

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145758	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/10/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Glenwood		STREET ADDRESS, CITY, STATE, ZIP CODE 19330 South Cottage Grove Glenwood, IL 60425	

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 - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>40001</p> <p>Based on observation, interview and record review, the facility failed to aid with dressing, incontinent care, and provide clean linen in a timely manner to a resident identified as dependent for needing assistance with Activities of Daily Living (ADL) for 1 of 3 resident's (R2) reviewed for ADL care.</p> <p>Findings include:</p> <p>On 5/9/2024 at 11:57am R2 was observed in bed leaning over to the left side. No gown or clothing on, in a soiled incontinent brief and with soiled bed linen.</p> <p>On 5/9/2024 at 11:58am R3 is R2 roommate and is alert and oriented times three. R3 said R2 is always leaning and that no one assists him with his meals. His clothing is always dirty, smells of the urine and feces and they never give him fresh water.</p> <p>On 5/9/2024 at 12:00 pm V3 (Nurse) said R2 is confused and I really don't know him well. The Certified Nursing Assistant-CNA is with another resident. I will find another CNA to assist R2 he should be dressed and cleaned up and not leaning to the side.</p> <p>On 5/9/2024 at 12:05pm V4 (Certified Nursing Assistant - CNA) said R2 is confused, I make my rounds every two hours. He had on clothes when I rounded this morning. He always leans over and he wasn't soiled when I rounded this morning. I'll assist R2 with dressing.</p> <p>On 5/9/2024 at 12:15pm V7 (Certified Nursing Assistant - CNA) said the CNA round every two hours and as needed. The dependent resident's meal trays should be set and assisted as much as possible. All residents should be dressing and sitting up properly for meals. The linen should be changed when soiled and incontinence care should be always provided. Clean water should be provided at the start of the shift and as needed.</p> <p>On 5/9/2024 at 12:15pm V4 was observed providing care to R2. R2's incontinent brief was observed soiled from the front to the back with dark urine and the linen was soiled.</p> <p>On 5/9/2024 at 2:00pm V2 (Director of Nursing-DON) said R2 is alert but confused and needs full assistance. He is dependent on staff for dressing, meal set up, and incontinence care. I expect the Certified Nursing Assistant - CNA to complete those tasks for any resident that is dependent.</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 - Few</p>	<p>An admission record indicates that R2 has a diagnosis of type 2 diabetes mellitus with diabetic neuropathy, unspecified, cerebral infarction, absence of bilateral lower extremities, vascular dementia with severe psychotic disturbance. A care-plan with a focus of Functional ADL subtask performance deficit related to lupus, impaired mobility, bilateral amputations with interventions of eating supervision, lying to sitting position, toileting, and hygiene. At risk for alteration in fluid balance, intervention to ensure fresh water is always available at bedside and within reach.</p> <p>Facility Policy: Activities of Daily living 2/2023</p> <p>General: A program of activities of daily living is provided to prevent disability and return or maintain residents at their maximal level of functioning based on their diagnosis.</p> <p>Responsible party: All nursing personnel</p> <p>Guideline:</p> <p>2. A program of assistance and instructions in ADL skills is care planned and implemented.</p> <p>Hygiene:</p> <p>a. Resident self-image is maintained.</p> <p>Dressing:</p> <p>d. Residents are given instructions and assistance as required.</p> <p>Grooming:</p> <p>d. Clothes should be clean and free form odors.</p> <p>Feeding:</p> <p>a. Proper positioning for eating is maintained.</p> <p>Elimination:</p> <p>b. Adaptive equipment, assistance and instruction are given as required.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>40001</p> <p>Based on observation, interview and record review the facility failed to ensure a plan of care was followed to review information on past falls, attempt to determine cause of falls, and anticipate and meet the resident's needs. The facility also failed to follow their fall protocol to ensure effective interventions for safety were in place to reduce the risk for falls for 1 of 3 resident's (R1) reviewed for safety. This failure resulted in R1 sustaining a left hip fracture of the femur head on 4/21/2024.</p> <p>Findings include:</p> <p>On 5/7/2024 at 10:30am R1 was observed at the nurse's station in his wheel-chair alert to name only.</p> <p>On 5/9/2024 at 12:30pm R1 was observed in his room sitting on the edge of the bed with a t-shirt, incontinent brief, no pants or socks on and with one foot half under the fall mat asking for pants.</p> <p>On 5/9/2024 at 12:35pm V5 (Nurse) observed with writer R1's condition and said he is a fall risk, he should be dressed and at the nurse's station for observation or in activities after breakfast.</p> <p>On 5/9/2024 at 12:36pm V6 (Certified Nurses Assistant - CNA) said R1 is a fall risk. I checked on him when I brought his breakfast tray in and he was in the bed. I was attending to my other residents.</p> <p>On 5/9/2024 at 2:30pm V8 (Certified Nursing Assistant - CNA) said on 4/19/2024 at about 8:30am upon doing morning care, R1 was very combative, guarding his leg and complained of pain. I immediately notified the nurse.</p> <p>On 5/9/2024 at 2:25pm V3 (Nurse) said on 4/19/2024 between 8am and 9am, V8 reported to her that R1 was guarding his left leg, complaining of pain and being combative with care. V3 said she called the physician for an x-ray and received it back on 4/21/2024 reporting that it was a fracture of the left femur.</p> <p>On 5/9/2024 at 12:50pm V2 (Director of Nursing - DON/Falls Coordinator) said I expect all the nursing staff to follow the safety protocol in place for each resident. R1 has a history of falls and is a fall risk. R1 is alert x1, ambulatory with a walker upon admission. R1 complained of pain on 4/19/2024, he was placed in a wheelchair and put on high risk for falls with interventions in place. R1 should have been up in his wheelchair for all meals, at the nurse's station or in activities. Never alone in his room.</p> <p>On 5/9/2024 at 3:00pm V1 (Administrator) said I thought R1 was dressed and in his wheelchair at the desk or activities. He's a fall risk because we do not know how R1 fractured his leg. We suspect a fall, but no one found him on the floor, so that is why we called it an injury of unknown origin. He was admitted with a history of falls.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An admission record indicates R1 has an history of falls and unspecified dementia, severe with other behavioral disturbance.</p> <p>A care plan with a focus of a risk for falls related to impaired cognition, impaired mobility a history of prior falls prior to admission. An intervention of anticipate and meet the resident's needs, follow facility fall protocol and review information on past falls and attempt to determine cause of falls.</p> <p>An incident report dated 4/21/2024 of injury of unknown injury with a stat x-ray and possible fracture of left hip.</p> <p>A nurse's progress note dated 4/21/2024 at 14:16 indicating that R1 had a x-ray result of a positive fracture if the left femur heads.</p> <p>A diagnostic radiology report dated 4/21/2024 indicates that R1 had a acute fracture of the left femoral neck.</p> <p>Facility Policy: Fall Prevention and Management revision date 1/2024</p> <p>General:</p> <p>This facility is committed to maximizing each resident's physical, mental and psychosocial well-being. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventive strategies, and facilitate as safe an environment as possible. A resident fall shall be reviewed, and the resident's existing plan of care shall be evaluated and modified as needed.</p> <p>Guidelines:</p> <p>Upon Admission:</p> <p>1.A fall risk evaluation will be completed on admission, readmission, and quarterly significant change and after each fall.</p>		