

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

PRINTED: 08/06/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/01/2014
NAME OF PROVIDER OR SUPPLIER APERION CARE EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 OAK AVENUE EVANSTON, IL 60201		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 465 SS=D	<p>Aperion Care Evanston Complaint Survey 1492475/IL70201 - F465 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</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, interview and record review the facility failed to have functional toilets and faucets on two of two floors (1st and 2nd).</p> <p>Findings include:</p> <p>On 7/31/14 between 10:55am and 12:30pm the following observations were made on the first and second floor: In room 204 the bathroom was checked for running water. The hot water handle was broken and had a very small trickle of water running out of the faucet. In R 3's room there is no cold water and the hot water is at a trickle. At that time, R3 stated, "It has been broke as long as I've been here." In Room 214 a large amount of water is leaking around the faucet handles when turned on, causing a decrease in the water pressure. In room 219, the hot water faucet handle is broken.</p> <p>In R1 and R2's room the toilet has a partial flush. R2 stated, "Bathroom toilet needs to be flushed three times to get the feces down." He continued to state that the last time we had a bad storm, the</p>	F 465			

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 465	<p>Continued From page 1</p> <p>toilet backflowed into the room and staff had to clean it up. R1 stated, "when it rains it back flows. The CNA's (Certified Nurse Assistant) were here putting towels to wipe it up."</p> <p>In room 102 the toilet overflowed when flushed by surveyor. In rooms 108 and 112, the toilet required 3 attempts to be flushed.</p> <p>On 7/31/14 at 11:50am, E1 (Administrator) stated he was only aware of R1 and R2's room overflowing and stated it was because it wasn't used. E1 continued to state the toilet has never overflowed since the bad storm 2 months ago. E1 stated he was unaware of any broken faucet handles or toilets.</p> <p>The Resident Council Minutes from February 2014 state there were numerous hot water issues and broken faucets on the second floor. The Resident Council Minutes from March 2014 state the issues were addressed with the administrator.</p> <p>On 8/1/14 at 11:09am, E1 stated, "I wasn't aware of the broken knobs, I must have missed it."</p>	F 465			