

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APERION CARE INTERNATIONAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4815 SOUTH WESTERN AVE CHICAGO, IL 60609</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0550  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record reviews, the facility failed to ensure staff responded to a resident's call for assistance in a timely manner for 1 (R6) of 6 residents reviewed for residents' rights. Findings include: On 10/13/2020 at 11:37 AM, surveyor was in the hallway when R6 called out Nurse! R6's door was open and R6 was visible from the hallway. V7 (CNA, Certified Nursing Assistant) was in the adjacent room proximal to the nurses' station. V7 walked out of the room and went towards the nurses' station without answering R6's call. At 11:38 AM, R6 called out Nurse! At the time, V8 (Wound Nurse) was pushing the wound cart past R6's room towards the nurses' station. V8 looked inside R6's room. V8 continued to push the wound cart towards nurses' station without answering R6's call. At 11:39 AM, V5 (Nurse) went into the adjacent room proximal to the nursing station. At 11:40 AM, V1 (Administrator) also walked into the same room. R6 called out Nurse! Anybody! At 11:41 AM, R6 called out Nurse! V5 followed by V1 walked out of the adjacent room and headed towards the nurses' station. R6 called out Nurse! At 11:42 AM, R6 called out Nurse! V9 (Nurse Practitioner) went into adjacent room proximal to nurses' station. At 11:43 AM, R6 called out Nurse! R6 called out again at 11:49 AM and 11:50 AM. At 11:56 AM, R6 called out Nurse! V7 passed by R6's room and did not answer R6's call. At 11:58 AM, R6 called out Nurse! V7 was in the hallway and did not answer R6's call. At 12:12 PM, surveyor entered R6's room for an interview. R6 was alert and oriented to self, year and place. R6 was aware of the current president and season. R6 stated (R6) was calling out Nurse because (R6) wanted to ask for medications. Surveyor asked if any staff member responded to R6's call. R6 stated No. You're the only one that's come in here. I've been calling and calling. Surveyor asked if R6 knew how to use call light system. R6 stated I don't even know where that thing is otherwise I'd use it. I don't know where it is. R6's call light was draped over R6's bedside dresser. Surveyor pointed to R6's call light and asked R6 if it is reachable. R6 stated No after an unsuccessful attempt to reach it. At 12:17 PM, R6 called out Nurse three times. R6 called out two more times at 12:18 PM. At 12:20 PM, V1 was standing in the hallway two rooms from R6's room proximal to nurses' station. R6 called out Nurse! At 12:21 PM, V1 called V5. At 12:22 PM, V5 went into R6's room and asked (R6) what was wrong. At 12:27 PM, V5 returned to R6's room to administer medication. At 4:50 PM, surveyor reviewed R6's care plan. R6 is care planned for high risk for falls related to [MEDICAL CONDITION]. Interventions read R6 needs prompt response to all requests for assistance. R6 is also care planned for bowel and bladder incontinence related to [MEDICAL CONDITION]. Interventions include to ensure call light is within reach and answer promptly. On 10/14/2020 at 11:03 AM, surveyor interviewed V13 (Assistant Director of Nursing). V13 stated call lights should be within reach of the residents and answered in a timely manner. V13 stated everyone can answer the call lights. V13 stated staff are to answer, see what is needed and tell the corresponding staff. Facility policy titled Call Light last revised 02/02/2018 reads: Purpose: To respond to residents' requests and needs in a timely manner and courteous manner. Guidelines: Resident call lights will be answered in a timely manner. 1. All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location. 2. All staff should assist in answering call lights. Nursing staff members shall go to resident room to respond to call system and promptly cancel the call light when the room is entered.		
F 0558  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Reasonably accommodate the needs and preferences of each resident.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record reviews, the facility failed to ensure that a resident's call light was within reach for 1 (R6) of 6 residents reviewed for reasonable accommodation of needs. Findings include: On 10/13/2020 at 11:37 AM, surveyor was in the hallway when R6 called out Nurse! At 11:38 AM, R6 called out Nurse! At 11:40 AM, R6 called out Nurse! Anybody! From 11:41 AM to 12:12 PM, R6 called out Nurse eight more times. At 12:12 PM, surveyor entered R6's room for an interview. R6 stated (R6) was calling out Nurse! because (R6) wanted to ask for medications. Surveyor asked if R6 knew how to use call light system. R6 stated I don't even know where that thing is otherwise I'd use it. I don't know where it is. R6's call light was draped over R6's bedside dresser. Surveyor pointed to R6's call light and asked R6 if it is reachable. R6 stated No after an unsuccessful attempt to reach it. From 12:17 PM to 12:20 PM, R6 called out Nurse six more times. At 12:22 PM, V5 (Nurse) responded to R6's call. At 12:29 PM, V5 handed the call light to R6. R6 grabbed the call light with (R6's) right hand and placed it to (R6's) liking. At 4:50 PM, surveyor reviewed R6's care plan. R6 is care planned for ADL (Activities of Daily Living) self-care performance deficit related to limited mobility. Interventions include to encourage R6 to use the call light to call for assistance. R6 is care planned for high risk for falls related to [MEDICAL CONDITION]. Interventions include to ensure R6's call light is within reach and encourage R6 to use it for assistance as needed. It further reads that R6 needs prompt response to all requests for assistance. R6 is also care planned for bowel and bladder incontinence related to [MEDICAL CONDITION]. Interventions include to ensure call light is within reach and answer promptly. On 10/14/2020 at 11:03 AM, surveyor interviewed V13 (Assistant Director of Nursing). V13 stated call lights should be within reach of the residents. On 10/15/2020 at 9:51 AM, V19 (CNA, Certified Nursing Assistant) stated staff should make sure call lights are within reach of the residents when rounding. Facility policy titled Call Light last revised 02/02/2018 reads: 1. All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location.		
