

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Dekalb		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 South Second Street Dekalb, IL 60115	

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)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to follow wound treatment orders for 1 of 3 residents (R1) reviewed for wounds in the sample of 3. This failure resulted in R1's wound deteriorating and requiring R1 to be hospitalized and receive a surgical intervention.</p> <p>The findings include:</p> <p>On 6/17/25 at 9:00 AM, R1 was in bed with an intravenous antibiotic infusing to a peripherally inserted central catheter in his left arm. R1's left leg was amputated below the knee and was wrapped in a dressing with a wound vacuum attached. R1 said he originally had surgery on his knee back around the Superbowl of this year. R1 said the wound had been infected and he has had pills and shots and surgery and now this. R1 said the wound became infected and he was sent to the hospital and the surgeon did a procedure a couple weeks ago. R1 said he was in the hospital for 6 days where they jabbed him with more needles. R1 said now they have him hooked up to the antibiotics and the wound vac machine.</p> <p>On 6/17/25 at 9:07 AM, V3 Wound Nurse Practitioner said she has been following R1 since 4/29/25. R1's surgical incision started off as covered eschar. V3 said one side of the eschar had tunneling underneath with some slough. V3 said at first there were no signs or symptoms of infection, but then the wound had some drainage. V3 said R1 was started on oral antibiotics which seemed to improve but then the tunneling appeared worse and she did an x-ray to rule out osteomyelitis. V3 said the x-ray came back suspicious for osteomyelitis so she gave orders to send R1 to the hospital.</p> <p>On 6/17/25 at 10:15 AM, V4 Wound Licensed Practical Nurse said R1's wound had an area that was open and had tunneling. V4 said V3's wound treatment orders were packing the wound with iodoform packing on Monday, Wednesday, and Fridays. V4 said the wound had increased drainage and the packing would be soaked. V4 said V3 ordered an X-ray to check for osteomyelitis and the x-ray came back suspected osteomyelitis. V4 said V3 had R1 sent to the hospital. V4 said at the hospital, R1 had testing which showed an abscess. V4 said R1 had an incision and drainage procedure with the surgeon to wash out the wound. V4 said R1 returned to the facility with a wound vac and on intravenous antibiotics.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Dekalb		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 South Second Street Dekalb, IL 60115	
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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/17/25 at 1:12 PM, V3 said R1's treatment orders for the tunneling in his wound was iodoform packing to be done daily. V3 said wound packing is almost always done daily in order to be effective. V3 said she never orders packing a wound only Monday, Wednesday, and Fridays. V3 said wound packing helps the wound heal from the inside out and packing [NAME] the wound drainage out of the wound. V3 said daily packing changes prevents a bacterial bio film from forming in the wound cavity. V3 said the bacterial bio film increases the risk for infection especially someone already colonized with Methicillin-resistant Staphylococcus aureus (MRSA) like R1. V3 said her expectation is for treatment orders to be completed as ordered. V3 said not doing daily packing wound dressing changes could cause a delay in healing, increase the risk for infection and lead to deterioration of the wound. V3 said she was not aware that R1's wound packing dressing was not being done daily.</p> <p>R1's Wound MD Progress Note Details dated 5/6/25 shows Anterior lower leg full thickness surgical wound measuring 1.5 x 12.0 x 0.2 cm with moderate purulent drainage. Wound Orders: cleanse with wound cleanser/ Dakin's solution, apply Santyl to wound to slough, apply calcium alginate, abd pad, kerlix, secure with tape daily. The facility transcribed the order as; R1's Physician Orders dated 5/8/25 shows Wound care left lower leg suture site. Cleanse with Dakin's wash. Apply Medihoney to wound slough. Apply calcium alginate packing to wound. Cover with abd pad and wrap with kerlix as needed for wound care. Change daily and as needed.</p> <p>R1's Verbal Physician Orders dated 5/13/25 shows Wound care left lower leg suture site. Cleanse with Dakin's wash. Apply dermasyn silver antibacterial wound gel. Cover with abd pad and wrap with kerlix and ace wrap as needed for wound care and every day shift every Monday, Wednesday, Friday for wound care. (There is no calcium alginate packing included in order).</p> <p>R1's Verbal Physician Orders dated 5/16/25 shows Wound care left lower leg suture site. Cleanse with Dakin's wash. Apply dermasyn silver antibacterial wound gel. Cover with abd pad and wrap with kerlix and ace wrap as needed for wound care and every day shift every Monday, Wednesday, Friday for wound care. (There is no calcium alginate packing included in order).</p> <p>R1's Progress Note Details dated 5/20/25 shows Anterior lower leg full thickness surgical wound measuring 2.0 x 11.0 x 0.5 cm with moderate sero-sanguineous drainage. Wound Orders: cleanse with wound cleanser, apply dermasyn silver antibacterial wound gel. Apply calcium alginate packing strip, abd pad, kerlix, daily and as needed. The facility transcribed the order as; R1's Physician Orders dated 5/20/25 shows Wound care left lower leg suture site. Cleanse with wound cleanser. Pack wound to 2 o'clock with iodoform. Apply dermasyn silver antibacterial wound gel to wound bed. Cover with abd pad and wrap with kerlix as needed for wound care and every day shift every Monday, Wednesday, Friday for wound care.</p> <p>R1's Verbal Physician Orders dated 5/27/25 shows Wound care left lower leg suture site. Cleanse with wound cleanser. Pack wound to 2 o'clock, 7 o'clock, and 9 o'clock position with iodoform. Apply dermasyn silver antibacterial wound gel to wound bed. Cover with abd pad and wrap with kerlix as needed for wound care and every day shift every Monday, Wednesday, Friday for wound care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Dekalb		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 South Second Street Dekalb, IL 60115	
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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Wound MD Progress Note Details dated 5/28/2025 shows Anterior lower leg full thickness surgical wound measuring 2.0x10.0x 2.0 cm with large serosanguinous drainage with tunneling at eleven o'clock position of 3.5 cm, seven o'clock position was 3.0 cm and nine o'clock position was 5.5 cm. The wound is deteriorating. Wound orders: Cleanse with wound cleanser, Apply the dermasyn silver antibacterial wound gel. Apply packing strip. Cover with ABD and kerlix apply tape. Change daily and as needed.</p> <p>R1's Hospitalist Progress Note dated 6/3/25 shows Arrival date: 5/29/25, Assessment: Principal Problem: infection of amputation stump/abscess of left lower extremity. Plan: Infection of amputation stump of left lower extremity, Infectious Disease on consult, Cellulitis of left below the knee amputation, 5/30/25 intra operative cultures showed Enterococcus faecalis, Staphylococcus aureus and Corynebacterium stratum, washout left below-knee amputations site. 5/30/25 Cat Scan left lower extremity shows possible abscess measuring 2.1 x 5.1 x 4.0 cm. Underlying osteomyelitis is possible. Wound vac placed.</p> <p>R1's Care Plan shows Wound Management-Left lower leg suture sites- provide wound care per treatment order.</p> <p>On 6/17/25 at 2:00 PM, V4 said he did not review V3's written treatment orders.</p> <p>The facility's Skin Condition Assessment and Monitoring Pressure and Non-Pressure Policy dated 6/8/18 shows Adherent or semi-permeable membranous dressing used for debriding or healing purposes will be removed at lease weekly or more often in accordance with physician's orders.</p>		