

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145918	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Bridgeport		STREET ADDRESS, CITY, STATE, ZIP CODE 900 East Corporation Bridgeport, IL 62417	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32765</p> <p>Based on observation, interview, and record review the facility failed to ensure residents received timely assistance with toileting and showers for 2 (R1 and R4) of 4 residents reviewed for Activities of Daily Living (ADL's) in the sample of 10.</p> <p>Findings Include:</p> <p>1. R4's Admission Record with a print date of 10/23/24 documents R4 was admitted to the facility on [DATE] with diagnoses that include sepsis, polyosteoarthritis, malignant neoplasm, dysthymic disorder, hypertension, heart disease, atrial fibrillation, syncope and collapse.</p> <p>R4's MDS (Minimum Data Set) dated 10/16/24 documents a BIMS (Brief Interview for Mental Status) score of 13 which indicates R4 is cognitively intact. This same MDS documents R4 requires substantial/maximal assistance with toilet transfer and moving from a sitting to standing position.</p> <p>R4's current Care Plan documents a Focus Area of I have an ADL (Activities of Daily Living) self-care/mobility performance (functional abilities) deficit that may fluctuate with activity throughout the day r/t (related to) NSTEMI (non-ST elevation myocardial infarction), poly osteoarthritis, obesity, depression, AIB (abnormal illness behavior), heart disease. Date Initiated: 02/28/24 The interventions documented for this Focus Area include; If resident resists with ADL's, reassure resident, leave and return 5-10 minutes later and try again. Date Initiated: 02/28/2024 .Toilet hygiene: My usual performance is partial/moderate assistance. Date Initiated: 02/28/2024 Toilet transfer: My usual performance is substantial/maximal assistance. Date Initiated: 02/28/2024 . This same Care Plan documents a Focus Area of I am frequently incontinent of bladder .Date Initiated: 03/03/2024 The interventions documented for this Focus area include, Check and change Q (every) 2-3 H (hours) and PRN (as needed). Date Initiated: 03/03/2024</p> <p>On 10/21/24 at 10:45 AM, R4 was sitting in a recliner covered with a blanket and there was an odor of urine noted by this surveyor. R4 stated she sleeps in her recliner. R4 stated she was sitting in wet clothes and had been since she got up that morning. R4 stated she couldn't remember what time, but V3 (Certified Nursing Assistant/CNA) came in and turned the call light off. R4 stated she couldn't go to the bathroom by herself and no one had helped her up yet this morning. R4 stated she wears a brief for incontinence.</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>On 10/21/24 at 10:49 AM, V3 (CNA) stated she was the CNA providing care to R4 today. V3 stated she had not assisted R4 with toileting since she came on duty at 6:00 AM. V4 stated she turned the call light off in R4's room around 10:30 AM, the floor had been mopped and was wet and she told R4 she would come back after the floor dried. V3 stated R4 normally tells staff when she had to go to the bathroom and R4 hadn't asked V3 to assist her with toileting. This surveyor walked with V3 to R4's room. V3 removed the blanket covering R4's legs and assisted R4 to stand. R4's gown was saturated with urine with a brown ring around the edges, up to her waist. R4's chair (that she sleeps in) had two bed pads on it, both pads were saturated with urine with brown rings around them. V3 removed the bed pads from R4's chair and the chair was wet in the seat and halfway up the back. R4 ambulated to the bathroom and removed her incontinence brief that was saturated with urine and brown/dark yellow in color.</p> <p>On 10/23/24 at 1:30 PM, V2 (Director of Nurses/DON) stated her expectation would be that every resident be checked on every two hours. V2 stated that means not just looking in the room but asking the resident if they need anything. V2 stated she didn't know why staff didn't offer to assist R4 with toileting.</p> <p>The facility Bowel and Bladder- Assessment and Toileting Programs dated 11/28/12 documents, Purpose: Based on the resident's comprehensive assessment the facility will ensure that each resident with bowel or bladder incontinence will receive appropriate treatment and services to restore as much normal bowel or bladder functioning as possible Types of Incontinence programs include: .3) Check and Change: Using the information obtained from the voiding pattern data the decision may be made to not place the resident on a scheduled toileting program. Instead the facility implements a care plan whereby the resident is checked frequently and cleaned as necessary. The facility may use supplies such as adult disposable briefs</p> <p>2. R1's Admission Record with a print date of 10/23/24 documents R1 was admitted to the facility on [DATE] with diagnoses that include diabetes, cirrhosis of liver, unsteadiness on feet, hypertension, heart failure, acute kidney failure, and osteoporosis.</p> <p>R1's MDS dated [DATE] documents a BIMS score of 14, indicating R1 is cognitively intact. This same MDS documents R1 is dependent on staff for showers.</p> <p>R1's current Care Plan documents a Focus Area of, I have an ADL self-care/mobility performance (functional abilities) deficit that may fluctuate with activity throughout the day r/t NSTEMI, CHF (congestive heart failure), CAD (coronary artery disease), HTN (hypertension), NASH liver cirrhosis, DM2 (diabetes mellitus type 2), peripheral neuropathy, arthritis. Date Initiated: 09/20/2024 . The interventions for this Focus area include, Shower/Bathe self: I take a shower/bath/bath at sink/bed bath my usual performance is dependent. Date Initiated: 09/20/2024</p> <p>R1's facility record did not document R1 was assisted with a shower or bath throughout her stay at the facility from 9/19/24 through 9/25/24.</p> <p>On 10/23/24 at 2:30 PM, V2 (DON) stated R1 was admitted to the facility on [DATE] and her shower days were on Tuesdays and Thursdays. V2 stated there is no documentation R1 received assistance with a shower/bath from 9/19/24 to 9/25/24.</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 - Few</p>	<p>The facility Shower and Tub Bath policy dated 11/28/12 documents, Purpose: To ensure resident's cleanliness to maintain proper hygiene and dignity. Guidelines: A shower, tub bath or bed/sponge bath will be offered according to resident's preference two times per week or according to the resident's preferred frequency and as needed or requested .</p>