

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  06/27/2024
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 - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>49187</p> <p>Based on observation, interview, and record review the facility failed to ensure a call light was in reach for 3 of 18 residents (R43, R45 and R83) reviewed for call lights in a sample of 62.</p> <p>The Call Light policy dated 2/2/18, documents Purpose: To respond to residents' requests and needs in a timely and courteous manner. Guidelines: Resident call lights will be answered in timely manner. 1. All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location. 6. Call bell system defects will be reported promptly to the Maintenance Department for servicing. Check room frequently until system is repaired.</p> <p>1. On 6/24/25 at 9:25 AM, R45 was lying in bed with a tray of food in front of her. R45 had no string attached to the call light panel, therefore no call light was placed within R45's reach. R45 was not interviewable at this time.</p> <p>On 6/25/24 at 9:08 AM, R45 remained without a call light cord for her side of the room and no call light was within R45's reach.</p> <p>R45's Care Plan dated 3/19/24 documents, I have an ADL (Activities of Daily Living) self-care/mobility performance (functional abilities) deficit r/t (related to) encephalopathy. My abilities may fluctuate throughout the day. This same plan of care documents R45 requires supervision/touching assistance with transfers, sitting to lying, lying to sitting, and transfers.</p> <p>2. On 6/24/24 at 12:43 PM, V15 (Licensed Practical Nurse) was in R43's room providing care to R43. V15 did not place R43's call light within reach before V15 left R43's room. R43's call light was on the floor out of R43's reach.</p> <p>On 6/24/24 at 9:58 AM, R43 stated, I can't reach my call light when I am in bed, and it is on the floor. I would like my call light in reach just in case I need help from someone.</p> <p>R43's Care Plan dated 5/23/24 documents, I have an ADL self-care/mobility performance (functional abilities) deficit that may fluctuate with activity throughout the day r/t adult failure to thrive, respiratory failure with hypoxia and encephalopathy, I am non ambulatory at this time and transfer via (mechanical) sling lift. This same plan of care documents R43 is dependent with bed mobility, transfers, and toileting.</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 - Few</p>	<p>On 6/24/24 at 2:54 PM, V3 (Assistant Director of Nursing) verified R43's call light was still on R43's floor out of R43's reach and should have been attached to R43's bed to be in reach. V3 also verified R45 did not have a call light cord for R45's side of the room. V3 stated, I wasn't aware that the cord was missing to (R45's) call light but I know now. I will have someone in Maintenance fix it immediately. The staff should ensure the resident's call lights are within reach after providing cares to the resident if the resident is unable to reach the call light themselves.</p> <p>33973</p> <p>3. On 6/24/24 at 9:35 AM, V17 (Licensed Practical Nurse) was in R83's room talking to R83 and adjusting the tube feeding. R83's call light is out of reach. V17 left R83's room.</p> <p>On 6/24/24 at 9:50 AM, R83 scooted over in his bed to show his limited movement then ended up sideways in the bed and could not get repositioned back. R83's call light was not in reach.</p> <p>On 6/24/24 at 9:53 AM, V11 (Certified Nurse Assistant) verified R83's call light was not within his reach. V11 searched and found R83's call light under his bed. At this time, V11 stated (R83) can use it. It should be in reach.</p>		

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<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>35509</p> <p>Based on observation, interview, and record review the facility failed to keep the survey book in a location accessible to residents. This failure has the potential to affect all 90 residents in the nursing facility.</p> <p>Findings include:</p> <p>On 6/26/24 at 12:30 PM, the facility survey book could not be located in the resident community areas.</p> <p>On 6/26/24 at 12:40 PM, V23 (Transport Driver) stated, I've never seen a Survey Book, but I'll look for it. V23 found the Survey Book in a drawer behind the Receptionist's desk.</p> <p>On 6/26/24 at 12:55 PM, V1 (Administrator) verified that residents should have access to the survey book.</p> <p>The facility's Midnight Census Report dated 6/24/24 documents 90 residents are currently residing in the facility.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>49187</p> <p>Based on observation, interview, and record review the facility failed to ensure the resident room floors, blinds, and a shower room toilet were kept clean and without debris. The facility also failed to ensure soiled linen was kept off the floor and removed from resident rooms for 39 of 39 residents (R1, R3, R6, R8, R11, R13, R15, R16, R22, R28, R33, R34, R40, R41, R42, R43, R45, R50, R51, R52 R53, R59, R62, R63, R65, R66, R67, R68, R69, R70, R72, R76, R77, R78, R80, R81, R82, R85, R89) reviewed for clean and homelike environment in the sample of 62.