

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145811	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/11/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Peoria Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1629 East Gardner Lane Peoria Heights, IL 61616	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>31682</p> <p>Based on observation, interview, and record review the facility failed to ensure residents received showers as preferred instead of bed baths for five of six residents (R1, R3, R4, R5, R6) reviewed for accommodation of needs in the sample of sixteen.</p> <p>Findings include:</p> <p>The facility's Shower and Tub Bath policy dated 11-28-12 documents, A shower, tub bath, or bed/sponge bath will be offered according to resident's preferences two times per week or according to the resident's preferred frequency and as needed or requested.</p> <p>The facility's Resident Rights policy dated 8-23-17 documents, Exercising rights means that the residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement.</p> <p>R1's BIMS (Brief Interview of Mental Status) dated 4-23-24 documents R1 is cognitively intact.</p> <p>R3's BIMS dated 3-12-24 documents R3 is cognitively intact.</p> <p>R4's BIMS dated 3-24-24 documents R4 is cognitively intact.</p> <p>R5's BIMS dated 3-29-24 documents R5 is cognitively intact.</p> <p>R6's BIMS dated 3-21-24 documents R6 is cognitively intact.</p> <p>On 5-10-24 from 9:55 AM through 10:15 AM a tour was conducted of the facility. The facility had two designated shower rooms/bathing facilities for all residents. One shower room was open and operational on the west side of the building. The east side of the building's shower room was taped off with black plastic and had a sign posted on the black plastic stating Unable to use. Out of order. No resident rooms had individual showers/bathing facilities.</p> <p>On 5-10-24 at 10:15 AM R1 was sitting in her room. R1 stated, Last week I was taken in the facility van to another facility to get a shower. I do not want to have to go to another facility to get a shower. Both shower rooms in the facility were not working, so the only way to get a shower was to leave the facility.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5-10-24 at 11:00 AM R3 stated, I like to take a shower every day. There was a little over a week that the shower room was not working. I had to wash myself with wash clothes. I wanted to be able to take showers.</p> <p>On 5-10-24 at 11:10 AM R4 stated, There were no shower rooms for me to take a shower for 10 days. I prefer a shower and have to take a bath with wet wash clothes.</p> <p>On 5-10-24 at 11:20 AM R5 stated, The shower was not working for two weeks. I took bed baths. I prefer to take actual showers as I did not feel as clean.</p> <p>On 5-10-24 at 11:45 Am R6 stated, The shower rooms were not working for several days. I wanted to be able to take showers but had to get bed baths.</p> <p>On 5-10-24 at 12:55 PM V1 (Administrator) stated, I have been at this facility since May 1, 2024. (V4 Maintenance Director) is not working today, but I spoke to him on the phone. (V4) informed me that both shower rooms were not available due to plumbing issues from 4-24-24 through 5-3-24. There were no other shower rooms available during that time. Residents were given bed baths or could go to another facility if needed to get a shower.</p>

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>31682</p> <p>Based on observation, interview, and record review the facility failed to ensure Certified Nursing Assistant staff were licensed and trained to perform resident haircuts. These failures had the potential to affect 12 of 12 residents (R1, R5, R7-R16) reviewed for competency of staff in the sample of 16.</p> <p>Findings include:</p> <p>The Illinois Professions, Occupations, and Business Operations (225 ILCS/Illinois Compiled Statutes 410/) Barber, Cosmetology, Esthetics, Hair Braiding, and Nail Technology Act of 1985 Article I General Provisions effective dated 1-1-11Section 1-2 Public Policy states, The Department requires the practices of barbering, cosmetology, esthetics, hair braiding, and nail technology in the State of Illinois are hereby declared to affect the public health, safety and welfare and to be subject to regulation and control in the public interest. It is further declared to be a matter of public interest and concern that the professions merit and receive the confidence of the public and that only qualified persons be permitted to practice said professions in the State of Illinois. This Act shall be liberally construed to carry out these objects and purposes. Department means the Department of Financial and Professional Regulation. Licensed barber means an individual licensed by the Department to practice barbering and whose license is in good standing. Licensed cosmetologist means an individual licensed by the Department to practice cosmetology, nail technology, hair braiding, and esthetics and whose license is in good standing. It is unlawful for any person to practice, or to hold himself or herself out to be a cosmetologist, esthetician, nail technician, hair braider, or barber without a license as a cosmetologist, esthetician, nail technician, hair braider or barber issued by the Department pursuant to the provisions of this Act and of the Civil Administrative Code of Illinois.</p> <p>The facility's CNA (Certified Nursing Assistant) Job Description dated 5-2-17 documents, The CNA is responsible for providing resident care and support in all activities of daily living and ensures the health, welfare, and safety of all residents. Essential duties and responsibilities: Adhere to professional standards, company policies and procedures, and all federal, state, and local requirements, and all federal, state and local requirements.</p> <p>On 5-10-24 at 11:45 AM V11 (CNA) was using electric hair trimmers and shaved (R5's) hair.</p> <p>On 5-10-24 at 9:45 AM R1 stated, The facility does not have a beautician here to cut our hair. I have to ask staff to trim mine.</p> <p>On 5-10-24 at 11:50 AM R5 stated, I always have (V11) cut my hair. There is no one else to do it.</p> <p>On 5-10-24 at 1:00 PM V11 stated, I did not know I needed to be licensed to cut hair. I have cut (R5 and R7-R16's) hair this month. I have not been trained to cut hair. I have just trained myself. I do not have an Illinois license as a Barber or Cosmetologist.</p> <p>(continued on next page)</p>		

