

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Aperion Care Marseilles		STREET ADDRESS, CITY, STATE, ZIP CODE  578 West Commercial Street Marseilles, IL 61341	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30678</b></p> <p>Based on observation, interview, and record review the facility failed to follow a physician order for change in resident condition for one (R2) of five residents reviewed for change in condition in the sample of six. These failures resulted in the delay of treatment for R2 resulting in continued decline for R2 and R2 being admitted to the local hospital's intensive care unit with multiple comorbidities.</p> <p>Findings include:</p> <p>These failures resulted in an Immediate Jeopardy.</p> <p>The Immediate Jeopardy began on 4/1/24 at 4:15 pm when the facility failed to follow a physician order to send R2 to the local hospital for an evaluation resulting in delay of R2 treatment and being admitted to the local hospital's intensive care unit with multiple comorbidities.</p> <p>V1 Administrator and V2 DON was notified of the Immediate Jeopardy on 5/1/24 at 9:00 am.</p> <p>While the immediacy was removed on 4/2/24, the facility remains out of compliance at Severity Level 2 as additional time is needed to evaluate the implementation and effectiveness of their removal plan and quality assurance monitoring. Findings include:</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
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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The Contract between the facility and the in-house Dialysis Service, dated 3/1/2019, documents Dialysis Service Responsibilities include: Communication: (Dialysis) staff shall maintain timely communication with Facility's Nursing Director and immediately inform a Facility nursing staff member of any change in the Resident's condition, during Dialysis Services that requires immediate attention. Emergency Care: (Dialysis Service) will coordinate emergency care policies with Facility throughout the term of this Agreement, as they relate to Dialysis Services. (Dialysis service) shall supply such other data and reports as Facility reasonably requires. This same contract documents the Facility Responsibilities include: Communication: Facility staff shall inform (Dialysis) staff of any event occurring after a Resident's treatment that may affect future administration of Dialysis Services to that Resident. In addition, Facility shall immediately inform (Dialysis) of any changes in the Resident's medical condition relating to continued Dialysis Services. In-Service Training: Facility shall require staff members who are involved with Residents to attend in-service training to ensure that said staff members: (a) Have the knowledge necessary for managing an emergency or complication (including bleeding/hemorrhaging, hypovolemia, hypoglycemia, and infection/bacteremia shock); and (b) Have the knowledge necessary for providing care of lines and access, medical management, nutrition, hydration, recognizing and managing infection, handling waste, and managing end-stage renal disease. Coordination of Dialysis Services Purpose: It is critical that both Parties work cooperatively with Residents, their families, their physicians, and each other in order to achieve quality results of the Dialysis Services provided under this Agreement. Therefore, (Dialysis Service) and Facility agree to coordinate their respective services, as set forth herein. Duties of (Dialysis Service): Shall (a) Provide facility staff with general information about Dialysis Services, including Resident treatment options; (b) Conduct periodic dialysis education programs for Facility staff and physicians; (d) Review Residents' information to determine their suitability for Dialysis Services at Facility, before providing the Dialysis Services; (j) Consult with nephrologists and Facility staff on treatment plans for Resident Dialysis Services; (q) Report post-treatment status of Residents to Facility staff and for any adverse event, the Resident's nephrologist and the resident and/or the resident's responsible party; and (z) Arrange for the provision of dialysis-related emergency services at a hospital. Duties of the Facility: Facility shall: (l) Respond to emergencies involving Residents, including but not limited to: (i) medical emergencies, (ii) disruptive behavior of a Resident, or (iii) a request of a Resident to immediately stop treatment; and (m) Work with (Dialysis Service) to discharge a Resident for whom (Dialysis Service) cannot safely or consistently provide Dialysis Services for any reason, including but not limited to: erratic behavior, refusal to cooperate with (Dialysis) staff, or ancillary medical issues.