</p> <p>Findings include:</p> <p>The Housekeeping Guidelines (not dated) documents Purpose: To provide guidelines to maintain a safe and sanitary environment for residents, facility staff and visitors. Standards: 6. Housekeeping personnel shall adhere to daily cleaning assignments developed so to maintain the facility in a clean and orderly manner.</p> <p>The Housekeeping Cleaning Schedule policy (not dated) documents Purpose: To establish a schedule which ensures the building and equipment is maintained in a clean and sanitary manner. All items may be cleaned more frequently, if necessary. 1. Daily a. Toilet, lavatory, and central bathing areas (including floor mats), d. Resident furniture and e. Resident room floor. 2. Weekly j. Baseboards, and r. Mini blinds.</p> <p>The Housekeeping Manager Job Description (not dated) documents The primary purpose of the Housekeeping Manager is to perform the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, and/or the Director of Environmental Services, to assure that our facility is maintained in a clean, safe, and comfortable manner. Essential Duties and Responsibilities: Ensure that work/cleaning schedules are followed as closely as practical. Coordinate daily housekeeping services with nursing services when performing routine cleaning assignments in resident living and/or residential areas. Clean, wash, sanitize, and/or polish fixtures, ledges, room heating/cooling units, bathroom fixtures etc. (etcetera). Clean floors to include sweeping, dusting, damp/wet mopping, stripping, waxing, buffing, disinfecting etc.</p> <p>On 6/24/24 at 4:08 PM, R43's tube feeding was observed splattered all over R43's blinds in his room. The feeding had dried and remained on R43's blinds. On 6/26/24 V1 (Administrator) was shown the dried feeding on the blinds and told it had been there for at least two days.</p> <p>On 6/24/24 at 9:00 AM, R50 stated no one ever comes to get his laundry for at least a week and states its always overflowing on the floor.</p> <p>On 6/24/24 at 9:35 AM, R15 and R45's room had clothes spread all over the bed and nightstands, the big flat screen television was sitting right in front of the sink along with a big box of clothes. R15 and R45's baseboards were dirty, with debris noted underneath the sink.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/24/24 at 9:30 AM, R82 was sitting on his bed in his room. R82 had a box of clothes on his floor and another basket of dirty clothes overflowing onto the floor. R82's floor in his room was sticky with debris underneath the sink and against the baseboard next to R82's bed. R82 stated, I have an issue with our shower room. Every time I take a shower the toilet has poop all over the bowl and on the toilet seat. It seems like no one cleans it and we are the ones that must use it. I wish someone would clean it more frequently.</p> <p>On 6/24/24 at 9:42AM, R43's room had a large plastic bag full of dirty linen on the floor.</p> <p>On 6/25/24 at 10:40 AM, during resident council the following concerns were mentioned. R41 stated, Laundry is only picked up once week and dirty clothes are thrown in a corner in the bedroom. Some residents have boxes that they put their dirty laundry in. It smells. R10 stated One male housekeeper does not clean the toilets every day. R70 stated The toilet in the shower room is dirty and dirty towels and (disposable briefs) are left in the shower room. We must pick up/clean up before we take showers. No one cleans the shower room.</p> <p>On 6/25/24 at 11:55 AM, V1 (Administrator), V2 (Director of Nursing), and V3 (Assistant Director of Nursing) were asked to observe the following rooms: R28's room had a laundry basket next to R28's bed of heaping dirty laundry overflowing onto R28's floor. R82's room had a pile of dirty linen on his floor. R15 and R45's room still had boxes and a television in front of their sink. R50's room still had a pile of dirty clothes in a bag on the floor next to R50's bed. R50's floor was sticky with debris noted around R50's bed. V1, V2, and V3 all confirmed the rooms either needed cleaned or the resident's laundry needed picked up. V2 stated The CNAs (Certified Nursing Assistants) should be bringing out the resident's dirty linen to the dirty linen carts, and laundry aides should be doing laundry twice a day. V1 stated We have not had a Housekeeping Supervisor, so I am not sure who is watching over the laundry aides and housekeepers. We have one starting this Monday.</p> <p>V1 (Administrator) verified the following residents (R1, R3, R6, R8, R11, R13, R15, R16, R22, R28, R33, R34, R40, R41, R42, R43, R45, R50, R51, R52 R53, R59, R62, R63, R65, R66, R67, R68, R69, R70, R72, R76, R77, R78, R80, R81, R82, R85, R89) use the west hall shower.</p> <p>On 6/25/24 at 12:15 PM, R43's floor in between the mattress and wall was piled with debris, a pile of debris was in the corner by R43's bed, and sticky brown matter was splattered all over R43's blinds along with the blinds being dusty and dirty.