

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/15/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145857</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/11/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE ST ELMO</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>221 EAST CUMBERLAND ST ELMO, IL 62458</b>			
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F 000	INITIAL COMMENTS			F 000			
	Annual Licensure and Certification Survey						
	Validation Survey for Subpart U: Alzheimer Unit						
	The Aperion of St Elmo is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000.						
F 226 SS=C	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES			F 226			
	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.						
	This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to implement its Abuse Prevention Program Facility Procedures by not conducting a pre-employment screening for 1 of 10 Certified Nurse Aides (CNA's) whose files were reviewed to determine if employees had a prior criminal history. This has the potential to affect all 43 residents in the facility						
	Findings include:						
	The Resident Census and Conditions of Residents dated 12/08/14 documents there are 43 residents in the facility.						
	E1 (Administrator) stated on 12/11/14 at 11:00am that he hired E9 (CNA) on 08/20/14. E1 stated he recalls checking the Health Care Worker						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 226	Continued From page 1 Registry, but has no documentation to validate this. E1 stated E9 has been working as a CNA since the hire date. E1 added he did not check E9's previous employer references or initiate a fingerprint check.  The Facility's undated Abuse Prevention Program Facility Procedures states prior to a new employee starting a work schedule the facility will: -Initiate a reference check from previous employer(s) -Check the Illinois Health Care Worker Registry on any individual being hired for prior reports of abuse, previous fingerprint check results and the six offender Website links on the Registry -Initiate an Illinois State Police livescan fingerprint check for any unlicensed individual being hired without a previous fingerprint check  A Health Care Worker Registry document dated 12/10/14 states E9 has "No Waivers on record" and "10/08/1980 Deemed Competent" and has no disqualifications found on the six offender Website links. The Illinois State Police Bureau of Identification document dated 12/10/14 states the UCIA (Uniform Conviction Information Act) name based inquiry submitted on E9 failed to reveal any criminal conviction record.	F 226			
F 354 SS=C	483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON  Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.  Except when waived under paragraph (c) or (d) of this section, the facility must designate a	F 354			

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F 354	Continued From page 2 registered nurse to serve as the director of nursing on a full time basis.  The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure a registered nurse was on duty eight consecutive hours a day, for three of fourteen days. This has the potential to affect all 43 residents living in the facility .  Findings include:  1. The Staffing Schedule dated 11/23/14 through 12/06/14, notes a Registered Nurse was not on duty for any shift on: 11/28/14, 12/05/14 and 12/06/14.  On 12/09/14 at 2:30 PM, E2(Director of Nursing), said a registered nurse was not on duty on the afore mentioned days.  The facility Residents Census and Conditions of Residents form dated 12/8/14, documents the facility has a census of 43 residents.	F 354			
F 368 SS=C	483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME  Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.	F 368			

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F 368	<p>Continued From page 3</p> <p>There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to offer snacks at bedtime daily. This has the potential to affect all 43 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated, 12/ 8 /14 documented the facility had a census of 43 residents.</p> <p>1. Seven residents (R6, R7, R9, R12 - R15) stated during a Quality of Life Group Interview on 12/9/14 at 10:30am that evening snacks are not offered daily at bedtime. Residents 6, 12, 13 and 15 indicated they would enjoy an evening snack before bed.</p> <p>2. E8 (dietary aide) stated on 12/10/14 that evening snacks are taken to the nurses station at about 6:30pm. The snacks include a variety of cookies, crackers and a drink of some type. E8</p>	F 368			

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F 368	Continued From page 4 indicated that 2 residents on the Dementia care unit are sent peanut butter sandwiches.  3. The facility's spread sheet menus for week 2 indicated a HS (Hour of Sleep) snack for each day of the week and each type of diet: 4 ounces of fruit drink and a 1/2 cup snack.  4. E10 (Certified Nurse Aide) stated on 12/10/14 at 3:00pm that she works evening shift and that snacks are provided for a few residents. E10 stated some of the Diabetic residents will receive a snack but that snacks are not offered to each resident nightly.	F 368			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.	F 441			

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F 441	<p>Continued From page 5</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to carry out effective infection control procedures for cleaning and disinfection of a glucose monitoring device. This has the potential to affect all 43 residents.</p> <p>Findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated 12/08/14 documented that the facility had a census of 43 residents.</p> <p>1. On 12/08/14 at 11:20 AM, E4 (Licensed Practical Nurse) performed a blood glucose test on R5. Following the procedure, E4 removed the blood specimen strip from the glucose monitor and wiped the outer surface of the device with an alcohol pad for 10 seconds. E4 then placed the blood glucose monitor into a basket of unused, clean lancets. Thirty seconds later, E4 removed the blood glucose monitor from the bin of lancets</p>	F 441			

