STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007207	A. BUILDING: _____ B. WING _____	C 09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE BURBANK	5701 WEST 79TH STREET BURBANK, IL 60459

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S 000	Initial Comments Complaint Investigation 2497420/IL178051	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)6) 300.1220 b)3) 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		

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S9999	Continued From page 1 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: 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to prevent a fall by providing a two person assist with bed mobility during ADL (Activity of Daily Living) care. This affected one of three (R2) residents reviewed for safety during direct care. This resulted in R2 rolling of the bed during direct care and sustaining a head injury requiring 9	S9999		

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sutures.

Findings include:

Facility final report to the department, dated 9/19/24, denotes thorough investigation completed, including staff and resident interviews. On 9/13/2024 resident was observed on the floor in his room. Head to toe assessment completed. Minimal bleeding noted to right forehead. First aid rendered, and pressure applied to area. Neuro checks initiated and completed. NO change in LOC (level of consciousness). ROM (range of motion) at baseline. Resident denied pain. MD (Medical Doctor) gave orders to send resident to ER (Emergency Room). Staff Interviews revealed staff was present at the time of the fall. Based on the investigation, the root cause of the fall was resident stated he was attempting to reposition himself in his bed, lost his balance, rolled over the side of the bed onto the edge of the floor mat. Staff could not reach him in time to break the fall. Resident returned from ER with sutures to the right forehead. CT (Computed Tomography) scans negative. Care plans were reviewed and updated.

Facility incident report, dated 9/13/2024 for witness fall, location (room #) room, The CNA (Certified Nursing Assistant) verbalized that she was doing ADL (Activities of Daily Living) care in the morning, the resident abruptly turned on his side, lost his balance and rolled over. The CNA tried to grab the resident but was unsuccessful and the resident landed at the edge of the floormat. The resident verbalized that he rolled over and landed at the edge of the floor mat. Physical assessment done, vital signs taken and are all within normal limits, wound dressing done. Pain medication administered. Sent to (hospital

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name) for further evaluation. Injury type: face. Oriented to place, person, and situation. Predisposing environmental factors- there was already a safety intervention in place. Predisposing physiological factors- gait imbalance.

R2 hospital records, dated 9/13/24, denotes chief complaint-fall, physical exam- 4 cm (centimeters) laceration overlying his forehead, simple. clinical impression head injury, forehead laceration. Laceration repair- location: forehead, length: 4 cm, number of sutures: 9 sutures.

R2 MDS (Minimum Data Set), dated 07/29/24, denotes in section GG for functional abilities and goals denotes roll left and right: the ability to roll from lying on back to left and right side, and return to lying on back on the bed, 02 is noted, 02 substantial/maximal assistance- helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

On 9/19/24 at 10:59am, R2 was observed alert to person, place, time, and situation, R2 observed sitting in a high back wheelchair. R2 said he was being washed up in bed, the "girl" told him to roll over, and he rolled too far and fell out of bed. R2 said he hit his head on the floor. R2 said it was one "girl" that was washing him up at the bedside. R2 observed with 2-inch laceration to the forehead with multiple sutures in place. R2 had purplish discoloration around the right eye and purplish discoloration under the left eye. R2 said he feels safe at the facility.

On 9/19/24 at 11:37am, V1 (CNA-Certified Nursing Aide) said, "I was giving (R2) a bed bath, I was washing (R2's) back, (R2) was laying on his

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left side, his back was facing me. (R2) turned a little more and fell out of bed. The air in the air mattress was increased on my side, and that contributed to pushing (R2) out of the bed." V1 said she did bring R2 closer to her before the turn, and R2 had room on the side of the bed for the turn. V1 said, "The air in the air mattress always does that." V1 admitted to putting the air mattress on static mode when providing R2 care. V1 said, "(R2) fell on the floor, he landed on the floor mat, but his head landed on the corner of the floor mat." V1 said she observed blood on R2's forehead. V1 said she went and got the nurse right away. V1 said she was on the opposite side of where R2 fell, and she could not catch R2 before he fell. V1 said R2 was not resisting to care. V1 said R2 is one assist with turning, repositioning, and bed mobility. V1 said the plan for R2 is to move his bed to the wall. V1 admitted the current plan of 2-persons assist with bed mobility for R2. V1 admitted the current plan of 2-person assist with turning and repositioning R2.

On 9/19/24 at 1:50pm, V2 (Director of Nursing) said the facility does not put the air mattress on static mode during care / ADL care. V2 said after R2's fall, the facility plan is to use two people for turning and repositioning all residents that use an air mattress, regardless of body weight, V2 said this is for safety, it will prevent resident from rolling out of bed.

On 9/19/24 at 2:42pm V4 (Restorative aide) said R2 need substantial to max assist with bed mobility, tuning from side to side. V4 said R2 needs two-person assist with bed mobility. V4 said R2 required two-persons assist prior to the fall. V4 said R2 sometimes does not want two people assisting him.

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S9999	Continued From page 5 On 9/20/24 at 10:13am V6 (Physical therapy manager) said R2 has weakness on his left side. R2 can roll to his left side but he will not stay in that position too long. V6 said she was not there when the fall occurred, she knows sometimes those air mattresses are slippery. R2's most current plan of care was presented by V2. R2's plan of care does not address the use of 2 person assist with bed mobility, does not address the use of two person assist with turning and repositioning while in use of air mattress. The operator's manual for R2's bed denotes, in static mode, the mattress provides a firm surface that makes it easier for the patient to transfer or position. The static mode will help ensure the patient does not bottom out when in a sitting position. Facility policy titled Fall prevention program, last revision date 11/21/2027, denotes to assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate intervention to provide necessary supervision and assistive devices are utilized as necessary. Quality Assurance Program will monitor the program to assure ongoing effectiveness. Guidelines: methods to identify risk factors, methods to identify residents at risk, assessments time frames, use and implementation of professional standards of practice, communication with direct care staff. Safety interventions will be implemented for each resident identified at risk. The admitting nurse and assigned CNA are responsible for initiating safety precautions at the	S9999		

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S9999	Continued From page 6 time of admission. All assigned nursing personnel are responsible for ensuring ongoing precautions are put in place and consistently maintained. Facility Comprehensive care plan policy, with revision date of 11/17/17, denotes to develop a comprehensive care plan that directs the care team and incorporate the residents' goals, preference, and services that are to be furnished to attain or maintain the residents highest practicable physical, mental, and psychosocial well-being. (B)	S9999		