</p> <p>The Physician Orders policy and procedures, revised 1/31/18, documents Purpose: To provide general guidelines when receiving, entering, and confirming physician or prescriber's orders. 1. When receiving physician's orders by telephone: Enter the order into the resident's chart under order tab and according to the instructions for the type of order that is received. 3. Notify the resident's physician (if not the prescribing physician), for verification if applicable. 6. Verbal and Telephone orders will be documented as such in the Electronic Medical Record.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility's Physician-Family Notification-Change in Condition policy and procedures, revised 11/13/18, document Purpose: To ensure that medical care problems are communicated to the attending physician or authorized designee and family/responsible party in a timely, efficient, and effective manner. The facility will inform the resident; consult with the resident's physician or authorized designee such as Nurse Practitioner; and if known, notify the resident's legal representative or an interested family member when there is: (B) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (D) A decision to transfer or discharge the resident from the facility.</p> <p>The facility Licensed Practical Nurse (LPN) and Registered Nurse (RN) job descriptions, dated 5/2/17, document Essential Duties and Responsibilities include: Admit, transfer and discharge residents as required. Receive &amp; transcribe telephone orders from physicians &amp; record on the Physician's Order Form. Chart nurse's notes in an informative &amp; descriptive manner that reflects the care provided to the resident, as well as the resident's response to the care. Perform routine charting duties as required &amp; in accordance with established charting &amp; documentation policies &amp; procedures. Qualifications include: Must be knowledgeable of nursing &amp; medical practices &amp; procedures, as well as laws, regulations, and guidelines that pertain to nursing care facilities.</p> <p>The Face Sheet for R2, documents R2 admitted to the facility with the following diagnoses: Hypertensive Heart and Chronic Kidney Disease with Heart Failure and with Stage 5 Chronic Kidney Disease, End Stage Renal Disease, Type 2 Diabetes with polyneuropathy and retinopathy, Renal Osteodystrophy, Non-ST Elevation Myocardial Infarction, Dementia, Legally Blind, Hypertension, Atherosclerotic Heart Disease and Congestive Heart Failure.</p> <p>The current Medication Review Report, MAR'S (Medication Administration Records) and TARS (Treatment Administration Records) for R2, dated March 1 through April 16, 2024 do not include Physician orders for dialysis, the care of dialysis site, or monitoring related to dialysis for R2 as of 4/16/24.</p> <p>The current Care Plan for R2, documents Focus area: (R2) has renal insufficiency r/t (related to) CKD (Chronic Kidney Disease) stage 5, hypertensive heart and chronic kidney disease with heart failure. Interventions include: Monitor and report changes in mental status: lethargy; tiredness; fatigue; tremors; seizures. Monitor for s/sx of hypovolemia (increased pulse, increased respirations, decreased systolic, sweating, anxiousness) or hypervolemia (JVD (jugular vein distention), increased BP (blood pressure), lung crackles, headache, SOB (shortness of breath), dependent edema). Monitor/document/report PRN (as needed) the following s/sx (signs and symptoms): Edema; weight gain of over 2 lbs (pounds) a day; neck vein distention; difficulty breathing (Dyspnea); increased heart rate (Tachycardia); elevated blood pressure (Hypertension); skin temperature; peripheral pulses; level of consciousness; Monitor breath sounds for crackles.