

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145660	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Westchester		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 South Wolf Road Westchester, IL 60154	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34071</p> <p>Based on observation, interviews, and record reviews, the facility failed to provide necessary incontinence care in a timely manner on residents who are dependent on staff for performing their activities of daily living. This deficiency affects four (R6, R7, R10 and R11) of four residents reviewed for activities of daily living.</p> <p>Findings include:</p> <p>R7's medical record documents R7 initially admitted in the facility on 12/09/20 with diagnoses of Chronic Obstructive Pulmonary Disease, Unspecified; Parkinson's Disease without Dyskinesia, without mention of fluctuations; Unspecified Dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance and Anxiety. MDS (Minimum Data Set) assessment dated [DATE] documented: Section GG - Toileting hygiene: partial/moderate assistance to maintain perineal hygiene. R7's care plan on bowel and bladder incontinence related to cognitive impairment dated 08/31/22 recorded - Intervention: Clean peri-area with each incontinence episode.</p> <p>On 07/23/24 at 9:30 AM during incontinence care observation, V7 (Certified Nurse Assistant, CNA) was changing R7's incontinence brief. His brief was observed fully soaked with urine, and the incontinence pad placed underneath was also wet with urine. V7 was asked regarding incontinence care. V7 verbalized, My shift starts 6 AM to 2 PM. He was last changed during night shift. He is supposed to get changed every two hours but when I came in at 6 AM, I got busy, and trays came around 8 AM that we have to distribute. R7 stated that he was changed last night.</p> <p>R6's medical record documents R6 admitted in the facility on 02/15/24 with diagnoses of Acute and Chronic Respiratory Failure with Hypercapnia; Chronic Obstructive Pulmonary Disease, Unspecified; Heart Failure, Unspecified; and Acute Kidney Failure, Unspecified. MDS dated [DATE] indicated that R6 needs substantial/maximal assistance in maintaining perineal hygiene.</p> <p>On 07/23/24 at 9:40 AM, V7 was providing incontinence care on R6. R6 stated, I was last changed like before sleeping last night. This would be the first time that I will get changed this morning. There's stool in there now. I have been calling since 6:30 AM but no one came. R6's brief was fully soaked with urine, with moderate amount of soft bowel movement. Her incontinence pad was also saturated with urine. The flat sheet covering the mattress is wet with urine which extended to her mid upper back. R6's care plan on Bladder incontinence related to physical functioning dated 05/21/24 documented the following: Intervention - Check and change every 2-3 hours and PRN (when needed); Clean peri-area with each incontinence episode.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R10's medical record documents R10 admitted in the facility on 02/07/24 with diagnoses of Primary Generalized Osteoarthritis; Major Depressive Disorder, Recurrent, Severe with Psychotic Symptoms; and Bipolar Disorder, Current Episode Mixed, Unspecified. MDS dated [DATE] recorded that he is dependent in maintaining perineal hygiene.</p> <p>On 07/23/24 at 9:50 AM, V8 (CNA) was changing R10's incontinent brief. It was observed that his brief was fully soaked with urine. The incontinence pad underneath his brief was also saturated with urine. According to R10, he was last changed at 2 in the morning. V8 mentioned, This would be the first time he will get changed. it is the night shift that has issue with CNA staffing and nurses should also provide help. R10's care plan on bladder and bowel incontinence, dated 02/20/24 documented: Intervention - Clean peri-area with each incontinence episode.</p> <p>R11's medical record documents R11 initially admitted in the facility on 08/31/23 with diagnoses of Heart Failure, Unspecified; and Hemiplegia, Unspecified Affecting Left Nondominant Side. MDS dated [DATE] under Section GG indicated she is dependent in maintaining perineal hygiene.</p> <p>On 07/23/24 at 10:20 AM, CNAs V7 and V8 were providing incontinence care on R11. It was observed that her brief was fully soaked with urine, saturating the incontinence pad. She was also observed with a small amount of bowel movement in her brief. R11 stated her brief was changed last night and this would be the first time it was changed this morning. R11's care plan on bladder incontinence, date initiated 06/18/24 documented - Intervention: provide pericare after each incontinent episode.