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Form Approved OMB
No. 0938-0391

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 06/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Marseilles	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38805 Based on observation, interview and record review, the facility failed to ensure that staff knocked prior to entry to a resident room for one resident (R40) and failed to ensure call lights were responded to in a timely manner for four (R5, R34, R45, R48) of 16 residents reviewed for call light timeliness in a sample of 31. Findings Include: Facility's Resident Rights Policy dated 8/23/17 documents: Purpose: To promote the exercise of rights for each resident, including any who face barriers (such as communication problems, hearing problems and cognition limits) in the exercise of these rights. Facility's Residents' Rights for People in Long Term Care Facilities, Ombudsman Program revised 11/2018, documents: Your rights to dignity and respect; your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Facility staff must knock before entering your room. Your facility must provide services to keep your physical and mental health, at their highest practical levels. 1. On 6/11/24 at 10:05am, V9 Housekeeping entered R40's room without knocking or announcing self, did not speak. V9 went straight to the closet on the opposite side of R40's room to remove basket of clothing from top shelf of closet, stating that this was too close to the ceiling inside the closet. At this same time, V9 Housekeeping stated: My boss told me that the closet was full at the top and that's what I was thinking about; I was intent on checking the closet. We have had in-services and do (computer) training on knocking prior to entering a resident's room; we are supposed to knock. This is the first time I did not knock cause I was intent on checking the closet. On 6/13/24 at 12:30pm, V2 Director of Nursing/DON stated that prior to entering a resident's room, the staff are supposed to knock and announce themselves prior to entry. 2. A Call Light policy revised 02/02/18 documents, Resident call lights will be answered in a timely manner. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R5's Functional Ability assessment dated [DATE] documents R5 is dependent on staff for toileting needs. R34's 04/29/24 Functional Ability Assessment documents R34 is dependent in the care areas of toileting, sit to lay, lay to sit, sit to stand and walking. R34's medical diagnoses are documented as Traumatic Brain Injury and Spastic Hemiplegia affecting right dominant side. R45's medical diagnoses include Renal Failure, Type II Diabetes and Bilateral Below Knee Amputations. R48's medical diagnoses include Insulin Dependent Diabetes, Right Below Knee Amputation, and Stage 4 Kidney Disease requiring Dialysis. On 06/11/24 at 10:11 AM, R45 stated, I hit the (call) button and it takes staff a long time to respond. Sometimes it is a half hour to 45 minutes. R45 was observed to have both legs amputated below the knee and was wearing oxygen at 2 liters while laying in his bed. R45 confirmed he is dependent upon staff for most of his cares. R45 stated this happens on all shifts. On 06/11/24 at 10:18 AM, R5 was asked if staff respond to call lights in a timely manner. R5 stated, They take too long, that's all that I'm saying. On 06/11/24 at 10:26 AM, R48 stated, Staff takes a long time to answer call lights. It is what it is, I live in a nursing home. R48 was asked if this occurred on a certain shift or day. R48 responded that it is most of the time. On 06/14/24 at 10:53 AM, R34's call light was observed to be on. R34 stated she is incontinent of urine and needs changed. R34 stated, I wish I could take my diaper off myself so I don't have to lay here in it. R34 stated she turned the call light on at 10:30 AM. R34 reported this happens most of time and she has to wait 30-45 minutes nearly every time she pushes her call button when she needs help. R34 stated she is dependent on staff for all cares as she was in a car accident resulting in traumatic brain injury. On 06/14/24 at 11:10 AM, V19, Certified Nursing Assistant, entered R34's room and asked what she needed. R34 stated she needed her undergarment changed. V19 stated she would gather needed items and returned to R34's room for cares at 11:15 AM. R34 stated her call light was on for 45 minutes. R34's call light was observed to be on for 17 minutes prior to being checked on. R34 was observed to wait 22 minutes to receive the care she requested. On 06/14/24 at 12:10 PM, V1, Administrator, was asked her expectation of timeliness when responding to call lights. V1 was asked if she felt 15 minutes was an appropriate time for a resident to wait for staff to check on their needs. V1 stated, I'd like it to be less. V1 was asked if 20 minutes was okay for a resident to be checked when they have a call light on. V1 stated, No.