</p> <p>On 6/25/24 at 2:00 PM, the west hall shower room was observed. The shower room toilet had smeared, dried feces around the outside of the toilet bowl, underneath the toilet seat, on top of the toilet seat, and inside the toilet seat. The shower room floor was dirty and had debris against the wall underneath the cabinet.</p> <p>On 6/26/24 at 11:50 AM, the west hall shower room toilet remained to have dried feces underneath the toilet seat, on top of the toilet seat, and around the outside of the toilet bowl.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/26/24 at 12:00 PM V13 (Housekeeper) stated, I am not sure what we are supposed to clean everyday as we do not have a Housekeeping Supervisor no one has told us. I clean the toilet and the sink and floor in the resident's room daily, but other than that we don't have a cleaning list. I do not move the boxes or clothes that are on the floors in the resident's rooms, so that part does not get clean. I don't know how often the blinds get cleaned either. We had a deep cleaning list for resident's rooms as well and we don't have that anymore either. We used to have one when we had a Housekeeping Supervisor, but now we don't. I don't clean the shower rooms unless a CNA comes and asked me too. I am not sure who's responsibility it is.</p> <p>On 6/26/24 at 12:05 PM, V1 confirmed housekeepers should be cleaning blinds when dirty and when rooms are deep cleaned, clean shower rooms at least once daily and ensure floors are being swept and mopped throughout the entire room. V1 also stated, The shower rooms should be cleaned at least once daily and as needed including the toilet in the shower room.</p>		

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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>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>49187</p> <p>Based on observation, interview, and record review the facility failed to provide fingernail care, facial hair grooming, and scheduled showers for 4 of 18 residents (R43, R45, R50, and R83) reviewed for ADL (Activities of Daily Living) in a sample of 62.</p> <p>The Certified Nursing Assistant Job Description dated 5/2/2017 documents Summary: The Certified Nursing Assistant (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: Provide assistance in personal hygiene by giving bed baths, urinals, baths, back rubs, shampoos, and shaves; assisting with travel to the bathroom; helping with showers and baths.</p> <p>The Morning Care (A.M. Care) policy dated 1/31/18 documents Purpose: To promote comfort, cleanliness and dignity. Guidelines: Prepare water to wash, offer washcloth to wash hands.</p> <p>1. On 6/24/24 at 9:55 AM, R43 was lying in his bed. R43 had long facial hairs on his chin, cheeks, and a longer mustache. R43's bilateral fingernails were long and jagged with thick black matter underneath them.</p> <p>06/24/24 at 4:08 PM V22 (R43's Power of Attorney) stated, They (the facility) never seems to clean R43. When I come to visit him, he never is shaved and his fingernails are always long and dirty, and they typically keep a gown on him. I want them to trim R43's beard and clean and trim R43's fingernails.</p> <p>R43's Electronic Medical Record does not show evidence of anyone trimming or clipping R43's fingernails in the month of May 2024 or June 2024. The electronic medical record also does not show anyone trimming or shaving R43.</p> <p>2. On 6/24/25 at 9:25AM, R45 was lying in bed with a tray of food in front of her. All R45's fingernails were long with thick black matter underneath them.</p> <p>On 6/25/24 at 9:08 AM, R45's bilateral fingernails were still long with black matter underneath.</p> <p>R45's electronic medical record does not show evidence of anyone trimming or clipping R45's fingernails in the month of May 2024 or June 2024.</p> <p>3. On 6/24/24 at 9:00 AM, R50 was sitting in his room in a chair. R50 had a long straggly beard with a long mustache. R50 stated I would like my beard trimmed and my mustache, but the staff doesn't do it. I don't know the last time I was shaved.</p> <p>R50's electronic medical record does not show evidence of anyone trimming or clipping R50's fingernails in the month of May 2024 or June 2024. The electronic medical record also does not show anyone trimming or shaving R50.</p> <p>33973</p> <p>(continued on next page)</p>		

