

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145928	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP 1021 NORTH CHURCH STREET JACKSONVILLE, IL 62650	
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 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to administer medications according to Physician order [REDACTED]. Findings include: R2's [MEDICAL CONDITION]/ Immunotherapy Order Set (for Outpatient use only), dated 5/19/2020, documents, Cycle 1 day 1: June 1, 2020. Prescriptions to be entered for outpatient only. Drug name: Lenalidomide, Dose: 25. Units: mg (milligram). Route: po (by mouth). Frequency: daily. Cycle Days: 1 -21. Administration Instructions: Take 1 cap (capsule) po daily. Swallow whole with water; do not break, chew, or open capsules. May administer a missed dose if within 12 hours of usual dosing time. If more than 12 hours, skip the dose for that day and resume usual dosing the following day. Do not take 2 doses to make up for a skipped dose. Drug: [MEDICATION NAME]. Dose: 40. Unit: mg. Route: po. Frequency: Once. Cycle days: 1,8,15, 22. Administration Instructions: Take 40 mg po with food once a week on days 1, 8, 15, 22. Drug: Aspirin. Dose: 81. Units: mg. Route: po. Frequency: Daily. Cycle Days: Daily. Administration Instructions: Take 1 tablet po with food. Drug: Sulfamethoxazole 800 mg / [MEDICATION NAME] 160 mg. Dose: 1. Unit: tablet. Route: po. Frequency: M (Monday),W (Wednesday), F (Friday). Cycle Days: M, W, F. Administration Instructions: Take 1 tablet po Mondays, Wednesdays, Fridays. Renal dosing required. Stop after completion of [MEDICATION NAME] treatment. Drug: [MEDICATION NAME]. Dose: 400. Unit: mg. Route: po. Frequency: BID (twice a day). Cycle Days: daily. Administration Instructions: Take 400 mg po twice daily. Renal dosing required. Stop after completion of [MEDICATION NAME] treatment. R2's Medication Administration Record [REDACTED]. Give 1 capsule by mouth on time a day related to [DIAGNOSES REDACTED] not having achieved Remission until 6/21/20. Start date 6/8/20. D/C (discontinue) date 6/8/20. This MAR indicated [REDACTED]. Lenalidomide Capsule 25 MG. Give 1 capsule by mouth on time a day related to [DIAGNOSES REDACTED] not having achieved Remission for 20 days. Start date 6/9/20. This MAR indicated [REDACTED]. Lenalidomide Capsule 25 MG. Give 1 capsule by mouth on time a day related to [DIAGNOSES REDACTED] not having achieved Remission for 21 days. Start date 6/30/20. This MAR indicated [REDACTED]. R2's MAR, dated July 2020, documents, Lenalidomide Capsule 25 MG. Give 1 capsule by mouth on time a day related to [DIAGNOSES REDACTED] not having achieved Remission for 21 days. Start date 6/30/20 Hold Date from 7/7/20 to 7/10/20. This MAR indicated [REDACTED]. R2's MAR, dated July 2020, does not document: [MEDICATION NAME] 40 mg, Aspirin 81 mg, Sulfamethoxazole 800 mg/ [MEDICATION NAME] 160 mg or [MEDICATION NAME] 400 mg being ordered or given. R2's MAR, dated August 2020, documents, Lenalidomide Capsule 25 MG. Give 1 capsule by mouth on time a day related to [DIAGNOSES REDACTED] not having achieved Remission for 21 days. Start date 08/04/20. The MAR indicated [REDACTED]. R2's MAR, dated August 2020, does not document: [MEDICATION NAME] 40 mg, Aspirin 81 mg, Sulfamethoxazole 800 mg/ [MEDICATION NAME] 160 mg or [MEDICATION NAME] 400 mg being ordered or given. R2's Nurses Note, dated 5/19/2020 11:12, documents, Narrative: Had conference call with V11(R2's Power of Attorney) and V12's clinician. Discussed her treatment plan and labs. Phone conference was 40 mins (minutes). They will be faxing over orders and we are to follow up @ [PHONE NUMBER]. R2's Nurses Note, dated 5/19/2020 11:40, documents,Narrative: V11 will be dropping off [MEDICAL CONDITION] meds (medication). Use caution and do not handle pills without gloves on. Orders from V12 will be faxed over, but start date will be Monday the 5/25 to start. On 8/10/20 at 4:30 PM, V12 (Oncologist) stated that R2 is receiving treatment for [DIAGNOSES REDACTED] and there had been problems with getting R2's treatment drugs started. V12 stated that R2 receives her medication in cycles and the first cycle of Lenalidomide was suppose to start on June 1, 2020 but it did not get started until June 7, 2020. V12 stated that R12's form [MEDICAL CONDITION] is not an aggressive type so no harm to R2 came from starting the medication late. V12 stated that the important issue is that once the Lenalidomide is started it is given in a timely fashion and the way that he has prescribed it. V12 explained that he had a telehealth conference with R2 and the facility on 6/23/20 and when he asked how many pills of the Lenalidomide were left, he calculated that there were 5 - 6 days of pills that should have been given and they weren't. V12 explained that once the Lenalidomide is started it is given for 21 days