</p> <p>On 07/23/24 at 1:06 PM, V3 (Assistant Director of Nursing) was interviewed regarding provision of incontinence care. V3 stated, Residents are checked every two hours and changed when needed, to prevent pressure ulcers, and skin breakdown.</p> <p>Facility's policy titled, Incontinence Care dated 4-20-21 stated in part but not limited to the following:</p> <p>Purpose: To prevent excoriation and skin breakdown, discomfort and maintain dignity.</p> <p>Guidelines: Incontinent resident will be checked periodically in accordance with the assessed incontinent episodes or approximately every two hours and provided perineal and genital care after each episode.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>34071</p> <p>Based on interview and record review, the facility failed to provide sufficient nursing coverage on specific days and shifts ensuring adequate resident care and assistance for four (R6, R7, R10 and R11) of four residents reviewed for staffing. This deficiency also has the potential to affect all the 95 residents currently residing in the facility.</p> <p>Findings include:</p> <p>Per residents' census report dated 07/22/24, there are 95 residents currently residing in the facility.</p> <p>On 07/22/24 at 11:05 AM, R6 was observed in bed, alert, oriented with ongoing oxygen treatment at 3 liters per minute via nasal cannula. R6 stated during interview that her incontinence brief is not changed when soiled in a timely manner. R6 also verbalized a concern regarding staffing problem in the facility that she needs to wait to get changed. On 07/23/24 at 9:40 AM, incontinence care observation was conducted on R6 showing that her brief was fully soaked with urine, with moderate amount of soft bowel movement. Incontinence pad was also wet with urine. The flat sheet covering her mattress was wet with urine which extended to her mid upper back. R6 stated, I was last changed like before sleeping last night. This would be the first time that I will get changed this morning. There's stool in there now. I have been calling since 6:30 AM but no one came.</p> <p>On 07/23/24 at 10:20 AM, incontinence care was observed on R11. R11 verbalized, it was changed last night. This would be the first time it would be changed this morning. Afternoon shift don't change my brief. It was observed that her brief was fully soaked with urine, along with the incontinence pad underneath her lower back. She also had a small amount of stool in her brief. R7 and R10's incontinent briefs were also observed saturated with urine; their incontinent pads were also wet. R10 stated that his brief was last changed at 2 in the morning.</p> <p>In a review of facility's staff schedule and time sheets dated 07/22/24, there were only 3 CNAs (Certified Nurse Assistants, CNA) who worked during night shift. V13, (CNA) was the only CNA who worked in Unit 1 with census of 43. Unit 1 is where R6, R7, R10 and R11 reside.</p> <p>On 07/22/24 at 12:07 PM, V12 (Staffing Coordinator) was interviewed regarding staffing. V12 responded, We only have one floor. We have two units. The 100 unit and the 200 unit are both long-term care units mixed with short term rehab/memory and skilled. Both units require two nurses each on morning (AM shift, 6 AM to 2 PM) and afternoon (PM shift, 2 PM to 10 PM) shifts. Night shift (10 PM to 6 AM) should have 3 nurses - one on each unit and the other nurse does both units. For CNAs - morning and afternoon shifts should have 7 CNAs: 3 in Unit 1 and 4 in Unit 2. CNAs during night shift require two in Unit 1 and two in Unit 2. For call - ins, I find replacement by calling other CNAs. If I can't find any, I will call agency staff.</p> <p>Further review of facility's staff time sheets and unit assignments revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>There were only two nurses during night shift on 05/18/24; 06/23/24; 07/13/24. Three nurses on morning shift on 06/01/24, 06/02/24, 06/08/24, 06/09/24. Three nurses working on afternoon shift on 06/16/24, 06/22/24, 07/07/24 and 07/14/24. Five CNAs on morning shift on 06/16/24; 06/30/24, 07/20/24 and 07/21/24. Five CNAs on afternoon shift on 07/07/24. Six CNAs during morning shift on 06/09/24 and 07/14/24. Six CNAs during afternoon shift on 06/09/24, 07/14/24 and 07/20/24. Three CNAs worked during night shift on 07/13/24.</p> <p>On 07/24/24 at 2:56 PM, V1 (Acting Administrator) was interviewed regarding facility staffing. V1 stated, We make sure we have enough staff. We have a scheduler, and the DON (Director of Nursing) takes care of it. We offer bonuses when they picked up shifts. We petition nurses, too. We discuss staffing daily; the problem is people calling off. If they call off and if they give us enough time, we can get a replacement. But if they call off 10 minutes before shift starts, it is hard to get one.</p> <p>There was no policy presented by facility regarding staffing, as requested.</p>		