

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 04/18/2025
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>46409</p> <p>Based on observation, interview, and record review, the facility failed to provide the grievance policy to residents. This applies to 4 of 4 residents (R83, R101, R134, and R130) reviewed for grievances in a sample of 32.</p> <p>The findings include:</p> <p>On April 17, 2025, at 10:32 AM, the Resident Meeting was held. R83, R101, R134, and R130 were present. R83 said the residents had been asking for copies of the grievance policy and information on how to file a grievance since November 2024. R83 said they had not seen the grievance policy yet. R83 said she was told if they have a grievance, to see a staff member. R83 said she invited V11 (Social Service Director) to come to the meeting to explain the grievance policy, but it was not discussed during the meeting.</p> <p>On April 17, 2025, at 1:38 PM, all the facility bulletin boards were reviewed, and none of the bulletin boards contained the grievance policy.</p> <p>On April 17, 2025, at 3:01 PM, V11 said the residents asked for the grievance policy during the resident council meeting and they asked the administrator for it. V11 said the administrator gave the policy to the resident council.</p> <p>On April 17, 2025, at 3:03 PM, V1 (Administrator) said the resident council had asked her for the grievance policy and it was reviewed with them. V1 said she did not personally give the resident council members the grievance policy, but V10 (Activities Director) may have given them the policy.</p> <p>On April 17, 2025, at 3:05 PM, V10 said the Resident Council residents had recently asked for the grievance policy and she notified V1 about it. V10 said she did not give the resident council the policy because V1 would have.</p> <p>On April 17, 2025, at 3:33 PM, V2 (Director of Nursing) said if a resident asks for a grievance policy, they should be given it to them. V2 said any policy the residents asked for, the facility should provide it to them.</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 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>The facility's Resident Council Meeting Minutes were reviewed. The January 2025 Meeting Minutes showed Grievance policy needs to be posted throughout the facility. The Minutes showed a response of the administrator will provide a copy of the policy to resident council .A copy of the grievance policy is posted on each unit. The February 2025 Meeting Minutes showed Grievance policy should be posted on all units.</p> <p>The facility's Concern Procedure Policy dated September 2015 showed A grievance is any written or verbal concern by a resident, relative or any other representative relating to resident care or the quality of services.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>46003</p> <p>Based on interview and record review, the facility failed to provide services to prevent decline and decrease in ROM (Range of Motion). This applies to 1 of 3 residents (R107) reviewed for range of motion in a sample of 32.</p> <p>Findings include:</p> <p>R107 diagnoses include Parkinson's disease, anemia, slow transit constipation and osteoarthritis. R107's current plan of care states R107 has limited ROM in the upper and lower extremities related to Parkinson's disease. The goal set for R107 is an active ROM program where R107 will be able to tolerate 1 set of 5 repetitions of AAROM (Active Assisted Range of Motion) to all extremities with limited staff assist, 1 to 2 times daily through next review. No documentation of the ROM program being carried out was noted in R107's EMR (Electronic Medical Record).</p> <p>On 04/17/25 at 01:06 PM, V17 (Restorative Nurse) stated R107's last restorative assessment was done on 12/9/24. The restorative recommendations made for R107 were for active ROM and bed mobility. V17 stated there should have been documentation of R107's restorative assistance, but R107 was not included on the restorative list. R107 stated he was not being seen by the restorative aid or CNA (Certified Nursing Assistant). V17 stated R107 did not have a program in place to direct staff on what exercises to do with R107 and how often they should be done.</p> <p>The facility policy Restorative Nursing Program dated 1/4/19 states the purpose to promote each resident's ability to maintain or regain the highest degree of independence as safely as possible. Each resident will be screened for restorative nursing upon admission, annually, quarterly and with any significant change in function.