

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145947	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Midlothian		STREET ADDRESS, CITY, STATE, ZIP CODE 3249 West 147th Street Midlothian, IL 60445	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>40001</p> <p>Based on observation, interview and record review the facility failed to ensure privacy was maintained while obtaining a blood glucose monitor and administering an insulin injection for 1 of 1 resident (R39) reviewed for privacy in a sample of 18.</p> <p>Findings include:</p> <p>On 9/5/2024 at 12:00 noon, V9(Licensed Practical Nurse-LPN) was observed with R39 obtaining a blood glucose and administering insulin, with the room door open to the hallway.</p> <p>On 9/5/2024 at 12:05 PM V9 said 'I should have pulled the curtain or closed the door to the hallway.</p> <p>On 9/5/2024 at 2:00 PM V2 (Director of Nursing-DON) said I expect all nurses to provide privacy when they are administering care to a resident.</p> <p>A medication review report indicates dated 9/5/2024 that indicates R39 has a diagnosis of Type 2 Diabetes Mellitus without complications. A medication order dated 5/17/2023 for insulin lispro sliding scale three times a day.</p> <p>Facility Policy: Residents rights 8/23/17</p> <p>Purpose: To promote the exercise of rights for each resident, including any who face barriers (such as communication problems, hearing problems and cognition limits) in the exercise of these rights. A resident, even though determined to be incompetent, should be able to assert these rights based on his or her degree of capability.</p> <p>Guidelines:</p> <p>Notice of resident rights will be provided upon admission to the facility. These rights include the resident's rights to:</p> <p>Privacy and Confidentiality.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45316</p> <p>Based on interview and record review, the facility failed to document a significant change in condition for one (R85) of three hospice residents reviewed for significant change in condition in a sample of 18.</p> <p>Findings include:</p> <p>On [DATE] at 1:30 PM, R85 closed record on death was reviewed. No documentation was found in the nurses' notes regarding R85 change in condition.</p> <p>On [DATE] at 10:07 AM, V10 (Licensed Practical Nurse/LPN) said that she was the nurse taking care of R85 the night R85 expired. V10 said that she rounded on R85 about 11:10 PM, and that R85 was breathing. V10 said that when she made round on R85 about 12:30 AM, she realized that R85 was not breathing. V10 said that she called the hospice and the family. V10 said that she also notified the Director of Nursing, and the doctor on file. V10 said that the family arrived within 20 - 30 minutes. V10 said that the family told her that they also got notification from hospice. V10 said that she did not chart on R85 because her understanding is that when a resident is a hospice patient, the hospice manages their care, and chart in their hospice note. V10 that she only documented on the presumed death note.</p> <p>On [DATE] at 10:19 AM, V2 (Director of Nursing) said that she expects her staff to document on all the residents including hospice residents.</p> <p>R85, a [AGE] year-old female admitted on [DATE] with diagnosis not limited to encephalopathy, altered mental status, insomnia, and essential hypertension. R85 expired on [DATE] in the facility.</p> <p>The facility's Electronic Health Record policy reviewed/updated [DATE] documents,</p> <p>Purpose: To establish the means by which this facility (i) allows only authorized users make entries into electronic health records and identifies the date and author of every entry; (ii) safeguards the confidentiality of patients records; (iii) periodically monitors the use of identifies and takes corrective action when needed and (iv) provides access to electronic health records over the entire retention period.</p> <p>Documentation Guidelines: Entries made in the electronic health record shall be:</p> <p>Timely</p> <p>Accurate</p> <p>Relevant</p> <p>Complete</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49871</p> <p>Based on observation, interview, and record review the facility failed to ensure food was stored in a manner that will prevent foodborne illness to the residents. This deficiency has the potential to affect 65 residents receiving food from the kitchen.</p> <p>Findings include:</p> <p>On [DATE] at 10:45 AM during the initial tour, observed green salad in a transparent container about five quarts full, with a label of used by [DATE]. Salad container was stored in the refrigerator.</p> <p>On [DATE] at 10:45AM V3 (Dietary Manager) said the salad should have been discarded since used by date is as of yesterday. V3 proceeded to remove the label.</p> <p>On [DATE] at 12:40 PM V1 (Administrator) said food with an expired used by date should be discarded first thing in the morning of next day.</p> <p>The facility's On Tray: Week At a Glance Menu: On Tray Week 2 menu documents:</p> <p>Supper Menu: Tuesday</p> <p>Creamed Chicken over Biscuit, Side Salad/Dressing of Choice, Honey Bun Cake, Bread/Margarine, Milk/Beverage</p> <p>The facility's Food Storage (Dry, Refrigerated, and Frozen) policy and procedure undated, documents Guideline: Food shall be stored on shelves in a clean, dry area free from contaminants. Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety.</p> <p>Procedure:</p> <p>1. General storage guidelines to be followed:</p> <p>a. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded.</p> <p>c. Discard food that has passed the expiration date.</p>		