

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145996	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Hillside		STREET ADDRESS, CITY, STATE, ZIP CODE 323 Oakridge Avenue Hillside, IL 60162	

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>46344</p> <p>Based on interview and record review, the facility failed to ensure that a fall was timely and thoroughly investigated for one resident (R1) out of three residents (R1, R2, and R3) reviewed for falls.</p> <p>Findings Include:</p> <p>Incident log dated 3/17/2024-6/17/2024 shows that R1 had a fall on 4/28/24.</p> <p>On 6/18/24 at 11:30AM, V2 (Director of Nursing) was interviewed regarding R1's fall on 4/28/24. V2 said I was made aware on 4/29/24 that R1 had a fall over the night shift on 4/27/24 into 4/28/24. I believe it was just verbally past on through report of the nurses. However, no fall risk management assessment was completed at this time.</p> <p>V2 said when a resident has a fall, the expectation for the nursing staff is to immediately assess the resident which includes an overall physical assessment like checking vitals, skin checks, check range of motion, pain level. They also are expected to call the doctor, family, and myself. They are expected to open a risk management assessment which includes a fall risk assessment, fall risk initial occurrence note, and an assessment for 72-hour monitoring. However, none of this was completed from what I saw on 4/29/24.</p> <p>V2 said I did a physical assessment at this time, got witness statements, and notified the family and doctor. However, these things should have been done immediately after the fall took place. He did have a new bruise on his forehead however no other injuries were noted at this time.</p> <p>It is to be noted that no fall risk initial occurrence note, 72-hour monitoring assessment, or fall risk assessment was given to this surveyor during the course of this survey.</p> <p>Facility Policy titled Fall Prevention Program with last revision date of 11/21/27 states in part but not limited to the following: Guidelines: The fall prevention program includes the following components (not limited to the following): assessment time frames, use and implementation of professional standards of practice, notification of physician, family/legal representative, communication with direct care staff members, documentation requirements. Standards: Fall Risk Assessment will be performed at least quarterly and with each significant change in mental or functional condition and after any fall incident.</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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