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409</p> <p>Based on observation, interview, and record review, the facility failed to implement fall risk precautions for residents at risk for falls. This applies to 5 of 5 residents (R3, R15, R21, R48, and R117) reviewed for accidents and supervision in a sample of 32.</p> <p>The findings include:</p> <p>1. On 4/15/25 at 2:09 PM, R21 was lying in bed. Upon entry, R21 tried to get out of bed and began slipping due to the mattress hanging off the mattress. R21's mattress was angled downward and appeared to be about 10 inches larger than the bed frame. R21 said he had fallen in the past because when he sat on the edge of the bed, he slid but never got hurt. R21 said he's been having this issue for months. On 4/16/25 at 1:08 PM, R21's mattress was the same and he continued to struggle to get out of bed. On 4/17/25 at 9:51 PM, R21 said he had been complaining about the mattress for a long time. R21 said he had slipped a bit yesterday while trying to get out of bed as the mattress slides down. R21's mattress was angled downward on the left side.</p> <p>On 4/17/25 at 1:21 PM, the surveyor showed V9 (Registered Nurse/RN), who was R21's nurse for the day, the mattress and bed frame. V9 said the mattress did not fit the frame and he could risk falling if the mattress did not fit the bed.</p> <p>On 4/17/25 at 1:23 PM, V6 (Maintenance Director) came to R21's room and V6 said R21's mattress does not fit the bed frame. V6 said it should not be that mattress on the bed frame in his room. V6 said an improperly fit mattress to the frame could cause the resident to fall. V6 said R21 could roll too far, or he could sit at the edge and fall because of the way the mattress was angled. At 1:27 PM, V6 measured how far the mattress was from the bed frame, which showed the mattress was six inches larger than the bed frame.</p> <p>On 4/17/25 at 3:33 PM, V2 (Director of Nursing/DON) said the mattress should fit the bed frame. V2 said if the resident starts rolling over and does not know the end of the bed frame, it could cause them to roll off the bed.</p> <p>R21's face sheet showed he was admitted to the facility with diagnoses including morbid obesity, long term use of anticoagulants, pain in right shoulder, polyosteoarthritis, spondylosis, and sciatica left side. R21's MDS (Minimum Data Sheet) dated 1/24/25 showed R21 was cognitively intact. R21's care plan dated 1/29/25 showed R21 has a potential for falls [Related to Diagnosis] of morbid obesity, [Hypertension], [Chronic Obstructive Pulmonary Disease], major depression, [Congestive Heart Failure], schizoaffective disorder and dementia.</p> <p>The facility's Fall Prevention Program revised 11/21/17 showed the program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. The bed will be maintained in a position appropriate for resident transfers. Malfunctioning equipment will be immediately reported to maintenance for repair or removed from service.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>34410</p> <p>2. R3 is an [AGE] year-old female admitted on [DATE] having severe cognitive impairment as per the Minimum Data Set (MDS) dated [DATE]. R3's fall risk assessment dated [DATE] documents that R3 is at high risk for falls.</p> <p>On 04/15/25 at 01:58 PM, R3 was observed in her bed with floor mats underneath the bed.</p> <p>On 04/15/25 at 2:00 PM, V3 (RN) stated that the floor mats should be at the bedside to minimize injury in case of a fall.</p> <p>On 04/15/25 at 02:08 PM, V2 (DON) stated, The floor padding should be on the side of the bed if it's ordered. The staff can move floor padding to get resident in/out of bed and it should be placed back when the resident is in bed.</p> <p>On 04/16/25 at 09:51 AM, R3 was observed in her bed with the floor mat standing against the wall. R3 was observed upset and was moaning and swinging her legs. At 09:53 AM, V19 (Licensed Practical Nurse/LPN) stated that floor mats should have been on the floor when a resident is on bed.</p> <p>R3's care plan documents that R3 was care planned for fall with interventions including a floor mat for safety.