F 0695  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide safe and appropriate respiratory care for a resident when needed.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record reviews, the facility failed to ensure oxygen therapy was administered as prescribed for a resident (R4) and failed to follow their [MEDICAL CONDITION] Care policy during care for a resident (R3) for 2 of 3 residents reviewed for respiratory care. Findings include: On 10/13/2020 at 11:12 AM, R4 was sitting up in bed. Nasal cannula was in place but the tubing was tangled in R4's gown. Nasal cannula was not attached to the large oxygen tank next to R4's bed. At 11:19 AM, V4 (Certified Nursing Assistant) untangled R4's oxygen tubing and connected it to the oxygen tank. At 11:20 AM, surveyor asked how many Liters oxygen R4 is receiving. V4 stated it says 4 Liters here. R4's oxygen tank was on at 4 Liters. At 3:07 PM, surveyor reviewed R4's medical diagnoses. R4's [DIAGNOSES REDACTED]. At 3:12 PM, record review of R4's physician orders [REDACTED]. Surveyor said hello and R4 sat up. R4's nasal cannula was in place and connected to large oxygen tank. Oxygen tank read it was on at 5 Liters. R4 was not breathing fast, huffing or puffing, or using accessory muscles. R4 declined feeling short of breath and stated I'm fine right now. On 10/14/2020 at 11:32 AM, V14 (Nurse) checked R4's oxygen tank and stated (R4) is not supposed to be on 5 Liters but let me check. V14 went to the nurses' station to verify the order. At 11:34 AM, V14 adjusted R4's oxygen tank and stated He's supposed to be on 3 Liters. V14 asked how R4 was feeling and R4 replied I feel pretty good. V14 stated no one informed (V14) that R4 was short of		
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.

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F 0695  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 1)</p> <p>breath or that R4's oxygen was on 5 Liters. At 11:55 AM, V9 (Nurse Practitioner) stated the goal is to wean R4 down with the oxygen. At 1:15 PM, surveyor reviewed R4's care plan. R4 is care planned for oxygen therapy related to respiratory illness. Interventions include oxygen via nasal prongs at 3 Liters continuously. On 10/15/2020 at 10:18 AM, V14 prepared to suction R3's [MEDICAL CONDITION]. The suction machine was on top of R3's bedside dresser. V14 cleared the area near the suction machine of unnecessary items. V14 opened the suction catheter kit and placed it on top of R3's bedside dresser. V14 donned the sterile gloves that came in the kit. V14 then stated the suction machine was missing the tubing to connect the suction catheter. V14 doffed the sterile gloves and left the room at 10:20 AM. Suction catheter remained on top of R3's bedside dresser. At 10:29 AM, V13 (Assistant Director of Nursing) entered R3's room to drop off supplies including tubing for the suction machine. At 10:39 AM, V14 donned a pair of gloves obtained from the glove box near the bathroom. At 10:40 AM, V14 picked up the same suction catheter that was left on top of R3's bedside dresser. V14 could not connect the suction catheter to the suction machine's tubing. V14 placed the suction catheter back down on R3's bedside dresser. V14 doffed gloves and left the room to call for assistance. At 10:42 AM, V14 donned a pair of gloves obtained from the glove box near the bathroom. With the aide of V13, V14 connected the suction catheter that was left on R3's bedside dresser to the suction machine's tubing. V14 doffed gloves, washed hands and obtained another pair of gloves from the glove box near the bathroom. At 10:44 AM, V14 donned the gloves and turned on the suction machine. V14 picked up suction catheter and proceeded to suction R3's [MEDICAL CONDITION]. Procedure was complete at 10:48 AM. At 10:51 AM, V14 stated she obtained the gloves she used to suction R3's [MEDICAL CONDITION] from the glove box near the bathroom door. Surveyor reviewed the glove box. Glove box reads large non-sterile gloves. At 11:34 AM, V13 stated [MEDICAL CONDITION] suctioning is sterile. V13 stated the suction catheter kits are sterile and the sterile gloves come with the kits. V13 stated if a nurse is not finished with the procedure then the nurse has to re-don sterile gloves or open another kit. V13 stated after V14 left R3's room, V14 needed to open a new suction catheter kit. Facility policy titled [MEDICAL CONDITION] Care last reviewed 1/6/20 reads: Note: Sterile gloves required for suctioning (invasive procedure). It further reads: Suctioning: 10. Turn on suction machine. Put on sterile gloves. Connect sterile catheter to suction tubing keeping one gloved hand and suction catheter sterile. To prevent introduction of microorganisms into trachea.</p>		