

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE INTERNATIONAL		STREET ADDRESS, CITY, STATE, ZIP 4815 SOUTH WESTERN AVE CHICAGO, IL 60609	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to administer topical pain medication ([MEDICATION NAME] and [MEDICATION NAME]es) as per physician orders [REDACTED]. Findings include: Record review on R4's face sheet reads medical [DIAGNOSES REDACTED]. Physician order [REDACTED]. Check in with registration 30 minutes before appointment. On 10/07/20 V10 (R4's family member) sates On July 14 the facility sent my mom to the Mount Sinai for a mammogram. The facility called me to meet her there. When I got there they did not know why she was there. On 10/07/20 at 03:03 pm on interview V6 (Registered Nurse) stated that R4 was to be sent out for a mammogram and that the recipient facility did not have records of the test. V6 stated R4's daughter was very upset. V6 stated nurses fill out a form that includes the purpose of the appointment, date and who made the appointment and that form is given to the staffing coordinator to make the arrangement for escort when its needed. On 10/07/20 at 03:32 to 03:49 pm on interview with V7 (unit manager) and V9 (staffing coordinator), both deny having a copy of the form filled with resident's appointment information. V7 states it goes with the resident. On 10/9/20 at 10:40 am V12 (Assistant Director of Nursing- ADON) states the communication board is an internal nurses communication. I can't give it to you. On 10/09/29 at 03:57 pm V1 (DON) states we don't have a mammogram documentation because the resident was not sent out for a mammogram. She was sent out for a urologist appointment. On 10/06/20 at 11:19 am R1 states the nurse applied the patch this morning, it is on my right side. They are suppose to change it every 3 days. Sometimes they mess up with it. They did last week. They forget to change it. I tell the nurse and the Certified Nursing Assistant (CNA) and I call my brother and he calls them and then they fix it. If I don't have the patch I'm in a lot of pain. On 10/07/20 at 09:50 am observed [MEDICATION NAME] dated 10/06/20 applied to R1's right upper chest. R1's physician orders [REDACTED]. Apply 1 patch [MEDICATION NAME] every 72 hours related to idiopathic aseptic necrosis of left femur; pain in left hip and remove per schedule. On 10/06/20 at 11:35 am R3 states I have pain in my knee. On 10/06/20 at 03:38 pm observed [MEDICATION NAME] applied to R3's left knee dated 10/04/20. R3's physician order [REDACTED]. Apply to left knee topically one time a day for left knee pain apply for 12 hours then remove and remove per schedule. Administration details says apply at 6 am and remove it at 6 pm. On 10/07/20 at 09:45 am V7 states (Unit manager) R3's patch should be applied at 6 am, removed at 6 pm and re-applied at 6 am again. The night shift nurse applies it at 6 am and the evening shift nurse should remove it at 6 pm. On 10/07/20 at 03:49 pm V7 states If on 10/06/20 the patch had the date 10/04 means it wasn't changed. I follow R1's patch for pain to make sure she gets her patch. Without the [MEDICATION NAME] R1 would be in pain. When I came in yesterday (10/06/20) I noticed that R1's patch hadn't been changed, so I told the nurse to change it and disciplined the nurse who didn't change the patch. The system calculates the 3 days for you, it pops up in the nurse's screen so the nurse would see it. Residents not given the pain patch as per physician orders, is an issue. That's why I'm following the changes of the patch closely. On 10/09/20 at 09:21 am V12 states, we have a medication dispenser (nexus machine) and the pharmacy supplies the medication. They come to deliver and stock it as needed. If a medication is missing the nurse informs the doctor to see if the doctor wants to wait for the pharmacy to deliver the medication or wants to change to something else. This should be documented in the Point Click care Electronic Medical Record (PCC) under progress notes. On 10/06/20 R3's progress notes reviewed and no note was found on missing medication, instead the Medication Administration Record (MAR) reveals that the medication was signed as if applied on 10/5/20 and 10/6/20. R1's progress notes does not document a missing medication and the MAR shows the patch signed as if it was applied on 10/05/20. On 10/07/20 at 03:50 pm V7 states the nurses should not sign the MAR as if the patch was applied, if they have not administered it.</p>		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to follow their fall prevention protocol by not lowering the bed for one at fall risk resident (R3) out of four residents reviewed for falls; and failed to establish appropriate fall prevention interventions for (R3) based on resident's fall risk score resulting in the resident falling and sustaining a contusion to head and leg. Findings include: On 10/06/20 R3's bed was observed in a high position from 11:30 am to 01:30 pm. R3 was observed in bed in semi-fowler position, pending to her left side, unable to reposition herself. R3's hands are contracted and MDS section G (Functional Status) dated 07/03/20 documents extensive assistance with one person physical assist for bed mobility and extensive assistance with 2+ persons physical assist for transfer. Signage displayed at R3's room door and headboard indicates R3 is at fall risk. On 10/06/20 at 01:29 pm V3 (restorative/rehab aide) states the brown leaf on the rooms door means the resident had a fall inside facility. Another brown leaf is placed on the headboard to make sure staff know resident is a fall risk therefore fall precautions should be in place. Progress notes dated 7/16/20 reads, in part: Writer was called to resident's room by another nurse on unit. Writer immediately went to resident's room and observed resident's upper body on floor and feet still in bed. Raised area/swelling was observed to left side of forehead extending to top of head. Hospital discharge summary reads in part: you were admitted to the hospital after you came in with complaints of a fall and were found to have a contusion to your head and your left leg. On 10/07/20 at 01:48 pm V3 states for R3, because she fell out of bed, I would say for interventions maybe a floor mat. R3 understands a lot, but because she has dementia and a lot of confusion, bed to the lowest position and monitoring. R3's bed should be lowered. Fall risk assessment dated [DATE] identify R3 at risk for fall score 11.0. On 10/09/20 at 10:29 am V4 (restorative coordinator) states the bed should be in the lowest position for residents with fall risk scores 11, 14 and 16. R3's Care Plan revised on 04/24/20 previous the fall incident of (7/16/20) does not reflect the fall risk assessment completed on 2/23/20 with score 11.0. No intervention of lowering the bed is documented. On 10/09/20 at 10:06 am V12 (Assistant Director of Nursing - ADON) states by follow facility fall protocol we mean the same as the at-risk plan, which is monitoring through shift, the bed is to put in the lowest position and whatever additional intervention is put in place. Fall Prevention Program revised 11/21/17 reads: Safety interventions will be implemented for each resident identified at risk, and Fall/safety interventions may include but not limited to: Residents will be observed approximately every two hours to ensure the resident is safely positioned in the bed or chair and provide care as assigned in accordance with the plan of care.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.