</p> <p>The facility presented Fall Prevention Program Guidelines dated 11/21/17 documents: Residents will be observed approximately every two hours to ensure the resident is safely positioned in the bed or a chair and provide care as assigned by the plan of care.</p> <p>46003</p> <p>3. On 04/15/25 at 12:11 PM, R117's bed was in a very high position. R117 stated she did not know why her bed was in high position and she did not raise her own bed. At 12:16 PM, V8 (Admission Director) was asked to assess the height of R117's bed. V8 stated staff must have provided care and forgotten to put it down.</p> <p>R117's diagnoses include chronic respiratory failure, dementia, poly-osteoarthritis, macular degeneration, and morbid obesity. R117's care plan show she is at risk for falls and included an intervention to maintain a safe environment.</p> <p>On 04/17/25 at 02:27 PM, V18 (CNA) was leaving the room R117's room and was asked to assess the height of R117's bed and overbed table. V18 stated she was not assigned to R117 and did not leave her bed in the high position. V18 stated she was just checking if she was done with her lunch tray. V18 stated the assigned CNA should have made sure the bed was in a lower position.</p> <p>4. R48's diagnoses include bilateral osteoarthritis of knee, schizophrenia, anxiety, history of falling, presence of left artificial hip joint, and unequal limb length left femur. R48's MDS dated [DATE] shows he is cognitively impaired and dependent on staff for assistance with ADLs. R48's fall risk assessment provided by the facility dated 9/5/24 shows R48 is at risk for falls. R48's current care plan includes at risk for falls.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. R15's diagnoses include paraplegia, adult failure to thrive, contracture of muscles, and major depressive disorder. R15's MDS dated [DATE] shows he is cognitively impaired and dependent upon staff for ADLs (Activities of Daily Living). R15's fall risk assessment dated [DATE] shows he is at risk for falls. No care plan with interventions was noted in R15's EMR (Electronic Medical Record) related to falls.</p> <p>On 04/15/25 at 12:25 PM, R15's bed was left in a very high position.</p> <p>On 04/15/25 at 12:25 PM, R48's bed was left in a very high position. V13 (CNA) was asked to assess the bed's height. V13 stated she left the R15 and R48's beds in the high position after assisting them with cares and meals. V13 stated R15 and R48 are not able to adjust their own beds. V13 stated she should have lowered the beds in case they did fall from the bed because their injuries would not be as bad.</p> <p>On 4/15/25 at 2:08 PM, V2 (DON) stated residents that are primarily dependent on staff for care assistance and transfers and resident's that are at risk for falls should have their beds placed back in a low and safe position after providing care assistance. V2 stated R15, R48, and R117 are at risk for falls.</p>

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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>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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003</p> <p>Based on observation, interview and record review, the facility failed to provide catheter care in a sanitary manner, failed to utilize an indwelling catheter securing device, and failed to keep the indwelling catheter bag off the floor. This applies to 2 of 2 residents (R65 and 123) reviewed for catheter care in a sample of 32.</p> <p>Findings include:</p> <p>1. R123 has diagnosis that includes bipolar disorder, type 2 diabetes, tremor, and neuromuscular dysfunction of bladder. R123 has a care plan in place for urinary tract infection and antibiotic use.</p> <p>On 04/16/25 at 02:04 PM R123's urinary catheter care was performed by V15 (Certified Nursing Assistant/CNA), and positioning assistance was provided by V14 (CNA). Using a wash basin and two washcloths, V15 wiped the right side of the labia, folded the washcloth, and wiped the left side of the labia, and folded the washcloth then wiped the outside center of labia's four times with the same washcloth. V15 wet the washcloth in the wash basin. V15 then wiped the right side of the labia, folded the washcloth, and wiped the left side of the labia, and folded the washcloth then wiped the outside center of labia's four more times with the same washcloth. V15 then used the second washcloth to clean the urinary catheter tubing from outside the labia, folded the washcloth wiped the catheter again from outside the labia, folded the washcloth wiped the catheter a third time, then folded the washcloth and wiped the catheter a fourth time. V15 did not clean between the labia. No catheter securing device was in place. R123 was transferred to her wheelchair.