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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>4. On 6/24/24, at 9:45 AM, R83 was lying in bed with greasy uncombed hair, long, scraggly overgrowth of hair on his chin, cheeks, and neck, and long, jagged nails with black matter underneath them. At this time R83 stated I want shaved and have asked them. I've been here six months and I've had maybe five showers: the last one maybe week and half ago. I did refuse very recently because I wasn't feeling good. I want showered and shaved. I want to be clean. It makes me feel bad.</p> <p>On 6/26/24, at 11:40 AM, R83 is in bed with greasy uncombed hair, same scraggly overgrowth of hair to face and neck, and long dirty fingernails. At this time R83 stated I want a shower and I'd like to be shaved. I told them yesterday. I would like my nails clean and clipped by someone who works here. I do not refuse cares. I want to be clean.</p> <p>R83's Minimum Data Set/MDS assessment, dated 3/15/24, documents R83 is cognitively intact, without any rejection of cares, and is dependent on staff for shower/bathing.</p> <p>R83's current Care Plan includes but is not limited to: I have an ADL (Activities of Daily Living) self-care/mobility performance (functional abilities) deficit that may fluctuate with activity throughout the day related to a diagnosis Cerebral Palsy, Impaired Mobility, Incontinence, Diabetes, afib (Atrial Fibrillation), and receiving nutrition via g-tube (gastrostomy tube). Interventions include but are not limited to: Shower/Bathe self: I take a shower/bath at sink/bed bath my usual performance is dependent.</p> <p>R83's Documentation Survey Reports, dated April and May 2024, document R83 Bathing - prefers Wednesday and Saturday 2nd shift. These reports document R83 was not offered and/or given a shower as scheduled twice per week.</p> <p>On 6/26/24 at 9:47 AM V3 (Assistant Director of Nursing) stated, Resident's fingernails should be clipped and cleaned on shower days at least twice a week and as needed. The staff should clean fingernails when dirty. Residents should also be shaved when showered unless the resident refuses or wants to wait to be shaved.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>33973</p> <p>Based on observation, interview, and record review the facility failed to change gloves, perform hand hygiene, and properly handle soiled linens during indwelling urinary catheter/perineal care for one (R5) of one resident reviewed for indwelling urinary catheters in a sample of 62.</p> <p>Findings include:</p> <p>The facility's Urinary Catheter Care policy, dated 2/14/19, documents Purpose: To establish guidelines to reduce the risk of or prevent infections in residents with an indwelling catheter. Guidelines: 1. Disposable one-time use gloves shall be worn when emptying urinary drainage bags and when performing perineal care. 2. Hand hygiene shall be performed before and after touching any part of the urinary catheter drainage system.</p> <p>The facility's Hand Hygiene/Handwashing policy, dated 1/10/18, documents Definition: Hand Hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, or antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel) .Examples of When to Perform Hand Hygiene (Either Alcohol Based Hand Sanitizer or Handwashing): If hands will be moving from a contaminated-body site to a clean-body site during patient care; After glove removal.</p> <p>The facility's Incontinence Care policy, dated 1/16/18, documents Purpose: To prevent excoriation and skin breakdown, discomfort and maintain dignity. This policy also documents to do the following after washing genitalia with a cloth 4. b) Rinse with remaining cloth using clean surfaces for all three surface areas (female). Do not place soiled soapy cloths back in clean basin water until procedure is completed. May drape soiled cloths over the side of the wash basin, or place directly in soiled linen plastic bag .10. Empty basin, clean and dry. Place soiled cloths in linen plastic bag.</p> <p>On 6/24/24, at 10:10am, R5 was in bed with an indwelling urinary catheter draining clear amber urine. R5 stated I had a UTI (Urinary Tract Infection). I think it was from them not cleaning me well down there.</p> <p>On 6/26/24, at 12:40pm, R5 was in bed. V6 (Certified Nursing Assistant/CNA) performed indwelling catheter and peri care for R5 with V7 (CNA) assisting. With gloved hands, V6 cleansed R5's perineal area and indwelling catheter with clothes. V6 placed the soiled washcloths on R5's bedside table. With the same soiled gloves V6 touched R5's bare skin to assist R5 to turn to her side and cleansed R5's buttocks with a cloth.</p> <p>On 6/26/24, at 1:08pm, V6 (CNA) stated I should have changed my gloves. I forgot. V6 confirmed he should not have put the soiled linens on R5's bedside table.</p> <p>On 6/26/24, at 1:15pm, V2 (Director of Nursing) stated the following: (V6) should have removed his gloves after cleansing the front side, washed his hands and put new gloves on. (V6) should not have put the dirty clothes on the bedside table. He should have prepped his area and had a plastic bag open on the table.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>49187</p> <p>Based on observation, interview, and record review the facility failed to ensure a nebulizer mask and nebulizer tubing was dated and stored in a bag between uses for one of one resident (R43) reviewed for respiratory care in a sample of 62.</p> <p>Findings include:</p> <p>The Oxygen and Respiratory Equipment - Changing/Cleaning policy dated 1/7/19 documents Purpose: 1. To provide guidelines to employees for changing all disposable respiratory supplies. 2. To ensure the safety of residents by providing maintenance of all disposable respiratory supplies. 