

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 07/19/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34048</p> <p>Based on observation, interview, and record review, the facility failed to provide supervision for a severely cognitively impaired resident identified as an elopement risk for one of three residents (R1) reviewed for elopement. This failure resulted in R1 following ancillary staff out of the facility, taking public bus transportation, and wandering throughout the city unattended for greater than three hours. This past compliance occurred on 7/6/24.</p> <p>Findings include:</p> <p>R1's Elopement Risk Assessment, dated 5/3/24, documents that R1 is at risk to elope and should be placed on the elopement risk protocol and a care plan for elopement is indicated.</p> <p>R1's Brief Mini Mental Status, dated 6/21/24, documents a score of 3, indicating that R1 is severely cognitively impaired.</p> <p>R1's current care plan documents that R1 requires the support, care and services of a long-term care facility and has been determined by community assessment to be able to access the community with supervision. This form documents that upon the outcome of the community survival skills assessment it is determined that R1 requires supervision when accessing the community and R1 is agreeable to only access the community with supervision present. R1 is at risk for elopement. Interventions are 15-minute checks, assess for fall risk, coordinated with dialysis, so R1 is not left unattended during or after dialysis. Distract R1 from wandering by offering pleasant diversions, structured activities, food, conversation, television, books. If R1 is wandering near the entrance or exit door, please re-direct R1 away from entrances or exits. Check and observe R1 in the facility.</p> <p>R1's Progress Notes, dated 7/6/24, documents that V6 (Registered Nurse/RN) went to give R1 his noon medications at 11:30am. R1 could not be located within the facility. R1 was last seen during morning medication pass. At 1:13pm, V4 (R1's Family) reported to the facility that R1 was in the community and V4 will be returning R1 to the facility. R1 returned to the facility at 1:30pm.</p> <p>On 7/12/24 at 9:00am, R1 was unable to form a sentence. R1 was asked where he went on 7/6/24. R1 stated Uncle. R1 was asked how he got there, he said Bus. Then how did you get home? And R1 stated Brother. R1 was becoming agitated and refused to answer any questions. R1 was observed ambulating around the facility independently.</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
---	-------	-----------

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 07/19/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/12/24 at 1:00pm, V1 (Administrator) verified that no special interventions are put into place for residents that are assessed as elopement risks.</p> <p>On 7/12/24 at 2:00pm, V2 (Director of Nursing/DON) verified that the facility does not have any safety precautions in place for elopement risk residents. V2 verified that upon reviewing the security tape, R1 followed V12 (Ancillary Pharmacy Staff) outside at 8:00am. V2 verified that there was not a receptionist at the reception desk. V2 verified that R1 got on the public transport bus by himself. V2 was unable to verify where R1 went. V2 stated that R1 was gone for 3 1/2 hours before anyone knew he was gone.</p> <p>On 7/13/24 at 11:30am, V5 (Police Officer) stated that he was notified that R1 left the facility about 1:00pm on 7/6/24. V5 stated that he was taking down the information when R1 returned to the facility with V4.</p> <p>On 7/16/24 at 10:45am, V7 (Certified Nursing Assistant/CNA) stated that on 7/6/24, V7 assisted R1 with morning cares and saw him at breakfast. V7 verified that she was busy and did not see him again. V7 verified that residents are supposed to be checked on at least every two hours.</p> <p>On 7/16/24 at 11:15am, V6 (RN) stated that she gave R1 his morning medications around 7:00am on 7/6/24. V6 stated that she was searching for R1 around 11:30am but could not find him. V6 stated that she notified V9 (Licensed Practical Nurse/LPN), and a search was started. V6 stated that she notified V4 (R1's Family) that R1 could not be located in the facility. V6 stated that she did not know what interventions were in place concerning elopement risk for R1. V6 stated that all the required parties were notified of the incident. V6 stated that V4 called a while later, stated that he found R1 and would be bring him back to the facility.</p> <p>On 7/16/24 at 11:20am, V9 (LPN) stated that she saw R1 in the dining room at approximately 6:30am to 7:00am the morning of 7/6/24. V9 stated that she did not recall seeing R1 again until V4 brought him back. V9 stated that she makes visual checks at least every two hours or more on resident that are at risk for elopement.</p> <p>On 7/16/24 at 11:30am, V4 (R1's Family) stated that he received a call around 11:30am on 7/6/24, stating the R1 was missing. V4 stated he was asked if R1 was with him, which he was not. V4 stated that he dropped everything, drove around, and found R1 at the downtown bus depot, sitting by himself. V4 stated that he picked R1 up and returned R1 to the facility around 1:30pm. V4 stated that he does not know how R1 made it that far by himself. V4 also stated that this is not the first time that R1 has escaped from the facility.</p> <p>On 7/16/24 at 12:30pm, V1 (Administrator) stated that there was not a receptionist at the desk on 7/6/24. V1 stated that V11 (CNA) was sitting at the door, when R1 left the building, but did not stop R1. V1 stated that V11 is no longer employed at the facility.</p> <p>On 7/16/24 R1 was observed ambulating throughout the facility independently at various times of the day.</p> <p>The surveyor confirmed through interview, observation, and record review that the facility took the following actions to correct the noncompliance:</p> <p>(continued on next page)</p>		

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 07/19/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1.) Upon return to the facility, R1 was assessed by an RN. R1 had no skin or pain issues noted on 7/6/24.</p> <p>2.) R1 was reassessed for risk of elopement and community survival skills. Plan of care updated to reflect current risk of elopement and associated behavioral needs by the Director of Nursing (DON) on 7/6/24.</p> <p>3.) On 7/6/24 DON came into the facility to review the incident and confirmed the door alarm/system functional status.</p> <p>4.) On 7/6/24 Door code updated, and code placed for staff at nurse's station with appropriate signage.</p> <p>5.) Code Pink drill to be completed biannually per facility policy.</p> <p>6.) 100% of staff in-serviced about no one having the door alarm code except staff, only staff are allowed to assist people in and out of the building. Completed on 7/6/24.</p> <p>7.) R1 was placed on 1:1 with staff upon return on 7/6/24. R1 remained on 1:1 to ensure completion (of staff in-service) prior to start of shift.</p> <p>8.) ADHOC Quality Assurance (QA) completed with Intra Disciplinary Team regarding Elopement Policy and Procedure on 7/6/24.</p> <p>9.) QA to review policy and procedure as part of Quality Assurance Process. QA meeting held on 7/17/24.</p> <p>10.) Elopement to be reviewed during each quarterly meeting x4.</p> <p>On 7/12/24 R1's medical record was reviewed and updated with new goals and interventions concerning elopements.</p> <p>On 07/16/24/24, the following staff members were interviewed and indicated receiving the above noted in-servicing on July 6, 2024 concerning elopements and code pink policies and procedures. V9 and V10 (Licensed Practical Nurse), V8 (Certified Nursing Assistant/Receptionist), V7 (Certified Nursing Assistants) and V16 (Registered Nurse).</p> <p>On 7/18/24 at 2:30pm, V1 (Administrator) provided copies of Staff In-Services Attendance Sheets, with indication that education in the following area was provided to nursing staff on the facility's policy and protocol for elopements and code [NAME] for all staff. V1 verified that on 7/6/24 the door alarm codes were changed. Only staff are allowed to assist people exiting the building. Folders were placed on all units and updated with residents pass privileges. V1 verified that the facility implemented a tracking sheet for staff to document where high-risk elopement residents are every hour.</p> <p>The facility's Quality Assurance Audit is to reassess the Elopement and Code Pink Policies at 7/25/24 meeting.</p>		