</p> <p>On 04/17/25 at 02:32 PM, V2 (Director of Nursing/DON) stated for every wipe during perineal care, a fresh washcloth should be used. The used washcloth should not be placed in the washbasin with clean water. The labia should be opened when providing catheter care. Staff should try and ask to open the labia to clean. More than two washcloths are required to provide catheter care. Having a catheter in place and receiving improper catheter care can cause a urinary tract infection.</p> <p>34410</p> <p>2. R65 is a [AGE] year-old male admitted on [DATE] with severe cognitive impairment as per the Minimum Data Set (MDS) dated [DATE].</p> <p>On 04/15/25 at 11:09 AM, R65 was observed in his low bed with an indwelling catheter bag placed on the floor. On 4/15/25 at 11:10 AM, V5 (CNA) observed picking up the indwelling catheter bag from the floor and hooking it to the bed frame, saying, I wasn't working yesterday, and I need to clean up everything. The Catheter bag shouldn't be left on the floor.</p> <p>On 04/15/25 at 02:08 PM V2 (Director of Nursing) stated staff provide catheter care every shift and PRN. The catheter bag shouldn't be on the floor. The staff should hang the bag on the bed frame.</p> <p>(continued on next page)</p>		

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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>A review of the facility presented Urinary Catheter Care policy revised on 2/14/19 document: 5. Indwelling catheters may be secured to prevent trauma and tension 7. Urinary drainage bags and tubing shall be positioned to prevent either from touching the floor directly.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents' medications were available for administration. This applies to 2 of 2 residents (R134, R101) reviewed for pharmacy services in a sample of 32.</p> <p>The findings include:</p> <p>1. On April 15, 2025, at 11:51 AM, R134 said they ran out of her Tramadol pain medication. R134 said she needed the Tramadol twice a day. R134 said sometimes it took the facility days to get them the medication and she was told last night that they were on the last pill. R134 said she wished the facility ordered the medication before it was running out. R134 said she would normally have gone for a walk but because she had not gotten the medication, she was not going to be able to. R134 said it was a big deal that she had not gotten it this morning.</p> <p>On April 15, 2025, at 12:40 PM, V9 (Registered Nurse) said R134 ran out of the Tramadol. V9 stated she checked the medication cart, and it was not available. V9 said it was last given at 6:45 PM on April 14, 2025. V9 said normally they should reorder the pills when there are eight pills.</p> <p>R134's face sheet showed she was admitted with diagnoses including pain in right knee and migraines. R134's MDS (Minimum Data Set) dated January 27, 2025, showed she was cognitively intact. R134's POS (Physician Order Sheet) showed orders for Pain Assessment [Every] Shift ordered March 23, 2023, and Pain Clinic referral related to chronic right knee pain ordered March 5, 2024. The POS also showed an order for Tramadol 50 MG (milligrams) with instructions to Give 1 tablet by mouth every 8 hours as needed for Pain ordered April 4, 2025. R134's April MAR (Medication Administration Record) showed R134 was routinely taking the medication twice daily. R134's care plan showed R134 had pain at times [Related To] migraines and generalized discomfort [Related To] abdominal mass and left perihelia with a goal that the pain would not have an interruption in normal activities due to pain.</p> <p>2. On April 17, 2025, at 1:13 PM, R101 said they ran out of one of her medications this morning and she still had not received it.</p> <p>On April 17, 2025, at 1:15 PM, V7 (Licensed Practical Nurse) said she was R101's nurse. The surveyor requested to see R101's Aripiprazole 10 MG tablets from the medication cart, and V7 said she needed to reorder the medication because she did not have any during the morning medication pass. V7 said she was not notified by the night shift that R101 had run out of medications and reordered it this morning. V7 said medications should not run out and should be reordered when there were three to four tablets left. V7 said it was not good for residents to miss medications as they were crucial to the residents' wellbeing.