3. To minimize the risk of infection transmission. Procedure: 1. Handheld Nebulizer (HHN) and Mask if applicable a. The handheld nebulizer should be changed weekly and PRN (as needed). b. A clean plastic bag with a zip loc or draw string. etc. (etcetera) will be provided with each new set up and will be marked with the date the set up was changed.</p> <p>R43's current POS (Physician Order Sheet) documents an order for Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) mg(milligram)/3ml(milliliter) one vial inhale orally four times a day for seven days.</p> <p>On 6/24/24 at 9:55 AM R43 was lying in bed in his room. R43's nebulizer mask and tubing were laying on top of R43's bedside table located at the end of R43's bed undated and unbagged. V18 (Licensed Practical Nurse) stated, We (the facility) never bag the nebulizer mask and tubing in between uses, but the mask and tubing should have been dated.</p> <p>On 6/24/24 at 2:54 PM V3 (Assistant Director of Nursing) verified R43's nebulizer mask and tubing were undated, not bagged, and still laying on a bedside table at the end of R43's bed. V3 stated, The nebulizer masks and tubing should be dated weekly and bagged after every use.</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  06/27/2024
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 0847</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32875</b></p> <p>Based on interview and record review the facility failed to explain the arbitration agreement to the resident, or their representative in a form or manner they could understand. This has the potential to affect all 90 residents residing in the facility.</p> <p>Findings include:</p> <p>The Arbitration Agreement (not dated) documents This Binding Arbitration Agreement Rider to the Residency Contract between the Resident or Resident's Authorized Representative and (the facility). Arbitration: is an alternative means of resolving a dispute in place of court litigation. Binding Arbitration mean that both parties must comply with the arbitration decision, and that decision cannot be appealed. Binding Arbitration is private, less costly and less time-consuming than traditional litigation. The parties agree to submit their dispute to an impartial arbitrator authorized to resolve the controversy(s) by rendering a final and binding decision(s). Which can be enforced by the court. NEITHER PARTY WILL BE ENTITLED TO DEMAND A JURY IN ARBITRATION. In the event a court having jurisdiction finds any portion of this Rider unenforceable, that portion shall not be effective, and the remainder of the rider shall remain effective. The undersigned acknowledges that he or she has been encouraged to discuss this writer with an attorney. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE REVIEWED THIS RIDER AND UNDERSTAND IT'S TERMS.</p> <p>On 6/24/24 at 11:11 AM, V8 (Business Office Manager) stated that she goes over the Arbitration Agreement with the resident and/or resident representative when the resident is admitted to the facility. V8 was not able to explain what the arbitration agreement means. V8 stated I have them (resident/resident representative) watch a video and the video explains it. Then they can ask questions afterwards. I tell them they do not have to sign it but if they do, they can change their mind later. V8 was asked if she tells the resident or their representative that if they sign the arbitration agreement, they are giving up their right to take legal action against the facility. V8 stated No, I do not tell them that. V8 was asked how long a resident/representative has to change their mind about signing the agreement. V8 stated I'm not aware there is a time limit for them to change their mind. V8 was asked how she can answer questions about the arbitration agreement if she does not understand the agreement and V8 stated that she would call the corporate office. V8 also stated no one has ever asked any questions about the arbitration agreement.</p> <p>On 6/24/24 at 2:40 PM, V9 (R85's Power of Attorney) stated that she did not remember anything about the Arbitration Agreement being discussed and did not know if she signed an agreement. The day R85 was admitted there was a lot of paperwork given and V9's main concern was about the insurance coverage. There was a lot of information at once and nothing about the arbitration sounds familiar. It was all very overwhelming. V9 also stated I don't remember seeing any video about arbitration or it being discussed.</p> <p>On 6/25/24 at 11:43 AM, V4 (Ombudsman) stated that in the Resident Council Meeting on 6/25/24 when Arbitration was mentioned all of the residents (R10, R21, R41, R61, R70, R75, and R77) that were in the meeting all stated they did not know what the arbitration agreement was or what it meant.</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  06/27/2024
