

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

PRINTED: 07/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/23/2015
NAME OF PROVIDER OR SUPPLIER APERION CARE DECATUR			STREET ADDRESS, CITY, STATE, ZIP CODE 2650 NORTH MONROE STREET DECATUR, IL 62526		
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F 000	INITIAL COMMENTS Complaint Investigation #1563927/IL78802 - F325 Complaint Investigation #1563916/IL78785 - F159	F 000			
F 159 SS=E	483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section. The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund. The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.	F 159			

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 159	<p>Continued From page 1</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide quarterly resident fund statements to eight of eight residents (R1, R2, R3, R4, R5, R6, R7, R8) reviewed for resident funds, in a sample of 11.</p> <p>Findings include:</p> <p>The Resident Trust Fund Policy Notification and Authorization form (dated 1/2015) documents, "Quarterly statements are issued to all residents and/or authorized representatives detailing account activity."</p> <p>On 7/21/15, E3 (Business Office Manager) provided a list identifying 59 residents whom the facility was currently managing funds for. E1 (Administrator), indicated R1 - R8 on that list were interviewable and cognitively intact.</p> <p>On 7/21/15 at 2:00 p.m., R1 stated he has lived at the facility for over two years and has never</p>	F 159			

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F 159	<p>Continued From page 2</p> <p>received a quarterly statement of his funds.</p> <p>On 7/21/15 at 2:20 p.m., R8 stated he has lived at the facility since August of 2014 and he has never received a statement of his funds.</p> <p>On 7/21/15 at 2:35 p.m., R5 stated he has lived at the facility for two years and has never received a quarterly statement of his funds.</p> <p>On 7/21/15 at 2:42 p.m., R7 stated he has lived at the facility for approximately one year and he has never received a statement of his funds.</p> <p>On 7/21/15 at 2:58 p.m., R6 stated he has lived at the facility for about 18 months and has never received a statement of his funds. R6 stated he has heard from other residents that they don't have the statements available to give out to residents.</p> <p>On 7/21/15 at 3:40 p.m., R4 stated he has lived at the facility for two years and never has received a statement of his funds.</p> <p>On 7/22/15 at 10:00 a.m., R2 stated she had not received any statement of her funds being managed by the facility. The Electronic Medical Record documents R2 was admitted on 11/20/14.</p> <p>On 7/22/15 at 10:06 a.m., R3 stated he had been living in the facility since December 2013 and had never received a statement of his funds. R3 stated, "I wish I knew how much money I really had in there."</p> <p>On 7/22/15 at 9:20 a.m., E3 (Business Office Manager) stated she has only held her position since May 2015; however, E3 stated she did not</p>	F 159			

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F 159	Continued From page 3 know that quarterly resident fund statements were required to be given to residents. E3 stated the Corporate Office was unable to explain why residents were not receiving statements of their funds on a quarterly basis.	F 159			
F 325 SS=G	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure accurate weight information, failed to accurately assess nutritional needs, and failed to identify and implement interventions for significant weight loss for one of three residents (R10) reviewed for weight/nutrition in the sample of 11. This failure resulted in additional significant weight loss in less than one month for R10. Findings include: According to the current Physician's Order Sheet for 7/2015, R10 has multiple diagnoses including Dementia with Behaviors, Psychosis, and Chronic	F 325			

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F 325	<p>Continued From page 4</p> <p>Obstructive Pulmonary Disease. R10's diet order is for Regular diet with House Supplement Med Pass 90ml (milliliters) twice daily. The Minimum Data Set (MDS) dated 7/10/15 assesses R10 with severe cognitive impairment and requiring extensive assistance for activities of daily living (ADLs). This MDS reflects R10 requires supervision of one staff for eating, and weighs 158 pounds with recent weight gain. The MDS dated 6/10/15 also assesses R10 needing extensive assist for ADLs, plus extensive assist for eating, and weighed 158 pounds. The careplan dated 7/15/15 identifies a focus area of Restorative eating, but does not address nutritional needs or weight.</p> <p>The Monthly Weight Report (in pounds) for R10 is as follows: January 2015 - 150; February 2015 - 150.1; March 2015 - 147; April 2015 - 145.2; May 2015 - 142.4; June 2015 - blank; July 2015 - 124.4.</p> <p>Laboratory (lab) results dated 2/16/15 notes Total Protein low at 5.8 (normals 6.0 - 8.3 grams/deciliter (g/dL)) and Albumin low at 3.3 (normals 3.5 - 5.5g/dL). Lab results for Complete Blood Count (CBC) dated 6/16/15 notes low Hemoglobin at 10.4 (normal 14.0 - 18.0 g/dL) and low Hematocrit at 31.6 (normal 42.0 - 54 per cent). A CBC ordered for 7/15/15 was not in the record.</p> <p>R10's Nutrition/Dietary Note by E6 (Dietary Manager) dated 6/10/15 states, ". . . Current weight is 158. In one month resident has gained 15 pounds. . . " Nurses notes dated 6/11/15 state, ". . . W (weight) 157.6 lb (pounds) - 5/26/15. . .Scale: Wheelchair. . ."</p>	F 325			