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R101's face sheet showed she was admitted with diagnoses including schizophrenia, anxiety disorder, psychosis, and visual hallucinations. R101's MDS dated [DATE], showed R101 was cognitively intact. R101's POS showed an order for Aripiprazole 10 MG Give 10 MG by mouth one time a day for schizophrenia, which was ordered on January 23, 2024. R101's April MAR showed the 8 AM dose of Aripiprazole 10 MG was not given with a reason of not available. R101's care plan showed R101 used psychotropic medications [Related To] depression, diagnoses of schizophrenia, psychosis, and visual hallucinations with an intervention to Administer psychotropic medications as ordered by physician.</p> <p>On April 17, 2025, at 3:33 PM, V2 (Director of Nursing) said the residents should not run out of their scheduled or as needed medications. V2 said it should be reordered when the nurse sees there are a few pills left.</p> <p>The facility's Ordering and Receiving Non-Controlled Medications policy revised June 2024 showed Reordering of medications is done in accordance with the order and delivery schedule established by the pharmacy provider . The refill order is called in, faxed, sent electronically, or otherwise transmitted to the pharmacy .</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>45906</p> <p>Based on observation, interview, and record review, the facility failed to safely store resident medications. This applies to 4 residents (R37, R61, R103, and R137) reviewed for medication storage in a sample of 32.</p> <p>Findings include:</p> <p>On 4/16/25 at 1:12 PM, while reconciling narcotics with V3 (Registered Nurse/RN), the following medications were found labeled from pharmacy refrigerated med, but were stored in the narcotic box in the nurse's medication cart, not refrigerated:</p> <ol style="list-style-type: none"> R37's 3 vials of Lorazepam 2 mg/mL (milligram per milliliter) for a total of 14.5 mLs remaining. <p>R37's Face Sheet shows a primary diagnosis of Conversion Disorder with Seizures. R37's POS (Physician Order Sheet) shows an order dated 2/20/25 inject Lorazepam 1 mg intramuscularly (IM) every 6 hours as needed for acute seizure activity. R37's Controlled Drug Administration Record shows he last received IM Lorazepam on 3/11/25.</p> <p>R37's Care Plan last revised 1/17/25 states he has a history of seizure disorder, and interventions include give seizure medication as ordered by doctor and monitor side effects and effectiveness.</p> <ol style="list-style-type: none"> R103's vial of Lorazepam 2 mg/mL with 6.5 mLs remaining. <p>R103's Face Sheet shows a diagnosis of Conversion Disorder with Seizures. R103's POS shows an order dated 12/18/24 inject Lorazepam 1 mg intramuscularly every 8 hours as needed for acute seizure activity. R103's Controlled Drug Administration Record shows she last received IM Lorazepam on 4/12/25.</p> <p>R103's Care Plan last revised 2/22/25 states she has a seizure disorder, and interventions include give seizure medication as ordered by the doctor and monitor and document side effects and effectiveness.</p> <ol style="list-style-type: none"> R61's vial of Lorazepam 2 mg/mL with 10 mLs remaining. <p>R61's Face Sheet shows a primary diagnosis of Epilepsy. R61's POS shows an order dated 2/12/25 inject Lorazepam 1 mg intramuscularly every 6 hours as needed for seizure.</p> <p>R61's Care Plan dated 2/22/25 shows he has a diagnosis of seizures. Interventions state to give seizure medication as ordered by the doctor and monitor the effectiveness.</p> <p>(continued on next page)</p>		

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 04/18/2025
