

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145371</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APERION CARE BLOOMINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701</b>	
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 0686  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to assess and monitor pressure injuries for two of three residents (R7 and R6) reviewed for pressure injuries in the sample of nine residents. Findings include: 1. The Pressure Injury and Skin Condition assessment dated [DATE] states: Pressure injuries and other ulcers (arterial, diabetic, venous) will be measured at least weekly and recorded in centimeters in the residents clinical record and A wound assessment for each identified open area will be completed and will include a. site location b. size (length x width x depth) c. stage of pressure ulcer, d. odor e. drainage f. description. The Physician order [REDACTED]. The After Visit Summary dated 4/3/20 documents R7 was seen by V19 Wound Doctor for stage three and unstageable pressure injuries on that date. The 4/3/20 After Visit Summary documents wound treatment instructions for R7's right ischial wound, right lateral ankle wound, right anterior ankle wound and right medial lower leg wound. R7's Weekly Skin Observations dated 4/8/20 documents R7 has open areas on the right buttocks, right outer ankle and right inner leg. R7's Weekly Skin Observations dated 4/15/20 documents R7 has open areas on the right buttock, right outer ankle, right inner ankle and right knee. R7's Weekly Skin Observations dated 4/22/20 documents R7 has open areas on the right lateral ankle and right shin. R7's Weekly Skin Observations dated 4/29/20 documents R7 has open areas on the right inner lower extremity, right outer ankle and right ischium. R7's Medical Record dated 4/1/20 through 5/1/20 does not include measurements or descriptions of R7's wounds. The Nurses Note dated 5/1/20 documents R7 was sent to the hospital from a wound clinic appointment due to having excessive drainage from (R7's) wound. The Hospital Record dated 5/1/20 through 5/6/20 documents R7 was admitted to the hospital for drainage from a left ischial stage three pressure ulcer and documents over the past month (R7) has had copious amount of drainage. The Admission/Re-Admission Observation dated 6/29/20 documents R7 was readmitted to the facility (from a sister facility) on that date and documents R7 has a right outer ankle wound and a right lower leg wound. The Observation does not document descriptions of the wounds or measurements of the wounds. R7's Medical Record does not document wound assessments after R7 is readmitted to the facility on [DATE] until 7/28/20. The After Visit Summary dated 8/14/20 documents R7 was seen by V19 Wound Physician for pressure injury of left ischium, stage 4 Pressure injury of right hip, unstageable and pressure injury of ankle stage one. The After Visit Summary documents treatment orders for R7's right and left ischial wounds, R7's right hip wound, and R7's right ankle wound. The After Visit Summary dated 8/24/20 documents R7 was seen by V19 for Pressure ulcer right ankle, stage three Pressure injury of left ischium, stage four and Right ischial pressure sore, stage three. The After visit summary documents treatment orders for R7's left and right ischial wounds, right hip wound and right ankle wound. On 8/25/20 at 1:45 PM, V3 Wound Nurse stated V3 started as the wound nurse today. V3 stated V3 assessed R7's wounds today and R7 has five pressure areas. V3 stated R7 has a coccyx area which is draining, and right ankle, right heel, right inner thigh and left inner thigh wounds. V3 stated it looked like the previous wound nurse had not entered data in a while. 2. The Care Plan updated 8/17/20 documents R6 was admitted (readmitted ) to the facility on that date and that R6 has [DIAGNOSES REDACTED]. The Admission Readmission assessment dated [DATE] documents R6 has an unstageable pressure wound to the sacrum. The Physician order [REDACTED]. On 8/28/20 at 9:25 am, V1 Administrator stated V1 expects wound assessments to be completed and documented weekly and upon admission. At that time V1 could not provide additional documentation of wound assessments for R7 or R6.</p>		
F 0727  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<p><b>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</b> Based on interview and record review the facility failed to have a Registered Nurse providing care for eight consecutive hours seven days a week. This Failure has the potential to affect all 71 residents residing in the facility. Findings include: The Staffing schedule dated 8/15/20 does not document a Registered Nurse (RN) was present at the facility during the 24 hour period. On 8/28/20 at 9:25 am V1 Administrator confirmed that on 8/15/20 a Registered Nurse was not scheduled to work during the 24 hour period. V1 stated the only full time RNs the facility employs are V2 Director of Nurses and V17 Minimum Data Set and Care Plan Coordinator. V1 stated V1 has been trying to recruit RN staff. The Daily Census dated 8/15/20 documents 71 residents reside in the facility.</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.