

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2023
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NAME OF PROVIDER OR SUPPLIER APERION CARE WESTCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154
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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 Annual Heath Certification and Licensure	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.3240a) 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 commlttee, 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of	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 notification.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidence by:</p> <p>Based on interview and record review, the facility failed to immediately inform a physician of abnormal labs prior to a resident's change of condition of 4/03/2023 and failed to follow facility policy for one of thirty residents (R3) in the sample. This failure resulted in R3 having to be hospitalized due to acute hypoxemic respiratory failure, seizures, and hypernatremia.</p> <p>Findings Include:</p> <p>R3 is a 57 year old female who was originally admitted to the building on 7/26/2012 and still currently resides in the facility. R3 has multiple diagnoses including but not limited to the following: epilepsy, vitamin D deficiency, multiple sclerosis, severe protein calorie malnutrition, dementia, hypernatremia, hypokalemia, pressure induced deep tissue damage, and gastrostomy.</p> <p>Facility lab report dated 4/3/23 shows in part but not limited to the following: blood urea nitrogen (BUN): 30 (High) and Sodium (Na): 157 mEq/L (Critically High).</p> <p>Facility progress note dated 4/5/23 states in part but not limited to the following: R3 was observed during rounds with twitching of the face. R3 was not responding, skin was clammy, and face was twitching. Resident was placed on a</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>non-rebreather, 911 was called, and R3 was taken to the emergency room.</p> <p>Per hospital records dated 4/11/23 show in part but not limited to the following: Principal problem: acute hypoxemic respiratory failure; active problems: altered mental status, seizures, AFib, hypernatremia, and lactic acidosis. New onset seizure activity, fever, currently AFib, sepsis due to bacteremia, acute hypoxic respiratory failure 2/2 seizures, hypernatremia was 163 mEq/L upon admit.</p> <p>On 6/13/23 at 12:15PM, V17 (Licensed Practical Nurse) was interviewed regarding R3's incident on 4/5/23 and care. V17 said on 4/5/23, I was doing medication pass and the wound team were doing rounds. They went into R3's room and they called me into the room. I observed R3's face twitching, her skin was clammy, and she was not responding to any stimuli. We sent her out via 911. I was working the day before and nothing out of the ordinary was noted, she was fine. The labs taken on 4/3/23 may have been routine labs, I do not remember anything out of the ordinary happening with R3 prior to 4/5/23.</p> <p>Per facility progress note dated 4/3/23 states in part but not limited to the following: labs relayed to V16 (Nurse Practitioner), awaiting orders.</p> <p>On 6/13/23 at 1:46PM, V16 (Nurse Practitioner) was interviewed regarding R3's care and recent hospitalization. V16 said right now I cover majority of the residents in the building if they are having any acute changes, however I only work on Tuesday's and Friday's. I was made aware of R3's incident after she was sent to the hospital. I looked back at my phone today and it does look as if V17 messaged me regarding R3's lab</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>results but I do not remember. I was not working on 4/3/23 so I do not remember seeing this message. However, I definitely would have ordered something if I was made aware. I typically always provide treatment when a resident's sodium is over 150 mEq/L. I would have increased her free water flushes since she is on a gastric tube and do labs the next day. If the lab was still high the following day, I would send the resident out. High sodium levels can be an indicator of dehydration and can also cause seizures.</p> <p>It is to be noted that R3's physician order sheet shows no new orders put in place between 4/3/23 and on 4/5/23 when R3 was sent to the hospital.</p> <p>On 6/14/23 at 2:05PM, V1 (Administrator) was interviewed regarding nursing expectations for residents who are experiencing a change of condition. V1 said it is expected that the nurse reach out to the resident's primary physician, nurse practitioner, or medical director. If they do not hear back from anyone, they are to report it to the oncoming nurse before leaving their shift. They should be continually following up to ensure the appropriate parties are aware.</p> <p>Per facility policy titled Assessment of Resident with revision date of 4/18/22 states in part but not limited to the following: Purpose: To gather comprehensive information as a basis for identifying resident problems/needs and developing or revising an individual plan of care. Guidelines: 8. If reassessing resident, review progress notes, physician's orders and progress notes, weights, intake/output records, laboratory test results, resident's response to current treatments. 10. Notify the attending physician or significant</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>findings and request necessary change in orders.</p> <p>Accordint to the National Institutes of Health: The most serious complication of hypernatremia is subarachnoid or subdural hemorrhage due to the rupture of bridging veins and dural sinus thrombosis. It can lead to permanent brain damage or death. Rapid correction of chronic hypernatremia causes cerebral edema, seizure, and permanent brain damage.</p> <p>Sonani B, Naganathan S, Al-Dhahir MA. Hypernatremia. [Updated 2023 May 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK441960/</p> <p>(A)</p>	S9999		