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34542 Based on interview and record review, the facility failed to ensure staff report a resident's change of condition to a medical doctor for one resident (R54-who was having chest pain) of 19 residents reviewed for medical doctor notification in a total sample 31. FINDINGS INCLUDE: Facility policy, entitled Physician-Family Notification-Change in Condition, dated 11/13/2018, documents: 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. R54's Electronic Medical Record (EMR) documents R54's diagnoses to include: Hypertensive Chronic Kidney Disease with Stage 5 Kidney Disease, Type II Diabetes Mellitus, Asthma, Anemia, Bipolar Disorder, Hypertension, and Dependence on Renal Dialysis. R54's Physician Orders, dated 11/30/2023, document R54 has an order for: Nitroglycerin Sublingual Tablet Sublingual 0.4 MG (Nitroglycerin), Give 0.4 mg sublingually every 5 minutes as needed for chest pain every 5 minutes x 3. R54's Minimum Data Set (MDS), dated [DATE], documents R54's Brief Interview for Mental Status (BIMS) as 15/15 which indicates R54 is completely cognitively intact. R54's EMR Progress Notes include: 6/11/24 8:04 p.m., Narrative: Resident has complaints of chest pains. Head to toe assessments was completed and vitals were obtain[ed]. Blood pressure was 148/110 HR [heart rate] 79. Blood pressure medications were given, and pain medications were given. 911 was called, and patient was taken to [area hospital] emergency room for further evaluation. Will follow up hospital; and 6/12/24 12:39 a.m. Narrative: Resident returned to facility alert and oriented times 3 to 4. No longer complaining of chest pains. Patient is to follow up primary care physician, with lab results pending. A new order was prescribed for Metronidazole 500 mg, one tablet by mouth 2 times a day for 7 days. Staff will continue to monitor. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R54's local hospital, emergency room /ER documentation, dated 6/11/2024, documents: Female with hypertension, ESRD [End Stage Renal Disease] on HD [Hemodialysis] MWF [Monday/Wednesday/Friday], dialysis, schizophrenia presents to the ER for evaluation of left-sided chest pain. Initial history is obtained with the patient. She states that she has been having left-sided chest pain radiating to her left arm that started around 4:00 p.m. when she was walking to get coffee in the nursing home today. Patient states that the pain has been constant since onset. She states that she has mild shortness of breath. Patient was told that her symptoms were due to anxiety, and she was given a [Alprazolam] for her symptoms. She denies any nausea, vomiting, diaphoresis. She states that she has also been having vaginal itching that has been ongoing for the last 2 weeks. Per chart review, patient had a nuclear medicine stress test in 03/2024 which was negative. She states that her last HD session was yesterday, and she has not missed any HD sessions; and Patient is nontoxic appearing presenting (to) the ER for evaluation of chest pain. She is mildly hypertensive, afebrile, not tachycardic, saturating 95% on room air in no acute respiratory distress. Patient has no evidence of volume overload. Patient has a recent negative stress test I have low suspicion for ACS [Acute Coronary Syndrome]. Heart score less than 4 and she had a recent negative stress test within last 3 months. Labs reviewed, largely unremarkable. Pregnancy test neg[ative]. Troponin is at baseline, Chem[istry] is consistent with her known history of ESRD. UA [urinalysis] is negative for UTI [urinary tract infection]. Initially suspected that patient's vaginal itching is secondary to vaginal candidiasis for which patient was given 1 dose of fluconazole. On 6/12/24, at 10:20 a.m., R54 stated, I was having chest pain, yesterday around 4 p.m., and I told the male nurse, who gave me Alprazolam and told me to go lay down. I said, that will not work so I waited for the night nurse who called the doctor. When the doctor would not answer, she called 911 and I went to the hospital. R54 stated her chest pain was 9 out of 10 [10 being the highest number for pain] and located on the left side of my chest and ran down my left arm. When I went to the hospital, they said it was from anxiety, but it is always best to have chest pain looked into. On 6/12/24, at 11:25 a.m. V16/Registered Nurse confirmed R54 complained of chest pain; went to a Certified Nursing Assistant/CNA to see if R54 ever had that problem and he gave R54 Alprazolam; did not call medical doctor; had R54 sit so he could watch R54; 5 minutes later resident was laughing; If that serious [chest pain] she would not be laughing; V16 gave shift report to V17/Licensed Practical Nurse around 6:00 p. m. and did not chart R54's pain because the shift was ending and I left it out. On 6/12/24, at 11:45 a.m. V2/Director of Nursing confirmed it is V2's expectation with any chest pain is for staff to notify the medical doctor.