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 0847</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>On 6/26/24 at 3:29 PM, R21 was asked if she knew what an Arbitration Agreement is or if it was explained to her. R21 stated that she did not know what an Arbitration Agreement is. I was in the hospital and the facility came and got me. I don't remember signing any paperwork or watching a video. (V16) is my Power of Attorney, I don't know if he knows anything about it or not. R21 was shown the Arbitration Agreement and asked if that was her signature. R21 stated that it was her signature. I would not have signed it if I knew what it was.</p> <p>On 6/27/24 at 8:02 AM, V16 (R21's Power of Attorney) stated I am (R21's Power of Attorney) if (R21) cannot sign for herself. (R21) knows some things but has memory problems and does not understand a lot of things. I was never asked to be involved when (R21) was admitted to the facility. I would not have signed anything giving up (R21's) rights and (R21) should not have been asked to sign it either.</p> <p>On 6/27/24 at 8:47 AM, V1 (Administrator) stated that the Arbitration Agreement was written by the legal staff at the facility and can be hard for a resident to understand. The agreement should be explained to make sure it is understood. V8 (Business Office Manager) is fairly new to this position and needs more training in what the Arbitration Agreement is and how to explain it.</p> <p>R21's Arbitration Agreement dated 2/20/24, documents that R21 signed the binding arbitration agreement. V8 signed the document as being the facility's authorized representative.</p> <p>R21s Minimum Data Set/MDS assessment dated [DATE], documents R21 has a BIMs (Brief Interview for Mental Status) of 11 indicating moderate cognitive impairment.</p> <p>R85's Arbitration Agreement dated 5/9/24, documents that V9 (R85's Power of Attorney) signed the binding arbitration agreement. V8 signed the document as being the facility's authorized representative.</p> <p>R61 and R75's Arbitration Agreements were signed by R61 and R75 and V8 signed the documents as being the facility's authorized representative.</p> <p>The facility's Midnight Census Report dated 6/24/24 documents 90 residents are currently residing in the facility.</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  06/27/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49187</p> <p>Based on observation, interview, and record review the facility failed to apply gowns prior to providing high-contact care for gastrostomy tube for one of one resident (R43) reviewed for enhanced barrier precautions in a sample of 62.</p> <p>Findings include:</p> <p>The Enhanced Barrier Precaution policy dated 5/7/24 documents Purpose: To reduce risk of transmitting multidrug-resistant organisms (MDRO) and targeted MDRO when contact precautions do not apply for residents identified as higher risk. Guidelines: Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP are indicated for resident with any of the following: Chronic Wounds and /or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Indwelling medical device examples include: Feeding tubes. For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities, especially when care is being bundled: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, Wound care: any chronic skin opening requiring a dressing.</p> <p>R43's Electronic Medical Record documents R43 has a gastrostomy tube.</p> <p>R43's Care Plan dated 5/23/2024 documents R43 is on enhanced barrier precautions related to feeding tube. This same plan of care documents interventions to gown and glove during high contact resident care activities (such as dressing, bathing, showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care/use, and wound care).</p> <p>On 6/25/24 at 11:10 AM V14 (Licensed Practical Nurse) was preparing to disconnect R43's gastrostomy tube feeding and administer a water flush. V14 donned gloves and disconnected R43's feeding. V14 then administered a water flush to R43's gastrostomy tube and then closed R43's gastrostomy tube. The end of R43's gastrostomy tube popped open and began leaking out fluids on a towel that was placed on R43's lap. V14 grabbed the gastrostomy tube with her left hand and closed the gastrostomy tube with her right hand. V14 then took the towel that was wet with R43's gastrostomy tube fluid and placed it in a plastic bag. V14 then took off her gloves and washed her hands. V14 confirmed she should have been wearing a gown when unhooking R43's gastrostomy feeding tube and while administering a flush. V14 stated, I know that (R43) is in enhanced barrier precautions, so I don't know why I didn't put on a gown prior to touching (R43's) gastrostomy tube.</p> <p>On 6/24/24 at 2:54 PM R43 was lying in his bed. V19 (Certified Nursing Assistant/CNA) and V21 (CNA) were changing R43's incontinence brief with only gloves on and no gown. V3 (Assistant Director of Nursing) was also in R43's room during this time and confirmed V19 and V21 were not wearing a gown.</p> <p>On 6/24/24 at 2:57 PM V3 stated, The staff should be following enhanced barrier precautions when performing high-contact resident care activities for a resident with a gastrostomy tube including administering a flush through the gastrostomy tube or providing incontinence care.</p>		