

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 03/01/2024
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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>41846</p> <p>Based on observation and interview, the facility failed to make the state survey binder readily accessible to five of five residents R9, R10, R20, R21 and R30 reviewed for state survey binder location in a sample of 15 residents.</p> <p>Findings include:</p> <p>On 2/28/23 at 1:00pm during resident council meeting, all five residents stated that they did not know what a state survey binder is and do not know where to find the binder. While the state survey binder is located at the front desk, there is no sign to inform residents and family of where to locate the binder. During the tour of the facility, no notification signs of the state survey binder were observed.</p> <p>During an interview on 2/29/23 at 1:45pm, V1(Administrator) stated that the binder is at the front desk. V1 stated that there is no sign to notify residents and family members of the location of the binder. V1 stated that a sign will be posted, and residents will be made aware of the binder's location during the resident's council meeting.</p> <p>Facility policy titled; Resident Right last revised 8/23/17 reads: 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: Notice of resident right will be provided upon admission to the facility. These right include the resident's right to: -Examine survey results</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46560</p> <p>Based on observation, interview and record review, the facility failed to follow physician's orders for applying compression stockings for one of one resident (R40) reviewed for edema in a sample of 15.</p> <p>Findings include:</p> <p>On 02/27/2024 at 10:56AM during observation, R40 was observed without any compression stockings on both legs.</p> <p>On 02/28/2024 at 9:48AM during observation, R40 was observed without any compression stockings on both legs.</p> <p>On 02/28/2024 at 9:48AM during interview with R40, R40 said that he has three pairs of compression stockings. R40 said, they should be applied on him every day, but staff argues with him if they should be applied because according to staff it is difficult to put on his legs.</p> <p>At 10:05AM during observation with V4 (Licensed Practical Nurse), R40 was observed without any compression stockings on both legs and both legs were observed with swelling.</p> <p>On 02/28/2024 at 10:05AM during interview with V4, V4 stated that R40's legs are a little swollen and R40 should have compression stockings on both of his legs.</p> <p>On 03/01/2024 at 11:50AM during interview with V2 (Director of Nursing), V2 stated that she expects the nurses to follow physician's orders as it is written.</p> <p>Review of R40's order summary report dated 02/28/2024 indicated admitted [DATE] and diagnoses not limited to quadriplegia, extrapyramidal and movement disorder and other specified peripheral vascular disease, and order for TED hose (compression stockings) to lower extremities on at 8AM and off at 9PM with order date of 11/28/2023. Review of R40's progress notes from January to February 2024 did not indicate refusal on TED hose application.</p> <p>Facility unable to provide policy on following physician's orders.</p>		

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<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** 46560</p> <p>Based on observation, interview and record review, the facility failed to assess a resident currently smoking for safety for one of four residents (R40) reviewed for smoking in a sample of 15.</p> <p>Findings include:</p> <p>On 02/27/2024 at 10:56AM during observation, R40 was observed propelling self in the hallway holding a cigarette and a lighter going for a smoke.</p> <p>On 02/28/2024 at 9:48AM during observation, a lighter and pack of cigarettes were observed on the top drawer of R40's unlocked nightstand, and a bag full of packs of cigarettes on the bottom drawer of R40's dresser. R40's room was observed to be a 4-bed room with an oxygen tank and oxygen concentrator beside a bed by the room door.</p> <p>On 02/28/2024 at 9:48AM during interview with R40, R40 stated that he keeps his lighter and open pack of cigarettes on the top drawer of his nightstand, and he has a whole bag full of packs of cigarettes on the bottom drawer of his dresser.</p> <p>On 02/28/2024 at 10:45AM during observation with V5 (Social Service Director), R40's most recent smoking safety risk assessment was completed on 8/30/2023.</p> <p>On 02/28/2024 at 10:45AM during interview with V5 (Social Service Director), V5 stated that R40 keeps his own cigarettes and lighter in R40's room. V5 also stated that a smoking safety risk assessment should be done quarterly, annually, and with a significant change. V5 also said that if R40's smoking assessment says that the recommendations indicate all smoking materials will be kept locked in facility designated area, R40's cigarettes and lighter should not be kept at bedside.