</p> <p>The current Care Plan for R2 documents Focus area: I have Congestive Heart Failure. Interventions include: Check breath sounds and monitor/document for labored breathing, Monitor Vital Signs, and Monitor/document/report PRN (as needed) any s/sx (signs or symptoms) of Congestive Heart Failure: dependent edema of legs and feet, periorbital edema, SOB (shortness of breath) upon exertion, cool skin, dry cough, distended neck veins, weakness, weight gain unrelated to intake, crackles and wheezes upon auscultation of the lungs, Orthopnea, weakness and/or fatigue, increased heart rate (Tachycardia), lethargy and disorientation.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The current Care Plan for R2 documents Focus area: I have renal insufficiency r/t CKD stage 5, hypertensive heart and chronic kidney disease with heart failure. Interventions include: Monitor and report changes in mental status: lethargy, tiredness, fatigue, tremors, and seizures, Monitor for s/sx of hypovolemia (increased pulse, increased respirations, decreased systolic, sweating, anxiousness) or hypervolemia (JVD/jugular vein distention, increased BP (blood pressure), lung crackles, headache, SOB (shortness of breath), dependent edema, and Monitor/document/report PRN the following s/sx: Edema, weight gain of over 2 lbs (pounds) a day, neck vein distension, difficulty breathing (Dyspnea), increased heart rate (Tachycardia), elevated blood pressure (Hypertension), skin temperature, peripheral pulses, level of consciousness, Monitor breath sounds for crackles.</p> <p>The current Care Plan for R2 documents Focus area: I receive Hemodialysis 3 times per week. Interventions include: Check bruit and thrill every shift and record, Check capillary refill of extremity and notify MD (medical doctor) of significant changes, Check graft/fistula site for bleeding, Check vital signs every shift and record as ordered, Collaborate/communicate with dialysis center staff as needed.</p> <p>The current Care Plan for R2 documents Focus area: I have shortness of breath (SOB) r/t other asthma, morbid obesity, chf (congestive heart failure), anemia. Interventions include: Monitor/document changes in orientation, increased restlessness, anxiety, and air hunger, Monitor/document breathing patterns, and Monitor/document/Report breathing abnormalities to MD.</p> <p>On 4/16/24 12:00 pm through 4:30 pm and 4/17/24 8:00 am through 3:00 pm, R2 was not residing in the facility. On 4/17/24 the facility Dialysis Unit included V10 and V11 PCT's (Patient Care Technicians) and residents receiving dialysis treatment.</p> <p>The Dialysis Nursing Progress Notes Report for R2, dated 4/1/24 at 5:06 pm, documented by V8 Dialysis RN (Registered Nurse) prior to R2's dialysis treatment, documents CNA notified (V8 RN) and (V10 and V11) PCT's this patient has been ill since Saturday (3/30/24) and has been getting worse. (V8 RN) spoke with the nurse and she stated (R2's) VS (vital signs) were stable. (V8 RN) went to (R2's) room, (R2) has rales in upper lobes per auscultation, (R2) will respond when spoken to but immediately closes eyes and head leans to the side, eyes rolling back. (R2) has a temp (temperature) of 100.4, urine is very cloudy and brown in color with strong odor. O2 (oxygen) sat (saturations) at 81% on RA (room air). (V8 RN) notified floor nurse and (floor nurse) feels it's due to 'fluid overload' and patient 'just needs dialysis.' (R2) may be fluid overloaded, however, (R2) has other sx (symptoms) that do not correlate. (V8 RN) phoned V13 (R2's Nephrologist) and (V13) agreed (R2) should be evaluated in ER (emergency room ). (V8 RN) wrote the order and gave to floor nurse. (Floor Nurse) argued with (V8 RN) and basically refused to send the patient (R2) out. (V8 RN) and (V10 and V11) PCT's spoke with (V2) DON. (V2 DON) came back to the dialysis room and stated, 'my staff got different vitals than you did and (R2) seems ok.' (Facility) will not send (R2) out, feel it is not necessary. Staff brought patient (R2) to dialysis room, temp is 101.3, very slow to respond, O2 is now on and sats (saturations) are at 95%, 2L (liters) per n/c (nasal cannula). We will run patient as long as VS are stable. (V8 RN) also contacted (V15 Dialysis Regional Nurse) manager and informed (V15) of this situation. (V15) agrees that if (R2) becomes any worse, we are to stop treatment and reiterate to NH (nursing home) staff that (R2) needs to be evaluated in ER.