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F 441	<p>Continued From page 6 and placed it onto a clean paper towel.</p> <p>2. On 12/08/14 at 11:25 AM, E4 performed a blood glucose test on R25 with the same blood glucose monitor. E4 wiped the outer surface of the device for 10 seconds with an alcohol pad and placed the device onto a paper towel.</p> <p>3. On 12/08/14 at 11:30 AM, E4 performed a blood glucose test on R26 with the same blood glucose monitor that had been used for R5 and R25. E4 wiped the surface of the device with an alcohol pad for 10 seconds upon completion of the test.</p> <p>E4 said at that time, that there are a total of 3 blood glucose monitors currently being used in the facility, one for each medication cart. E4 indicates that the blood glucose monitors are routinely cleaned/disinfected by wiping them thoroughly with an alcohol pad.</p> <p>On 12/09/14 at 11:15 AM, E6 (Licence Practical Nurse) said that the blood glucose monitors are routinely cleaned/disinfected by wiping the surface with a bleach germicidal wipe. E6 said that the device is wrapped in the wet germicidal wipe for 3 minutes.</p> <p>The facility's Policy and Procedure Manual's Diabetic Care section, revised April 2001, pages 12-13, number 17 indicates - clean reusable equipment according to manufacturer's instructions.</p> <p>The undated instructions for the Assure Platinum Blood Glucose Monitoring System currently in use (page 47) suggests 2 options for cleaning and disinfecting the meter between patient use; 1.)</p>	F 441			

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F 441	Continued From page 7	F 441			
F 458 SS=B	<p>use of a commercial Environmental Protection Agency (EPA) registered disinfectant detergent or germicide, Or 2.) a bleach and water solution at 1:10 strength can be used to wipe the surface thoroughly.</p> <p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT</p> <p>Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to provide 80 square feet of space per resident bed for for 6 of 6 residents (R1, R3, R4, R5, R8 and R9) reviewed for the room size waiver in the sample of 10 and 13 residents ( R12 - R24 ) in the supplemental sample.</p> <p>The findings include:</p> <p>1. E1 (Administrator) stated on 12/10/14 at 10:50am that resident rooms 19 - 22 and 23 - 31 are the rooms included in the facility's room size waiver. All of the rooms have been measured and do not provide the required 80 square feet per resident bed. The rooms vary in size but are no smaller than 78 feet squared per resident bed.</p> <p>E1 provided documentation on 12/11/14 that Rooms 19 -22 and room 31 are Medicare and Medicaid Certified. The remainder of the wavered rooms 23 - 30 are Medicaid Certified. E1 provided a room roster that confirmed R1,</p>	F 458			



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F 458	Continued From page 8 R3, R4, R5 and R12 - R24 reside in the undersized rooms.	F 458			
F 465 SS=C	<p>2. Observation of these rooms throughout the survey from 12/8/14 to 12/11/14 found no issues related to room size. Interview with R1's family who resides in a waived room found no issues with the room size. Observation of the rooms found there was adequate space to meet the medical and personal needs of the residents living in the waived rooms.</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure resident chairs, wallpaper, floors and one common shower were maintained and in good repair. These failures have the potential to affect all 43 residents living in the facility.</p> <p>Findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated 12/08/14 documented the facility had a census of 43 residents.</p> <p>1. The wall paper in room 18 above the head of bed one is torn in two places. The holes measure</p>	F 465			

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F 465	<p>Continued From page 9 approximately five inches.</p> <p>2. In the West hall shower room next to the maintenance room at 10:35 AM, on 12/08/14, observed the caulk around the base of shower covered in a black substance.</p> <p>3. The floor covering at the nurses station on the special care unit, had a four inch round hole in the material and was not adhered to the floor. On 12/10/14 at 12:05 PM, E7 (Licensed Practical Nurse) stated the floor covering tore not long after it was installed.</p> <p>4. The fabric was cracked and torn on the arm rests and back of R4's wheel chair. R4 and R29's wheelchairs were observed to be soiled with dried food debris. These chairs were noted during the initial tour of the facility on 12/08/14 at 10:00 AM.</p> <p>5. On 12/8/14 at 12:15pm the 7 fabric recliners in the Special Care unit sitting area were all soiled with food debris.</p> <p>6. On 12/8/14 at 12:20pm the fabric recliner in resident room 23 was soiled with food debris.</p>	F 465			