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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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/16/25 at 1:25 PM, V3 (RN) said they keep the Lorazepam vials that are supposed to be refrigerated in the narcotic box, unrefrigerated, because their medication refrigerator in the medication room does not have a lock on it. V3 said she is not sure how long the Lorazepam vials have been unrefrigerated, but it has been a while. On 4/16/25 at 1:31 PM, the medication refrigerator in the medication room was observed with V3 and did not have a lock on the outside of it, or a locked drawer inside.</p> <p>On 4/16/25 at 1:42 PM, while reconciling narcotics with V4 (RN), the following medication was found labeled from pharmacy refrigerated med, but was stored in the narcotic box in the nurse's medication cart, not refrigerated:</p> <p>4. R137's 3 vials of Lorazepam 2 mg/mL with 26 mLs remaining.</p> <p>R137's Face Sheet shows a diagnosis of anxiety disorder. R137's POS shows an order dated 3/28/25 inject Lorazepam 1 mg intramuscularly every 8 hours as needed for agitation related anxiety disorder. R137's Controlled Drug Administration Record shows he last received IM Lorazepam on 3/26/25.</p> <p>R137's Care Plan last revised 8/29/24 shows he has the potential for adverse side effects related to anti-anxiety medication use and diagnosis of anxiety. Interventions include administer medications per MD orders and observe for side effects.</p> <p>On 4/16/25 at 1:56 PM, V4 (RN) said she is an agency nurse, and she is not sure why the IM Lorazepam vials were not stored in the medication refrigerator as they should be. V4 said storing the Lorazepam vials at room temperature is a problem because bacteria could grow inside the vial and the medication may not work as well/be as potent when administered.</p> <p>On 4/17/25 at 10:21 AM, V2 (Director of Nursing) said if the pharmacy says to refrigerate a medication, the facility must store the medication in the refrigerator, not at room temperature. V2 said the storage temperature of a medication affects its potency. V2 said she found out the Lorazepam vials were being stored in the nurse medication carts, not the refrigerator, right after she started at the facility in October 2024. V2 said the facility needs to be cautious how they store their medications because some residents are receiving Lorazepam for seizures, and if the medication is not as potent, it may not work while trying to treat a resident having a seizure.</p> <p>The facility's undated policy titled, Storage of Medications states, Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier . Procedures: .Temperature: .3. Medications requiring refrigeration are kept in a refrigerator at temperatures between 2 degrees Celsius (36 degrees Fahrenheit) and 8 degrees Celsius (46 degrees Fahrenheit) with a thermometer to allow temperature monitoring Controlled substances that require refrigeration are stored within a locked box within the refrigerator. This box must be attached to the inside of the refrigerator .</p>		

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NAME OF PROVIDER OR SUPPLIER Aperion Care Wilmington		STREET ADDRESS, CITY, STATE, ZIP CODE 555 West Kahler Wilmington, IL 60481	
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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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46003</p> <p>Based on observation, interview, and record review the facility failed to maintain the kitchen in a manner to prevent foodborne illness. This applies to 163 residents in the facility receiving dietary services.</p> <p>Findings include:</p> <p>On 04/15/25 09:56 AM, V2 (Director of Nursing) confirmed 162 residents were being served from dietary services on 04/15/25.</p> <p>1. On 04/15/25 at 10:22 AM, V12 (Dietary Director) stated the dishwasher is High temp. The dishwasher disinfects by temperature and should reach 180 degrees Fahrenheit.</p> <p>The kitchen dishwasher was run. The wash gauge temperature reached 150 degrees. The rinse gauge temperature reached 160 degrees. The temperature test strip used reads pass when blue bar turns orange 160 degrees Fahrenheit.</p> <p>V12 stated the dishwasher gauges have not worked properly for some time over a year. They use the test strips to assure the temperature of the water. They don't write down the temperature from the gauges on the log, they save the test strips to the log.</p> <p>2. On 04/17/25 at 11:49 PM, V16 (Cook) checked the holding temperature for the coleslaw cups. V16 stated the temperature should be 41 degrees or below. Coleslaw cup #1 was 48.5 degrees Fahrenheit.</p> <p>V12 (Dietary Director) stated the food needs to be held at the correct temperature so it doesn't cause a foodborne illness. If food is held out of temperature for two hours or more, is at risk for causing foodborne illness. V12 stated the coleslaw was made in the morning that day.