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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145316 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/21/2024 |
| NAME OF PROVIDER OR SUPPLIER Aperion Care Wilmington | | STREET ADDRESS, CITY, STATE, ZIP CODE 555 West Kahler Wilmington, IL 60481 | |

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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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>25071</p> <p>Based on interview and record review, the facility failed to follow their policy and insert an indwelling catheter utilizing the smallest size catheter as ordered by the physician. This applies to 1 of 3 resident (R1) reviewed for indwelling catheters in a sample of 8.</p> <p>Findings include:</p> <p>The Urology Progress Note dated 11/9/23 documents under Any new orders? Please place 14FR or 16FR foley catheter.</p> <p>The Urology Progress Note dated 05/30/2024 documents R1's diagnoses that includes Urinary Retention, Urethral Stricture and Urethral Erosion. During this visit R1's 16-gauge indwelling catheter was replaced with a specialized indwelling 16-gauge specialty catheter.</p> <p>A Progress Note for R1 dated 10/10/2024 at 09:00 PM documents Foley cath (catheter) found on bed. New 20FR 30ml balloon Foley inserted, clear yellow urine obtained.</p> <p>On 10/21/2024 at 10:41 AM V10 (Registered Nurse) stated I went into (R1's) room and saw he had pulled the catheter with the balloon intact. It was laying on the bed. I knew he needed the catheter replaced so I just grabbed one and put it in. There was no bleeding or issues. He tolerated the procedure and the urine flowed through clear, yellow. I just failed to check the order for the size of the catheter before inserting it.</p> <p>On 10/21/2024 at 12:45 PM V17 (Nurse Practitioner) stated The nurse should have followed the order and placed the 16 French not the 20. There was absolutely no trauma resulting from the larger catheter.</p> <p>A tour of the medical supply storage room with V4 (Medical Records/Supply Director) on 10/17/24 revealed the facility's urinary catheter supply included 10 size 14 French, 10 size 16 French, 12 size 18 French, and 12 size 20 French.</p> <p>On 10/17/24 at 11:50 AM V4 stated If the nurses can't find what they need they can always call one of us. There are always catheters of all sizes here in the building.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The facility's policy titled Urinary Catheter Care that was last revised on 2/14/19 states Guidelines: 3. Licensed personnel shall use aseptic and atraumatic techniques when inserting a catheter, utilizing the smallest size catheter possible to avoid trauma, as ordered by the physician.</p> |