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 38805 Based on observation, record review and interview, the facility failed to develop a hand brace care plan for one resident (R20) of 19 residents reviewed for Care Plan in a sample of 31. Findings include: The facility's Comprehensive Care Plan Policy revised 11/17/17 documents: Purpose: To develop a comprehensive care plan that directs the care team and incorporates the resident's goals, preferences, and services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following: The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. A comprehensive care plan must be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. On 6/12/24 at 1:00pm, R20 was noted lying in bed; there were lamb skin braces on each of R20's hands. R20's Hospice Note dated 5/31/24 documents Hands with lamb skin braces for contractures. R20's current Care Plan does not document contractures or wear of braces for contractures. On 6/12/24 at 1:05pm, V13 Registered Nurse/RN stated, (R20) has those to prevent contractures of her hands; she does not have contractures, but she keeps her hands closed all the time. On 6/12/24 at 1:25pm, V2 Director of Nursing/DON stated that she was not sure if R20's braces were care planned.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 30678 Based on observation, interview, and record review the facility failed to provide activities of daily living for two (R73 and R12) of two residents reviewed for activities of daily living in the sample of 31. Findings include: The facility's Nail Care policy and procedure, revised 1/25/18, documents Observe condition of resident nails during each time of bathing. Note cleanliness, length, uneven edges, hypertrophied nails. Perform hand hygiene. After bathing, use orange stick, and clean debris from around and under finger and toes nails. This policy documents to trim resident fingernails in an oval fashion avoiding tissue after bathing or when needed. The facility's undated Shaving Male and Female Residents policy and procedure, documents Purpose: to provide cleanliness, comfort and improved morale. Male residents will be assessed for daily shaving need and assisted as his functional needs indicate. 1. The Admission MDS (Minimum Data Set) Assessment for R73, dated 4/19/24, documents R73 is cognitively intact and requires staff assistance for activities of daily living and dependent for personal hygiene. The current Care Plan for R73 documents R73 is at risk for self-care deficit and for staff to provide assistance with activities of daily living. The Shower Schedule for R73, documents R73 to be showered on Tuesdays by the second shift. On 6/11/24 at 10:30 am, 6/12/24 at 11:13 am, and 6/12/24 at 2:00 pm, R73's facial hair was overgrown and scraggly, fingernails were overgrown, jagged, and broken with brown/black substance underneath the nail tips. On 6/12/24 at 2:00 pm, R73 stated he needed a shave. 6/13/24 at 9:09 am, R73 stated he was supposed to get a shower on Tuesday (6/11/24) but didn't get it on Tuesday but received a shower last night (6/12/24). R73's fingernails remain unchanged, overgrown with jagged edges and with brown/black substance remaining underneath the tips of his fingernails. R73 stated his fingernails are too long and he keeps hitting them on his overbed table and they chip and break. R73 stated he is in need of a shave and stated sometimes they shave me and sometimes they don't. On 6/13/24 at 10:15 am, V18 CNA (Certified Nursing Assistant) stated fingernail care and shaving residents are done on the resident shower days or as needed V18 CNA stated R73 is a second shift shower but got a shower last night. V18 CNA confirmed R73 should have already been shaved and had fingernail care provided but will take care of it today. 38805 (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. R12's current Care Plan documents: I have an activities of daily living/ADL self-care/mobility performance deficit related to Activity Intolerance, Dementia, Fatigue, Limited Mobility, shortness of breath/SOB, legal blindness. I have an ADL self-care performance deficit related to impaired cognition, visual deficits secondary to diagnosis legal blindness, dementia. On 6/11/24 at 10:15am, R12 was sitting in her room in a recliner. R12's fingernails on both hands showed dark residue, almost black in color beneath all nails; the nails were cut short with a small portion of nail extending beyond the fingertips. On 6/14/24 at 9:55am, R12 was sitting in her room in a recliner, noted that fingernails on both hands showed dark residue beneath fingernails. On 6/11/24 at 10:15am, R12's fingernails were viewed by V10 Licensed Practical Nurse/LPN; V10 LPN confirmed that R12's fingernails were not cleaned. At this time, V10 LPN stated: Her nails should be cleaned daily. On 6/11/24 at 10:20, V12 Certified Nursing Assistants/CNA and V11 CNA provided cares for R12 and observed dark debris residue underneath R12's fingernails. V12 Certified Nursing Assistants/CNA stated: We clean (R12's) nails every day and we are supposed to check them and clean them each day when we get her up. At this same time, both V12 CNA and V11 CNA stated that they did not clean R12's fingernails when they got R12 up today. On 6/13/24 at 12:30pm, V2 Director of Nursing/DON stated that residents' nails should be cleaned whenever the nails are soiled.