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IL6001085		IL6001085	B. WING		06/16/2023							
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 5	STATE ZIP CODE								
650 NORTH KINZIF												
APERIO	N CARE BRADLEY		r, IL 60915			V						
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)						
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	(EACH CORRECTIVE ACTION SHOU	JLD BE	COMPLETE						
TAG	REGULATORY OR L	SCIDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRODEFICIENCY)	DATE							
******			6									
S9999	Continued From page 2		S9999									
	and orders for the r	resident to be sent to the ED										
	(Emergency Department) for further evaluation					5						
	was placed."											
	T. 6 99 1 E. 15	3										
	The facility's Final Report dated 06/07/2023 documents "Resident (R2) experienced an unwitnessed fall during transportation from an											
		ment. Residents wheel chair										
		ding the seatbeltfacility van										
1.5		ensure wheel chair properly										
	secured for all trans											
				-								
		PM, V2 stated "they called				Į						
		y help I went into the bus										
		on the floor face down."										
		Practitioner progress note wed, R2 "was strapped in his	30	30								
		e from a doctor's appointment										
		ir flipped over him as they										
		ility's main entrance."										
		1:57 AM V16 Certified Nurse										
		river stated, "What I think										
		aps that hold the wheels act hey give a bit back and forth										
		kes or are involved in a crash.										
		n. I went over a bump in the										
\$2		(R2) flying face down with both										
		air while the front wheels were										
		s didn't lock down because I										
- 23	wasn't on the brake	es."				933						
16	The feelitude wheels	phoir looks reserved above d										
		chair locks manual showed r tie-down hooks to solid										
		weldments, near seat level.										
		re fixed at approximately 45										
		tach hooks to wheels, plastic,										
		of wheelchair. 4. Ensure all										
	tie-downs are locke	ed and properly tensioned. If										
	necessary, rock the	wheelchair back and forth or										

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ С B. WING IL6001085 06/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE **APERION CARE BRADLEY** BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) S9999 S9999 Continued From page 3 manually tension retractor knobs (if present) to take up additional webbing slack... On 06/15/2023 at 02:12 PM V17 Equipment Mechanic Technician stated, "There is no play in the straps that hold the wheelchair wheels to the floor in these vans. When these wheels are strapped down correctly there is no play or give...Anytime! When secured correctly, the wheelchair would be demolished before separating from the floor. If the person was face down with the rear wheels in the air and the front wheels still secured whoever was doing it used two straps not four. They obviously didn't secure the wheelchair as they should have." On 06/16/2023 at 02:37 PM V18 Nurse Practitioner for R2 stated, "This is a failure for (R2). He just is recovering from hip fracture and healing well. Now this. He's altered so he can't say what really happened and just suffers with the neck collar and pain he experiences. These injuries were all avoidable." R2's Hospital Emergency Room record dated 05/31/2023 documents (R2) states R2 was a restrained passenger on a wheelchair in a van (going at unknown speed) where the driver braked guickly and patient tipped over and hit his head on the floor and the right side of his body. The Findings include: acute displaced fracture involving the distal right clavicle, scalp hematoma, acute right C6-C7 (spine) perched facet joint demonstrating associated displaced fracture fragments of the inferior articular facet of C6 and the superior articular facet of C7, displaced fracture fragment of inferior endplate of C6 posteriorly, traumatic mild anterior subluxation

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of C6 and C7 and fracture fragments of C6-7

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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ С B. WING IL6001085 06/16/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **650 NORTH KINZIE** APERION CARE BRADLEY BRADLEY, IL 60915 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 4 resulting in partial narrowing of the central canal and the right neural foramen. The emergency room History and Physical for R2 dated 05/31/2023 at 02:28 PM documents, "Because of the patient's clinical condition involving fall resulting in injuries (conditions requiring hospitalization), the patient requires treatment with possible surgical intervention, and I expect that the patient will stay more than 2 midnights based upon accepted standards of medical practice and patient-specific clinical circumstances. The patient is a risk for worsening symptoms and death. Due to the severity of the illness and intensity of services, the patient's care can only be provided safely and effectively as an inpatient observation." R2's Minimum Data Set dated 05/04/2023 documents him as requiring the extensive assistance of one person for movement while in a wheelchair, requiring the extensive assistance of one person for dressing, the extensive assist of 1 staff and with bilateral lower extremity impairments. (A)

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