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F 325	<p>Continued From page 5</p> <p>The annual Nutritional Assessment by Z2 (Registered Dietician) dated 6/24/15 notes R10's weight at 157.6, "BMI (body mass index) 23.3 (normal). . . no weight change. . . ambulatory, alert, able to feed self. . . No new labs to review. . Wt (weight) gain 10.7% (percent) {times} one month. . . Moderate risk. . . Diet is appropriate and adequate. . ." The labs and albumin section of this assessment was blank. The assessment did not indicate usual or expected body weight range.</p> <p>The Nutrition/Dietary Note by E6 dated 7/10/15 states, "Current weight is 158. In one month {R10} has gained fifteen pounds. In three months resident has gained eleven pounds. In six months resident has gained seven pounds . . ." No evidence in any of these notations, nor in the Nurses Notes from 5/1/15 to 7/22/15 that staff were aware of a weight loss, that Z2 or Z5 were notified, or any additional interventions put in place to address weight loss.</p> <p>On 7/23/15 at 10:30am, E2 (Director of Nursing/DON) stated that for the July 2015 weight of 124.4lbs, she had staff re-weigh R10 because "the previous DON had them weigh with the wheelchair." In reviewing R10's weights, E2 confirmed that the weight of 157.6lbs was incorrect and not adjusted for the weight of the wheelchair. E2 concurred that without the weight of the wheelchair, R10's accurate weight could not be determined.</p> <p>On 7/23/15 at 10:40am, E6 stated she charts based on the "weight recorded in the computer," for both the 6/10 and 7/10/15 entries, and did not think that there was a discrepancy. E6 also stated she did not know whether Z2 does the</p>	F 325			

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F 325	<p>Continued From page 6</p> <p>Nutritional Assessment by record review or if Z2 actually sees the residents. Both E2 and E6 stated at this time they were not aware of R10's weight loss, and that neither the Z2 or Z5 (Physician) were notified of the weight loss, or any additional interventions implemented. E2 also looked at her list and stated that Z2 did not see R10 when Z2 was in the facility on 7/17/15 or 7/21/15. E2 stated later at 3:10pm that a notation at the bottom of the list showed that on 7/21/15, Z2 requested a re-weigh for R10.</p> <p>On 7/23/15 at 12:10pm, R10 was weighed upon request. E2 reported that R10 weighed 114.8 pounds at that time with adjustment for wheelchair weight. E2 stated that she was faxing the information to Z5.</p> <p>According to the Weight Report and 7/23/15 weight of 114.8lbs, the weight loss percentages calculate as follows: from 7/2 - 7/23/15 = (equals) 7.7%; 4/15 - 7/23/15 (three months) = 9.4%; and 2/15 - 7/23/15 = 23.5%. Using the weight of 124.4 done on 7/2/15, weight losses calculate as follows: 5/15 - 7/2/15 (two months) = 12.6%; 4/15 - 7/2/15 (three months) = 14.3%; and 2/15 - 7/2/15 (six months) = 17.1%. This information was reviewed with E1 on 7/23/15 at 2:00pm.</p> <p>On 7/23/14 at 2:50pm, Z2 stated that in reviewing R10 on 6/26/15, she did note the 15 pound increase in weight, but did not think it was that much of a gain as to think it was an error. Z2 stated she did not consider adjustment for the wheelchair. Z2 stated she saw R10's July weight of 124.4, but did not make any recommendations for interventions until requesting the re-weigh on 7/21/15. Z2 stated she was not aware of the</p>	F 325			

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F 325	<p>Continued From page 7</p> <p>7/23/15 weight of 114.8. Z2 stated she probably would recommend increasing frequency and amount of the supplement. Z2 stated she usually sees the residents on admission but not on routine basis, just if there is reason to see the residents. So Z2 had not observed R10's eating/feeding status. Z2 stated she did not review the low albumin of 2/16/15 nor the CBC of 6/16/15.</p> <p>On 7/22/15 at 12:00pm, R10 was fed by staff for the noon meal. R10 ate all but a few peas. On 7/23/15 at 12:30pm, R10 held the fork and slowly ate some of the fruit, but staff completed feeding R10 the meal. E10 (Restorative Nurse) stated on 7/23/15 at 2:30pm that R10 requires a lot of cueing and prompting, and that staff usually finish assisting R10 with meals.</p> <p>The undated facility policy Weight Measurement states "Consistent weighing process is used to determine accurate body weight measurement. This includes weighing the resident: At approximately the same time of day; Using the same scale." The policy does not address how to allow for wheelchair weight. On 7/23/15 at 3:45pm, E2 stated that facility policy for Change in Condition does not specify weight loss, but E2 considered weight loss a change in condition that requires Physician notification.</p>	F 325			