</p> <p>3. On 04/15/25 at 10:00 AM, during the kitchen tour with V12, the Dry storage area contained a small container with white powder that did not have a label or dates. V12 stated it was thickener.</p> <p>The covered stand mixer was dirty with crusted debris. A large facility container that held a white powder had no labels or dates. Two metal drawers with cooking utensils were dirty, and the utensils inside the drawer were dirty with crusted and dried debris. A 32fl oz (ounce) bottle of lemon juice that read refrigerate after opening was on the seasoning shelf. The bottle was warm to touch.</p> <p>On 04/17/25 at 11:13 AM, V12 stated every food item should be labeled with its contents, received date, open on, and use by dates. It informs all staff what the item is and when it should be discarded. It also assures resident are not served food they may have an allergy to. Keeping the lemon juice out on the shelf will cause spoilage. V12 stated the kitchen staff is responsible for cleaning the kitchen, but they don't have a lot of time to clean so it falls to him and the night staff.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Aperion Care Wilmington		STREET ADDRESS, CITY, STATE, ZIP CODE 555 West Kahler Wilmington, IL 60481	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The undated facility policy Storing states food should be stored and prepared in a clean safe sanitary manner that complies with state and federal guidelines. Food not in original containers should be labeled, dated and in NSF (National Sanitation Foundation) approved containers.</p> <p>The facility undated policy Mechanical Ware Washing states the proper cleaning and sanitizing of dishes in the dietary department is extremely important to the health and safety of residents.</p> <p>4. On 04/15/25 10:10 AM, the walk-in cooler had eight small Styrofoam containers without any labels or dates. V12 identified four of the items as cottage cheese and four as vanilla pudding.</p> <p>On 04/15/25 at 10:15 AM, the walk-in freezer contained:</p> <p>A 10lb (pound) box of frozen chicken breasts open to air</p> <p>A 20lb bag of ground beef patties open to air.</p> <p>A 15.35lb bag of garlic Texas toast open to air.</p> <p>A 11.25lb bag of scrambled eggs open to air.</p> <p>On 04/17/25 at 11:25 AM, V12 stated food items should be sealed to keep out contaminants.</p> <p>5. On 04/15/25 at 10:00 AM, when the kitchen tour began with V12 (Dietary Director), V12 had a goatee facial hair and did not have a covering on his face. On 04/17/25 at 11:13 AM, V12 stated hair including facial hair should be covered so it doesn't contaminate the food.</p> <p>The facility policy Hair Restraints dated 2020 states hair restraints, hats and or beard guard shall be used to prevent hair from contacting exposed food. Facial hair is discouraged. Any facial hair that is longer than the eyebrow shall require coverage with a beard guard in the production and dishwashing areas.</p>

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<p>F 0947</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>45906</p> <p>Based on interview and record review, the facility failed to maintain the minimum 12 hour per year competency training requirements of CNAs (Certified Nurse Assistants). This applies to all residents that receive care and assistance from CNAs.</p> <p>Findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (Form CMS-Centers for Medicare and Medicaid Services-671) dated 4/15/25 documents that the total census was 164 residents. On 4/18/25 at 3:30 PM, V1 (Administrator) said all 164 residents in the facility receive care from the CNAs.</p> <p>On 4/16/25, proof of CNA competency training hours was requested from V1 (Administrator) for CNAs V13, V20, V21, V22, and V23. On 4/17/25 at 12:16 PM, V1 said the facility recently switched their computer-based training company and she did not have access to the facility's prior computer-based training platform. V1 said she could only provide the total number of hours of in-services completed at the facility. The provided in-service hours of training showed V13 had 2 hours, V20 had 2.5 hours, V21 had 1.5 hours, V22 had 2 hours, and V23 had 4 hours. On 4/18/25 at 2:28 PM, V1 said 12 hours are required of all CNAs annually. V1 said it is a concern the facility cannot provide proof of the 12-hour minimum competence training because that means they are not in compliance.</p>