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5-10-24 at 1:20 PM V1 (Administrator) stated, The facility has not had a licensed Beautician (Cosmetologist) or licensed Barber for over four years. (V11) is not licensed to perform haircuts.</p>

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<p>F 0918</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide a bathroom in or located near each resident's room.</p> <p>31682</p> <p>Based on observation, interview, and record review the facility failed to ensure the facility was equipped with functional bathing facilities/shower rooms. This failure has the potential to affect all 90 residents residing within the facility.</p> <p>Findings include:</p> <p>The facility's Census Log dated 5-10-24 documents 90 residents reside within the facility.</p> <p>The facility's Preventive Maintenance and Inspections (undated) policy documents, In order to provide a safe environment for residents, employees, and visitors, a preventative maintenance program has been implemented to promote maintenance of fissures and equipment in a state of good repair and condition. Routine inspections promote safety throughout the facility and aid in keeping fixtures and equipment in good working order and operating in accordance with manufacturer's guidelines. Preventive maintenance is the care and servicing by personnel for the purpose of maintaining fixtures, equipment, and facilities in a satisfactory operating condition by providing systematic inspection, detection, and correction of incipient failures either before they occur or before they develop into major defects.</p> <p>On 5-10-24 from 9:55 AM through 10:15 AM a tour was conducted of the facility. The facility had two designated shower rooms/bathing facilities for all residents. One shower room was open and operational on the west side of the building. The east side of the building's shower room was taped off with black plastic and had a sign posted on the black plastic stating Unable to use. Out of order. No resident rooms had individual showers/bathing facilities.</p> <p>On 5-10-24 at 10:15 AM R1 was sitting in her room. R1 stated, I do not want to have to go to another facility to get a shower. Both shower rooms in the facility were not working, so the only way to get a shower was to leave the facility.</p> <p>On 5-10-24 at 11:00 AM R3 stated, I like to take a shower every day. There was a little over a week that the shower room was not working.</p> <p>On 5-10-24 at 11:10 AM R4 stated, There were no shower rooms for me to take a shower for 10 days.</p> <p>On 5-10-24 at 11:20 AM R5 stated, The shower was not working for two weeks.</p> <p>On 5-10-24 at 11:45 Am R6 stated, The shower rooms were not working for several days.</p> <p>On 5-10-24 at 12:45 PM V3 (Ombudsman) stated, One shower room in the facility was non-functioning for at least the last eight months and the other shower room has not been functional for around two weeks. There were 10 days that the residents had nowhere to shower. That is just awful.</p> <p>(continued on next page)</p>		

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F 0918 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5-10-24 at 12:55 PM V1 (Administrator) stated, I have been at this facility since May 1, 2024. (V4 Maintenance Director) is not working today, but I spoke to him on the phone. (V4) informed me that both shower rooms were not available due to plumbing issues from 4-24-24 through 5-3-24. There were no other shower rooms available during that time. There is no system in place for work orders for maintenance currently.		