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The Other Orders report for R2, dated 4/1/24 at 4:15 pm, pre dialysis treatment, documents V8 Dialysis RN wrote a physician order as: Please have nursing home send patient (R2) to emergency room for evaluation of elevated temperature, decreased O2 (oxygen) saturation, MS (mental status) changes, rales upper lobes. This Physician Order was scanned into the miscellaneous tab of R2's EHR (electronic health record) and was not processed into the Physician Order tab in R2's EHR.</p> <p>The Dialysis Communication Report, dated 4/1/24, post dialysis treatment, documents R2 Moaning, confused, labored respirations with temperature of 99.5 and Blood Pressure of 131/99.</p> <p>The Dialysis Daily Notes for R2, dated 4/1/24 at 8:46 pm, documented by V8 Dialysis RN, post R2 dialysis treatment, documents (R2) remains confused, labored respirations, moaning, appears to be in pain but unable to verbalize.</p> <p>The facility Progress Notes for R2, dated 4/1/24 10:06 pm, Hematuria observed. Strong/foul odor noted to urine. Oxygen administered. Condition is stable, no distress noted; 4/2/24 5:58 pm, (R2) admitted to the hospital ICU with sepsis and very high troponin level. The Progress Notes, dated 4/4/24 through 4/16/24, document R2 remains at the local hospital. There are no Progress Notes documenting any other monitoring, vital signs, or resident condition between 3/29/24 (first dialysis treatment) through 4/2/24.</p> <p>The Medication Review Report for R2, dated 3/1/24 through 4/17/24 documents a Physician Order, dated 4/2/24 Send (R2) to (local hospital) for treatment and evaluation of elevated temp (temperature) and increased edema. The Medication Review Report for R2, does not include the Physician Order, dated 4/1/24, that ordered R2 to be sent to the hospital on 4/1/24 for elevated temperature, decrease in oxygen saturation, mental status changes or upper lobe rales.</p> <p>The local hospital discharge paperwork documents R2 was admitted on [DATE] through 4/17/24. The Reason for Admission documents: Dialysis access malfunction, Acute thrombus in right brachiocephalic vein extending to left brachiocephalic vein as well as superiorly to the junction of right subclavian and internal jugular veins, Acute on chronic anemia related to multifactorial etiology, Sepsis related to MRSA (methicillin resistant staph aureus) infection, Pneumonia, ESBL (extended-spectrum beta lactamase) UTI (urinary tract infection), MRSA bacteremia leading to acute endocarditis suspected related to catheter associated infection where right IJ (internal jugular) tunneled catheter, ESRD on hemodialysis with volume (fluid) overload, Acute on chronic systolic heart failure with pulmonary edema, Elevated troponin the setting of type 2 MI (myocardial infarction) demand mediated ischemia, Suspected pneumonia from Gram-negative etiology, and Acute metabolic encephalopathy exacerbating underlying dementia.</p> <p>On 4/16/24 at 12:23 pm, V3 LPN/Licensed Practical Nurse stated V13 (R2's) Nephrologist wanted R2 sent to the hospital on 4/1/24 due to altered mental status and V2 DON (Director of Nursing) said No and that R2 didn't need to go. R2 was admitted to the hospital with sepsis and an increased troponin (proteins that help regulate the heart) level. V4 RN (Registered Nurse) was R2's Nurse. V8 was the Dialysis RN that day. V3 LPN stated on Monday (4/1/24) R2 was not looking so hot, not communicating with us, not like her self as she is usually loud. Dialysis team was made to take R2 and on Tuesday (4/2/24) R2 was finally sent out.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 4/17/24 at 1:00 pm, V4 RN stated during shift report she was told that R2 had been running a temperature, vomiting, diarrhea, was having difficulty breathing, and not acting her self over the weekend and the physician wanted R2 sent to the hospital but V2 DON said Absolutely not. V4 RN stated towards the end of the shift R2 spiked a temperature and she was so hot, you could feel the heat coming off of her and V4 RN sent R2 out to the hospital on 4/2/24 during her shift.