STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005508	A. BUILDING: _____ B. WING _____	02/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE DECATUR	2650 NORTH MONROE STREET DECATUR, IL 62526

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Licensure Post Visit to survey of 12/11/14 The facility is in compliance with its Plan of Correction for 300.625 1).	S 000		
S9999	Final Observations Licensure Violations: 300.1230j)5 300.1230k) 300.3260c) The Aperion Care Decatur failed to follow their plan of correction for the survey of 12/11/14. Section 300.1230 Direct Care Staffing 300.1230 j)5 300.1230 k) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care for a resident needing intermediate care. Effective September 12, 2012 a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care provided by registered nurses. These requirements are not met as evidenced by the following: Based on record review and interview the facility failed to meet the minimum staff ratios by failing to have 25% of nursing and personal care time provided by licensed nurses including at least 10	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 % of care by Registered Nurses for seven of fourteen days reviewed. This has the potential to affect all 108 residents residing in the building. The findings include: The undated staffing spread sheet provided by Assistant Director of Nurses, E3 on 2/23/15 at 2:00 pm documents the period of time reviewed for 1/30/15-2/12/15. The spread sheet lists an average of 7.6 skilled care residents and 107.28 intermediate care residents for that time period. This calculates to 297 hours of minimum direct care staff. The minimum hours of licensed nurses calculates to 74 (74.27) hours per 24 hour period. The minimum Registered Nurse hours calculates to 30 (29.7) hours per 24 hour period. The spread sheet dated 2/24/15 shows below 30 hours of Registered Nurse hours on 1/31/15, 2/01/15, 2/02/15, 2/04/15, 2/07/15, 2/08/15 and 2/12/15. This includes recorded hours plus 50% of the Director of Nurses Hours: 1/31/15- 20 hours, 2/01/15-20 hours, 2/02/15-16 hours, 2/04/15-28 hours, 2/07/15-8 hours, 2/08/15-8 hours, and 2/12/15-28 hours. The spread sheet shows below 74 hours of Licensed Nurse hours on 1/31/15, 2/01/15, and 2/07/15. This includes: 1/31/15-64 hours, 2/01/15-64 hours, 2/07/15-72 hours. The facility undated "Minimum Staffing Calculations" reference sheet documented the facility was calculating using the current hours of 3.8 per skilled resident and 2.5 hours per intermediate residents to determine their staffing. On 2/24/15 at 12 Noon E3 confirmed that they did	S9999		

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S9999	Continued From page 2 not meet minimum RN (Registered Nurse) and LPN (Licensed Practical Nurse) hours on the above dates. According to facility census information provided on 2-23-15 there are 108 residents residing in the facility. B Section 300.3260 Resident Funds 300.3260 c) The facility may accept funds from a resident for safekeeping and managing, if it receives written authorization from, in order of priority, the resident or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediate family member, if any; such authorization shall be attested to by a witness who has no pecuniary interest in the facility or its operations, and who is not connected in any way to facility personnel or the administrator in any manner whatsoever. (Section 2-101(2) of the Act) This requirement is not met as evidenced by the following: Based on record review and interview, the facility failed to have witnessed written authorizations as required for resident funds for 16 residents with resident funds entrusted to the facility. This failure affects 16 residents (R1, R8, R20, R24, R44, R55, R70, R74, R77, R78, R84, R91,R97, R98, R99, R101) currently residing in the facility and 25 residents (R19, R36, R50, R51, R102-106, R107-131) deceased or discharged from the facility with resident fund accounts in the sample of 55.	S9999		

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S9999	Continued From page 3 The findings include: 1. On 2/23/15 at 9:30 am E4 Business Office Manager provided a list of residents that currently had funds in the group resident trust fund account along with their written authorizations. The following residents did not have the authorizations signed by a witness: R1, R8, R20, R24, R44, R55, R70, R74, R77, R78, R84, R91,R97, R98, R99, and R101. Each of the above residents had signed a Resident Trust Fund Policy Notification and Authorization form (revised 1/2014) but there was no witness signature and no date of signing. On 2/23/15 at 12:00 pm E4 confirmed that the resident trust authorization forms had not been witnessed. 2. The "Trust-Current Account Balance" report dated 2/23/15 for resident trust funds was reviewed with Business Office Manager E4 at 12:30 pm and showed that the following nine residents with an active resident trust fund account did not have any written Resident Trust Fund Authorization form signed: R19, R36, R50, R51, R102-106. E4 confirmed on 2/23/15 at 12:30 pm that those residents did not have any signed resident trust fund authorizations. 3. The "Trust-Current Account Balance report dated 2/23/15 listed a trust fund balance of $31,179.55 for 123 residents. The 2/23/15 resident roster and information provided by Assistant Director of Nurses, E3 on the Facility Data Sheet stated there was a current census of 108 residents. On 2/24/15 at 12:30 pm E4, Business Office Manager stated that some of the accounts belong to residents who no longer live in the facility. E4 was asked to identify residents with balances in	S9999		

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S9999	Continued From page 4	S9999		

the trust fund that no longer resided in the facility. E4 identified the following 19 residents who were now deceased and six residents who had discharged more than 30 days ago who still had money in the resident trust fund account. There were no written authorizations for these resident trust funds.

R107- $151.19 expired 6/26/14.
R108- $602.48 expired 11/24/13.
R109 -$218.17 expired 7/11/14.
R110- $ 77.25 expired 12/02/14.
R111- $390.20 expired 6/14/13.
R112- $270.07 expired 6/05/14.
R113- $186.34 expired 7/11/14.
R114-$5,100 expired 7/27/14.
R115- $103.00 expired 9/15/14.
R116-$109.21 expired 7/04/14.
R117- $260.99 expired 3/11/14.
R118- $ 30.00 expired 10/13/14.
R119-$ 1,615.06 expired 9/16/13.
R120-$ 46.82 expired 5/06/14.
R121-$ 229.00 expired 9/19/13.
R122- $ 34.35 expired 12/19/13.
R123-$ 20.00 expired 12/08/13.
R124- $ 60.00 expired 12/01/13.
R125-$ 170.48 expired 10/23/14.

R126-$30.00 discharged to another facility 9/12/14.
R127 $30.00 discharged home 10/09/14.
R128-$ 30.04 discharged to another facility 8/12/14.
R129- $$30.00 discharged to another facility 2/21/14.
R130-$60.00 discharged to another facility 6/19/14
R131-$600.00 discharged home 10/15/14.

The Resident Trust Fund Policy Notification and

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S9999	Continued From page 5 Authorization form dated 1/2014 states "This facility has a resident trust fund available, upon the written authorization of the resident or authorized representative , to any resident that wishes to deposit funds for safekeeping..Upon discharge, all funds and a final accounting will be provided to the resident, the administrator of the residents' estate, or agent legally entitled to such funds." B	S9999		