</p> <p>On 02/28/2024 at 10:56AM during interview with R40, R40 stated that he is going to smoke.</p> <p>Review of R40's Order Summary Report dated 02/28/2024 indicated admitted [DATE] and diagnoses not limited to quadriplegia, extrapyramidal and movement disorder and other specified peripheral vascular disease. Review of R40's smoking safety risk assessment dated [DATE] indicated care plan recommendations of all smoking materials will be kept locked in facility designated area. Review of R40's care plan revised 04/04/2023 indicated R40 is a smoker and interventions only included R40 will not keep smoking materials at the facility.</p> <p>Review of facility policy entitled Smoking Safety revised on 10/24/2022 indicated the following: Purpose: To provide a safe and healthy living environment with respect for the health and well-being needs of each resident staff member and visitor. It is also the objective of this policy to communicate to each resident that they are responsible for following each rule and on-going compliance with this policy. Safety Measures: - A Smoking Safety Assessment will be completed to determine the level of assistance and supervision needed during smoking, the ability to carry and store smoking materials, and if a smoking apron is indicated. The plan of care shall reflect the results of this assessment. This assessment will be completed upon admission, quarterly and with significant change.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>49871</p> <p>Based on observation, interview, and record review, the facility failed to follow manufacturer's specifications regarding the preparation and administration of medications for 1 of 7 residents (R155) in a sample of 15 residents.</p> <p>Findings include:</p> <p>On 2/28/2024 at 9:15 AM, observed V4 (License Practical Nurse - LPN) prepare R155's medication, Metoprolol Succinate ER extended release, by crushing the medicine and proceeding to administer. V4 read medication specification of Do not crush on R155 bingo card.</p> <p>On 2/28/2024 at 9:15 AM, V4 said the Metoprolol ER should not have been crushed.</p> <p>On 2/28/2024 at 10:25 AM, V2 (Director of Nursing - DON) said medication that indicates Do not Crush should not be crushed for administration.</p> <p>On 2/29/2024 at 10:52 AM, V14 (Pharmacist/Quality Assurance) said if an extended release medication, such as Metoprolol Succinate ER, is given crushed there is a potential of the medication to be act quicker.</p> <p>Order Summary Report indicated R155 has a diagnosis of Essential (Primary) Hypertension. Order Details indicated an order date of 2/20/2024, Medication: Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour.</p> <p>R155 Printed Medication Administration Record, 2/29/2024 indicated Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour related to Essential (Primary) Hypertension given on 2/21/2024 through 2/28/2024 at 9:00 AM.</p> <p>Facility Policy and Procedure: Policy Title: Medication Administration General Guidelines. Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling, and administration.) Procedures: 8. Tablet Crushing/Capsule Opening: Crushing tablets may require a physician's order, per facility policy. If it is safe to do so, medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing or is tube-fed, using the following guidelines. a). Long-acting or enteric coated dosage forms should not be crushed; an alternative should be sought.</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>46560</p> <p>Based on observation, interview and record review the facility failed to perform hand hygiene before entering the kitchen area. These failures have the potential to affect all 52 residents receiving food from the kitchen.</p> <p>Findings include:</p> <p>On 02/27/2024 between 10:30AM - 10:40AM during initial brief tour and observation of the kitchen, V10 (Director of Dietary Services), V6 (Cook), and V7 (Dietary Aide) were all observed going in the kitchen and proceeding to their assigned area without performing hand hygiene.</p> <p>On 02/27/2024 at 10:45AM during interview with V10, V10 stated that she did not perform hand hygiene upon entering and stated that all staff entering from the outside of the kitchen should wash their hands first before going to their assigned areas.</p> <p>Review of facility's policy Proper Hand Washing and Glove Use copyrighted 2020 indicated: Guideline: All employees will use proper hand washing procedures and glove usage in accordance with State and Federal sanitation guidelines. Procedure: 3. All employees will wash hands upon entering the kitchen from any other location, after all breaks (including bathroom and smoking breaks), and between all tasks. Hand washing should occur at a minimum of every hour.</p>