</p> <p>On 4/17/24 at 1:45 pm, V7 RN stated R2 was just not her normal self. She was answering questions. We checked her temperature and it was normal. Dialysis said it was 101.0 but ours was normal. We didn't know if it was just that she needed dialyzed. The Dialysis staff didn't want to take her. V7 RN stated herself and V6 LPN checked R2 and she didn't have a temperature. V7 RN stated the Dialysis staff didn't know R2 and just ordered to send R2 out to the hospital but V2 DON and R2's Family Member said to keep R2 at the facility. V7 RN confirmed R2 was not sent to the hospital until 4/2/24.</p> <p>On 4/17/24 at 2:00 pm, V6 LPN stated she was R2's Nurse and R2 went to dialysis (on 4/1/24) but not for long. R2 had been messing with her dialysis port and Dialysis staff cleaned it for her. V6 LPN stated she does not remember anything about sending R2 to the hospital and she did not send R2 to the hospital on 4/1/24.</p> <p>On 4/17/24 at 2:09 pm, V2 DON stated the Dialysis team would not take R2 due to blood pressure issues. R2 had a slight temperature but her vital signs were stable. V8 Dialysis RN said that R2 had diminished respirations, but she (R2) always does due to her condition. R2 was not sweating, not diaphoretic and her vital signs were ok. V2 DON also stated R2 had a UTI (urinary tract infection) and V6 LPN felt that when R2 got the new antibiotic in her for 24 hours R2 would be ok. V2 DON stated all she was told was that R2 couldn't get dialysis. V2 DON stated R2 was monitored and she (V2) is unaware of a physician order to send R2 to the hospital on 4/1/24. V2 DON stated If there was an order for her (R2) to be sent to the hospital (V2) would not have, not sent her. R2 ended up going out to the hospital due to her vitals signs being unstable and an increase in her temperature the next day (4/2/24). V2 DON stated the Dialysis Nurse communicates to the facility Nurses and the facility Nurses report to V2 DON.</p> <p>On 4/17/24 at 3:00 pm, V10 and V11 PCT's stated R2 had her first dialysis treatment on Friday (3/29/24) and on that following Monday (4/1/24) R2 had a change in mental status, had a temperature and there was concern with possible infection. V10 PCT stated what the facility staff do not understand is that if there is infection in the resident's blood stream the infection could be spread throughout the body during dialysis and make it worse for the resident, which is why dialysis team was concerned. The Nephrologist gave an order for R2 to go to the hospital emergency room to be evaluated on 4/1/24 but facility refused to send her. V10 and V11 PCT's stated a delay in R2's dialysis or delay in the treatment of an infection could definitely cause more problems for R2 which is why the doctor wanted R2 sent to the emergency room .</p> <p>On 4/17/24 at 3:30 pm, V1 Administrator stated she was unaware of there being a Physician order for R2 to be sent to the emergency roiaognom on [DATE] and confirmed if there was an order R2 should have been sent out to the hospital.</p> <p>On 4/23/24 at 1:59 pm, Call placed to V13 (R2's) Nephrologist office. V14 (V13's) Medical Assistant stated V13 Nephrologist is unavailable for interview, no longer sees R2 at the office due to R2 receiving dialysis at the facility, and all medical information for R2 would be in R2's Dialysis medical record.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 4/23/24 at 9:31 am, V1 Administrator stated CNA's reported to V8 Dialysis RN that R2 was not her normal self, V8 called V13 (R2's) Nephrologist and wrote the order for R2 to be sent to the local hospital around 4:00 pm even though R2 was not due to be dialyzed until around 5:00 pm. V1 Administrator stated she does not know why the order was not processed, not in R2's Physician Orders and unsure why it was scanned into miscellaneous tab.</p> <p>On 4/24/24 at 11:30 am, V15 Dialysis Regional Nurse stated V8 Dialysis RN called her in the afternoon regarding R2's declining condition and was looking for guidance as to what to do. V15 Dialysis Regional Nurse stated she told V8 Dialysis RN to call the Physician and communicate with the nursing home staff. V15 stated if we call the Nephrologist and are told to send a patient to the hospital, we would write the order and then give it to the facility nurse to follow through with.