and then the patient gets a 7 day break off of the drug and then he decides when to start the next cycle during a office visit or telehealth visit. He also stated that along with the Lenalidomide, R2 is ordered [MEDICATION NAME], Sulfamethoxazole - [MEDICATION NAME], Aspirin and [MEDICATION NAME] as these are supportive drugs for R2 while she is on the Lenalidomide and all the drugs are included in the order set that he has prescribed. V12 stated that he told the facility that R2's second cycle of treatment should have started on July 8, 2020 and the third cycle should start on August 3, 2020. V12 was questioned regarding the facility starting Lenalidomide on 6/8/2020 and giving the drug through 6/28/20, then restarting the drug on 6/30/2020 and continuing to give the drug through 7/7/2020, restarting the drug on 7/10/2020 and giving it through 7/20/2020. V12 stated. With this being her first cycle the missing 5 - 6 pills sometimes I will make up for the discrepancy at the end of the cycle. For July that is not how it should be, we told them (the facility) clearly that (R2's) second cycle will start on July 8th and the fact that they didn't tell me that (R2) didn't get a break isn't right and I don't like it but I don't think it made a difference. (R2's) kidneys and blood are ok according to the laboratory work that was done at that time. V12 was questioned regarding during July and August R2 only received the Lenalidomide and not the [MEDICATION NAME], Sulfamethoxazole - [MEDICATION NAME], Aspirin or the [MEDICATION NAME]. V12 stated, (R2) should be getting the other medicines with the Lenalidomide that's the order set, it's not that hard to read. V12 stated, The Sulfamethoxazole - [MEDICATION NAME] is an antibiotic which is given because of the [MEDICATION NAME] is a steroid. The [MEDICATION NAME] is given to support R2 during treatment and the Aspirin is given to prevent blood clots while (R2) is taking the Lenalidomide because blood clots are a risk with treatment. I need to know if things aren't being done. They need to be honest. On 8/11/20 at 9:38 AM, V12 stated. These errors are a significant medication error. There is a potential for harm by giving a [MEDICAL CONDITION] drug incorrectly. I have to weigh the benefits versus risks of the treatment not being given correctly. I am going to speak with (R2's) family regarding the treatment not being done correctly by the facility. I think what I am going to do is hold her treatment for one week and during that week I am going to have my nurse educator teach the facility the proper way to give the drug and the importance of following the orders. Then we can restart her treatment once I feel the process will be improved. On 8/6/2020 at 12:05 PM V2, Director of Nurse (DON), stated, (R2) came in with a fracture on Rehab and also she was on a [MEDICAL CONDITION] drug because of [DIAGNOSES REDACTED]. We had the drug unfortunately it took a bit of communication because the oncology group didn't realize we had to have an order to get the drug started. On 8/10/2020 at 4:01 PM, V2 stated, At the telehealth visits with (V12) they would tell us when to restart (R2's) cycle. I knew the steroid, antibiotic, [MEDICATION NAME] and Aspirin should have been given with each cycle. I didn't know they had stopped. When questioned about why R2 did not get a 7 day break from the Lenalidomide from cycle 1 to cycle 2, V2 stated, I don't recall. I don't know. I don't have anything in front of me now. On 8/6/2020 at 11:50 AM, V1, Administrator, stated, I was made aware just recently by (R2) that [MEDICAL CONDITION] drug was started late at the beginning. I had questioned (V2 DON) about it and she stated she had a hard time getting a Physician order [REDACTED]. V1 further stated, (V2) stated, the issue had been resolved. On 8/11/2020 at 4:14 PM, V1 stated, No we would not have gotten another physician order [REDACTED]. V1 further stated that she had no rebuttal related to the medication errors that occurred with R's [MEDICAL CONDITION] drugs. V1 stated, I and Leslie the ADON looked at it yesterday and I have no rebuttal it was given wrong. The facility policy and</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.

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<p>F 0760</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>procedure Medication Administration, undated, documents, Medications must be administered in accordance with a physician order,e.g. (for example) the right resident, right medications, right dosage, right route, and right time. The facility policy and procedure Physician Orders, dated 08/22/2017, documents, Guidelines: 1. Enter the order into the resident's chart under order' tab and according to the instructions for the type of order that is received. Medication orders should include: 1. Route 2. Dose 3. Time(s) 4. Frequency.</p>		