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 30678 Based on observation, interview, and record review the facility failed to ensure oxygen tubing was changed and dated weekly and ensure cylinder oxygen tanks were stored securely for one (R21) of one resident reviewed for oxygen use in the sample of 31. Findings include: The facility's Oxygen and Respiratory Equipment - Change/Cleaning policy and procedure, revised 1/17/19, documents Nasal Cannulas are to be changed once a week and PRN (as needed); Whenever possible, residents using a portable oxygen tank, will be switched to a room oxygen concentrator while in their room; and Oxygen humidifiers should be changed weekly or as needed and will be dated when changed. The facility was unable to provide a policy and procedure for storage of oxygen. On 6/11/24 at 10:30 am, R21 was lying in bed with eyes closed with undated oxygen cannula connected to an undated humidifier bottle. An oxygen cylinder tank, infusing oxygen at three liters, was secured to the back of R21's wheelchair with the oxygen tubing connected and dated 5/27/24. On 6/12/24 at 10:00 am, 6/13/24 at 9:06 am, and 6/14/24 at 11:25 am, R21's concentrator oxygen tubing and humidifier bottle remained undated, and the cylinder tank oxygen tubing was still dated 5/27/24. On 6/13/24 at 9:06 am, R21's oxygen cylinder tank was noted free standing and unsecured, oxygen tubing dated 5/27/24 resting on the floor, and no staff in the area, by the smoking exit door. On 6/12/24 at 10:00 am, R21 stated the night shift nurse is supposed to change the oxygen tubing every Sunday night and they don't. R21 stated he uses the oxygen concentrator when he is in his room and the oxygen cylinder tank on his wheelchair when he is out of his room. R21 stated he propels himself to the smoking door, his oxygen cylinder is removed from his wheelchair while he goes outside, and it is replaced when he comes back in from smoking. On 6/14/24 at 11:25 am, R21 stated his oxygen tubing still has not be changed. Same tubing, I have had for a while. On 6/14/24 at 11:29 am, V13 RN (Registered Nurse) stated all oxygen tubing and humidifier bottles are to be changed weekly by third shift on Sundays. V13 RN confirmed R21's oxygen tubing and humidifier bottle should have been changed since 5/27/24 and that she would make sure to change and date the tubing and bottle. On 6/14/24 at 11:42 am, V2 DON (Director of Nursing) stated oxygen tubing and humidifier bottles are to be changed and dated weekly, oxygen cylinder tanks should not be left free standing and staff should make sure the oxygen tanks are maintained in secure manner. V2 DON stated R21 goes out to smoke during smoke breaks with the staff. R21 will remove his oxygen tank and leaves it in the facility while he goes out to smoke. V2 DON also confirmed oxygen tubing should be changed and dated weekly, oxygen cylinder tanks should not be left free standing, and staff should not leave them that way. V2 DON stated she will re-educate the staff.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 38805 Based on observation, record review and interview, the facility failed to assure medications were not left at the bedside for one resident (R43) out of 27 residents reviewed for medication administration pass in a sample of 31. Findings include: The facility's Medication Administration General Guidelines Policy undated, documents: Administration: 2. Medications are administered in accordance with written orders of the prescriber. 12. Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications. 16. The resident is always observed after administration to ensure that the does was completely ingested. On 6/12/24 at 11:35am, V13 Registered Nurse/RN took medication (Lanthanum and Midodrine) into R43's room; stated to R43, here is your meds. R43 indicated to V13 to leave the medication on her bedside table; V13 left the medication for R43 on R43's bedside table and walked out of R43's room. The facility's Electronic Health Records/EHR does not document a physician order for R43 to self-administer medications. On 6/13/24 at 8:50am, R43 stated that V13 RN usually does not leave her medication, that V13 RN might have left the medication because it was getting close to R43's dialysis time; and that (R43) goes to dialysis at 12:00pm. R43 stated, It was only my Lanthanum and Midodrine pills; I do not know if there's an order to leave my meds with me. On 6/14/24 at 10:00am, V13 Registered Nurse/RN stated that R43 was alert and oriented and felt it was okay to leave R43's medications with her. At this same time, V13 stated: (R43) usually took the meds/medications right away. We probably should have an order to leave her meds with her. I will contact the doctor today for an order. On 6/13/24 at 12:50pm, V14 Registered Nurse stated that she does not have any residents who have orders to leave medications with them and that she does not leave medications in rooms for residents. V14 RN stated, There has to be a doctor's order to do that. On 6/13/24 at 12:35pm, V15 Regional Nurse Consultant/RNC stated that residents must have a physician's order and an assessment prior to leaving meds in room with the residents.