</p> <p>The Immediate Jeopardy began on 4/1/24 at 4:15 pm when the facility failed to follow a physician order to send R2 to the local hospital for an evaluation resulting in delay of R2 treatment and being admitted to the local hospital's intensive care unit with multiple comorbidities.</p> <p>V1 Administrator and V2 DON was notified of the Immediate Jeopardy on 5/1/24 at 9:00 am.</p> <p>The surveyor confirmed through interview, observation and record review that the facility took the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> <li>1. All licensed staff were educated, by V2 DON, V9 RNC (Regional Nurse Consultant) and V16 QA (Quality Assurance) Nurse Manger, on Notification - Physician Notification on Change of Condition on 4/19/24.</li> <li>2. All licensed staff were educated, by V2 DON, on Physician Orders including entering, processing, following and implementation of physician orders on 4/26/24.</li> <li>3. All licensed staff were educated, by V2 DON and V9 RNC, on utilizing the back-up medication system and list of medications was posted by back-up medication system on 4/19/24.</li> <li>4. V2 DON was educated, by V9 RNC on Change in Condition Assessment, Interventions and Documentation on 4/18/24.</li> <li>5. All licensed staff have been re-educated, by V2 DON, V9 RNC, and V16 QA Nurse Manager, on the process to utilize the Dialysis Communication Report including the completion of the facility required information on the communication report on 4/19/24.</li> <li>6. All licensed staff have been educated, by V2 DON, V9 RNC, and V16 QA Nurse Manger, on Change in Condition Assessment, Interventions and Documentation on 4/19/24.</li> <li>7. V8 Dialysis RN was educated, by V2 DON, that when a physician order is received for a dialysis resident to communicate the order directly to the DON, and if unavailable, report to QA (Quality Assurance) Nurse Manager/ADON (Assistant Director of Nursing) on 4/19/24.</li> <li>8. The facility Physician-Family Notification-Change in Condition, Emergency Pharmacy and Emergency Kits, and Dialysis monitoring and Observation were reviewed, by V1 Administrator and V9 RNC, on 4/19/24 with no changes being made to the policies.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>30678</p> <p>Based on observation, interview and record review the facility failed to follow facility dialysis policy and procedures for the care and monitoring of six (R1, R2, R3, R4, R5, and R6) of six residents reviewed for dialysis in the sample of six.</p> <p>Findings include:</p> <p>The facility's Dialysis Monitoring and Observation policy and procedure, revised 2/13/18, documents Purpose: To ensure residents receiving hemodialysis are monitored for complications. Monitoring: 1. Listen using a stethoscope for the bruit and thrill of the fistula once each shift. 2. Document the presence or absence of the bruit and thrill on the MAR (Medication Administration Record) or TAR (Treatment Administration Record) each shift. 3. While listening for the bruit and thrill, observe the skin condition for any increased redness or swelling and notify the physician and dialysis center if any present. Document abnormal findings. 4. If bleeding or oozing at the site is noted, apply pressure gauze dressing and notify the physician. 5. The physician and dialysis center will be notified if the bruit and thrill are not present. 6. Document the physician and dialysis center notification in the resident's medical record, if applicable. 7. If the resident has a catheter for dialysis the nurse will assess the catheter site for any signs of drainage and condition of the dressing to the site every shift. Documentation: 1. Obtain V/S (vital signs) (B/P (blood pressure) and pulse at a minimum) following dialysis treatment. B/P to be done on unaffected arm. 2. Assessment of fistula site for presence or absence of bruit and thrill every shift. 3. Assessment of dialysis catheter site for any signs of drainage and condition of the dressing to the site every shift. 