

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 05/24/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>34048</p> <p>Based on interview and record review the facility failed to notify the physician of medications not available for one resident (R1) of three reviewed for notification in a sample of three.</p> <p>Findings include:</p> <p>The facility's Physician/Family/Responsible Party Notification policy, dated 10/2015, documents that the facility will inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is: a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment).</p> <p>R1's After Visit Summary, dated 3/22/24, documents to apply a Clonidine 0.2mg (Milligrams)/24-hour transdermal patch every week, start this on 3/25/24. This form documents that R1 has an allergy to Clonidine HCL, dry mouth; rebound to hypertension to the oral preparation. R1's Progress Notes, dated 3/23/24 through 3/31/24, has no documentation that V7 (R1's Primary Care Physician) was notified of R1's allergy, nor to clarify the admission orders.</p> <p>On 5/23/24 at 1:00pm, V2 (Director of Nursing) verified that there is no documentation that R1's allergies were clarified on admission. V2 also stated that V7 was not notified of R1 not receiving his ordered medications.</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 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>34048</p> <p>Based on interview and record review the facility failed to ensure physician ordered medications were available for one resident (R1) of three reviewed for medications in a sample of three.</p> <p>Findings include:</p> <p>The facility's Pharmacy policy, revised 8/2020, documents that the medications and related products are received from the pharmacy on a timely manner. The facility maintains accurate records of medication order and receipt.</p> <p>R1's After Visit Summary, dated 3/22/24, documents to apply a Clonidine 0.2mg (Milligrams)/24 hours transdermal patch every week, start this on 3/25/24. R1's MAR (Medication Administration Record), dated 3/22/24 through 3/31/24 documents that the Clonidine 0.2mg/24-hour transdermal patch was not available. R1's Clonidine 0.2mg/24-hour transdermal patch was not signed out as being applied until 4/7/24.</p> <p>R1's MAR, dated 4/2/24 through 4/7/24, documents that R1's Lacosamide (anticonvulsant) 50mg was not available. R1's Pregabalin (GABA Analogue) 75mg daily, was not available 4/4/24 through 4/9/24.</p> <p>On 5/24/24 at 10:00am, V2 (Director of Nursing) verified that R1's medications were ordered but did not come in a timely manner.</p>