4. Document and notify the physician of any signs or symptoms of complications observed during assessment such as bleeding, swelling, infection, redness, warmth, etc.</p> <p>The Home Dialysis Services and Coordination Agreement, dated 3/1/2019, documents the Facility shall: Prepare Residents for Dialysis Services and monitor Residents after they receive those services and conduct prn (as needed) and post-treatment assessments.</p> <p>The facility's Licensed Practical Nurse (LPN) and Registered Nurse (RN) Job Descriptions, dated 5/2/17, document Must be knowledgeable of nursing and medical practices &amp; procedures, as well as laws, regulations, and guidelines that pertain to nursing care facilities.</p> <p>1. The Face Sheet for R1 documents R1 with the following diagnoses: Chronic Kidney Disease, End Stage Renal Disease, Dependence on Renal Dialysis, Arteriovenous Fistula, and Anemia in Chronic Kidney Disease.</p> <p>The current Physician Orders for R1, documents one order dated 11/2/23 to check dialysis access dressing q shift. As of 4/17/24 there are no physician orders for Dialysis treatment, care, or monitoring of R1.</p> <p>On 4/16/24 at 12:18 pm, R1 was sitting on the side of his bed with a dressing covering his left tunneled dialysis catheter.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Aperion Care Marseilles		STREET ADDRESS, CITY, STATE, ZIP CODE  578 West Commercial Street Marseilles, IL 61341	
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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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The MAR' and TAR's for R1, dated 3/1/24 through 4/17/24, do not document dialysis monitoring was completed for R1, other than the access site. The access site inspection was incomplete on various days on R1's TAR on 3/1/24, 3/8/24, 3/12/24, 3/20/24, 3/27/24 through 3/29/24, 4/2 through 4/3/24, and 4/11/24 through 4/12/24.</p> <p>2. The Face Sheet for R2 documents R2 with following diagnoses: Stage 5 Chronic Kidney Disease, End Stage Renal Disease, Renal Osteodystrophy, Anemia in Chronic Kidney Disease, Type 2 Diabetes, and Heart Failure.</p> <p>The current Physician Orders for R2, documents a physician order for R2 to have tunneled hemodialysis catheter placed on 3/25/24. There are no orders for Dialysis treatment, care, or monitoring for R2.</p> <p>On 4/23/24 at 11:53 am, R2 was lying in bed with a dressing covering right upper chest central line dialysis port.</p> <p>The Progress Notes for R2, dated 3/25/24 at 2:50 pm, documents R2 returned from local hospital visit after right upper central line port placement with a light blood accumulation at insertion site and blood pressure of 225/103. Blood pressure medication administered.</p> <p>The Dialysis Center Progress Note, dated 3/29/24, documents R2 received first Dialysis Treatment.</p> <p>The MAR's and TAR's for R2, dated 3/1/24 through 4/16/24, do not include any dialysis treatment, care, or monitoring having been completed for R2.</p> <p>The Nursing Progress Notes for R2, dated 3/29/24 through 4/2/24 do not document dialysis treatment, care or monitoring for R2.</p> <p>3. The Face Sheet for R3, documents R3 with the following diagnoses: End Stage Renal Disease, Dependence on Renal Dialysis, and Anemia in Chronic Kidney Disease.</p> <p>The current Physician Orders for R3, documents a physician order on 3/9/24 for R3 to receive hemodialysis three times a week on Monday, Wednesday and Fridays in the am. A Physician Order dated 1/2/24 and 1/3/24 respectively document to inspect left upper dialysis access site two times daily and to check dialysis access dressing every day and night shift.</p> <p>On 4/16/24 at 12:18 pm, R3 was sitting up in a chair with a dressing covering his left upper dialysis access site.</p> <p>The MAR's and TAR's for R3, dated 3/1/24 through 3/31/24 and 4/1/24 through 4/30/24 have incomplete or missing documentation regarding checking R3's dialysis dressing on 3/6/24, 3/8/24, 3/27/24 through 3/29/29, 4/2/24, 4/3/24, 4/11/24, 4/12/24, 4/21/24, 4/23/24, and 4/24/24. The vital signs and monitoring of R3, pre and post dialysis, was incomplete or not done at all on 3/11/24, 3/13/24, 3/15/24, 3/18/24, 3/20/24, 3/22/24, 3/25/24, 3/27/24, 3/29/24, 4/1/24, 4/3/24, 4/5/24, 4/8/24, 4/10/24, 4/12/24, 4/15/24, 4/17/24, 4/19/24, and 4/22/24.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Aperion Care Marseilles		STREET ADDRESS, CITY, STATE, ZIP CODE  578 West Commercial Street Marseilles, IL 61341	
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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. The Face Sheet for R4, documents R4 with the following diagnoses: End Stage Renal Disease, Dependence on Renal Dialysis, Anemia in Chronic Kidney Disease and Bloodstream Infection due to Central Venous Catheter.</p> <p>The current Physician Orders for R4, documents the following dated Physician Orders as: 4/10/23 In house dialysis Monday, Wednesday, Friday; 4/2/24 Check dialysis access dressing every shift and replace per protocol as needed; and 4/2/24 Check dialysis catheter every shift for drainage and condition of dressing.</p> <p>On 4/16/23 at 3:24 pm, noted dressing covering R4's left upper chest dialysis access.</p> <p>The MAR's and TAR's for R4, dated 3/1/24 through 3/31/24 and 4/1/24 through 4/30/24 documents a weight was obtained and documented one time during the month on 3/29/24 and not obtained on 4/1/24, 4/5/24, 4/8/24, 4/10/24, 4/12/24, 4/15/24, and 4/19/24. Vital signs were not obtained 3/13/24, 3/15/24, 3/18/24 and were incomplete on 4/12/24. The Dialysis access dressing and catheter were not completed on 3/7/24, 3/8/24, 3/20/24, 3/27/24 through 3/29/24, and incomplete on 4/2/24, 4/3/24, 4/11/24, 4/12/24, and 4/22/24 through 4/24/24.</p> <p>5. The Face Sheet for R5, documents R5 with the following diagnoses: End Stage Renal Disease, and Dependence on Renal Dialysis.</p> <p>The current Physician Orders for R5, does not document any Physician Orders, as of 4/23/24 for Dialysis treatment, care, or monitoring.</p> <p>On 5/1/24 at 3:15 pm, R5 was sitting up in stationary chair with visible dressing to right upper chest covering her dialysis access site. R5 stated dialysis staff are the only ones who do anything or even look at her dialysis site. The Nurses at the facility don't do anything with it.</p> <p>The MAR's and TAR's for R5, dated 3/1/24 through 3/31/24 includes a physician order dated 12/3/23 to check R5's right upper chest Arteriovenous fistula site for thrill/bruit every day and night shift. 3/7/24, 3/11/24, and 3/13/24 were incomplete and no further checks completed due to physician order being discontinued on 3/13/24. There is no other treatment, care, or monitoring completed for R5 during March and April 2024 as of 4/23/24.</p> <p>6. The Face Sheet for R6, documents R6 with the following diagnoses: End Stage Renal Disease, Dependence on Renal Dialysis, and Anemia in Chronic Kidney Disease.</p> <p>The current Physician Orders for R6, do not include physician orders for dialysis treatment, care, or monitoring as of 4/23/24.</p> <p>On 5/1/24 at 3:30 pm, R6 was sitting up on in her bed. Noted dressing to right upper chest. R6 stated the dressing covers her dialysis access site. Dialysis staff are the only ones look at, who mess with or who change the dressings. Stated I guess the facility Nurse could put another one on if I needed it.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Aperion Care Marseilles		STREET ADDRESS, CITY, STATE, ZIP CODE  578 West Commercial Street Marseilles, IL 61341	
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F 0698  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	The MAR's and TAR's for R6, dated 3/1/24 through 3/31/24 and 4/1/24 through 4/30/24, document a 3/8/24 physician order to check bruit and thrill of dialysis fistula twice daily which was only completed on 3/8/24 through 3/13/24. The Physician Order, dated 3/8/24, to obtain weight and vital signs on dialysis days every day shift every Monday, Wednesday and Friday with incomplete documentation on 3/8/24, 3/11/24, 3/13/24, 3/20/24, 3/22/24, 3/25/24, 3/27/24, 3/29/24, 4/1/24, 4/3/24, 4/5/24, 4/10/24, 4/12/24, 4/15/24, 4/19/24 and 4/22/24. The dialysis access dressing was to be checked q shift and replaced as needed with incomplete documentation of being completed on 3/7/24, 3/11/24, 3/27/24, 3/28/24, 3/29/24, 4/2/24, 4/3/24, and 4/10/24 through 4/12/24.		