

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

PRINTED: 07/26/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145180</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE CHICAGO HEIGHTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>490 WEST 16TH PLACE</b> <b>CHICAGO HEIGHTS, IL 60411</b>		
(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 157 SS=D	<p>Complaint Investigation 1693890/IL86940</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	F 157			

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 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to obtain a contact number and notify the responsible party or family of an alleged rape and involuntary psychiatric hospital admission. This applies to 1 of 4 residents (R1) reviewed for change in condition and notification in the sample of 4.</p> <p>Findings include:</p> <p>On 7/20/16 at 10am, Z2(Family) stated the facility never notified anyone about the rape or that R1 was sent to the psychiatric hospital on 6/26/16. Z2 found out on 7/5/16 that R1 was in the hospital. Z2 stated R1 is currently in the hospital for another psychiatric episode and cannot be reached by phone.</p> <p>Hospital Face Sheet for admission 6/21/16 documents a home phone number, which is the same contact number used to reach Z2. Consultation Note 6/22/16 documents R1 will get a psychiatric evaluation for hallucinations. Psychiatric Evaluation 6/22/16 documents R1 was having delusions, paranoia, and was afraid for her family; R1 lives at home with parents and a sibling. Hospital Discharge Instructions 6/24/16 do not document any information regarding privacy and notification of family/responsible party. Interagency Certification of Screening Results 6/24/16 documents R1 has been receiving various community mental health services since January or February 2015, R1 has poor judgement placing self or others at risk, and due to the diagnosis of mental retardation/developmental disability and mental illness, R1 has shown several impairments when</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>trying to make proper decisions and having proper judgement; Behavior Assessment Summary - R1 requires more attention and care than what the family are able to provide at this time.</p> <p>Closed record documents R1 was admitted to the facility on 6/24/16 after an inpatient psychiatric hospital stay. 72 Hour Admission/Readmission 6/25/16 6:56am and 9:49pm, and 6/26/16 10:52am all document R1 has short term memory impairment and impaired decision making ability; 6/25/16 11:41pm documents R1 has impaired decision making ability, is uncooperative, resists care, anxious, restless, and has socially inappropriate behaviors; staff redirected R1 for yelling out. Behavior/Mood Charting 6/26/16 6:03am documents R1 is yelling and delusional, unable to redirect, medication given for this behavior and was effective; Family Notified section documents "no contacts listed".</p> <p>Admission Face Sheet 6/24/16 documents R1 has the diagnoses of schizoaffective disorder, bipolar and major depressive disorder, and does not contain any family contact information. Face Sheet presented on 7/19/16 now has Z2 as the contact person. Nursing progress notes 6/26/16 state that at 9:20pm, R1 stated that she had been sexually assaulted by a peer (later identified as R2). R1 and R2 were placed on supervision until transported to the hospital. The physician and police were notified. IDPH was notified of the allegation on 6/26/16 at 11:18pm, 2 hours after the facility was made aware of the allegation. All nursing progress notes are charted as "late entry" and do not document any responsible party was notified that R1 was being transferred to the hospital or of the alleged rape. R1's Petition for</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>Involuntary /Judicial Admission 6/26/16 documents an involuntary admission is necessary due to delusions, psychosis, and unable to make appropriate decisions. R1's Petition for Involuntary /Judicial Admission 6/26/16 documents an involuntary admission is necessary due to delusions, psychosis, and unable to make appropriate decisions. Preliminary 24 Hour Abuse Investigation Report 6/26/16 does not indicate that the resident representative has been notified.</p> <p>Emergency Room Records 6/26/16 document R1 was seen for the accusation of sexual assault and a rape kit was completed. Psychiatric History for R1 is bipolar, depression, hallucinations, schizophrenia, previous emergency room psychiatric evaluations, and previous inpatient psychiatric admissions. Psychiatric portion of the Physical Exam documents flat affect, poor insight, concentration and judgement. Adult History and Physical Note 6/27/16 documents R1 is admitted for evaluation after alleged sexual assault, and visual and auditory hallucinations; Assessment and Plan includes schizophrenia exacerbation. Property Checklist (undated) signed by R1 does not indicate the resident has glasses or ID cards. Progress Notes 6/27/16 through 7/7/16 do not have evidence that R1 is missing glasses or an ID card, or that any family or representative was notified of admission to the hospital.</p> <p>On 7/19/16 at 3:25pm E6(Nurse) stated she did not know anything about the rape allegation involving R1.</p> <p>On 7/19/16 at 3:35pm E5(Nurse) stated she did</p>	F 157			

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F 157	<p>Continued From page 4</p> <p>not work on 6/26/16, the day R1 made the allegation of rape.</p> <p>On 7/20/16 at 10:50am, E4(Social Worker) stated his role on 6/26/16 was to stay with R1 during the interview with police.</p> <p>On 7/20/16 at 11:40am, E8(Social Worker) stated he did not work the weekend R1 made the rape allegation.</p> <p>On 7/20/16 at 12:30pm, E3(Nurse) stated she did not notify anyone about R1's allegation of rape or transfer to the hospital on 6/26/16 because there was no contact information on the face sheet at the time.</p> <p>On 7/21/16 at 10:45am, E7(Admissions) stated the hospital social worker (Z3) told her that R1 did not want contact with Z2.</p> <p>On 7/21/16 at 10:50am by phone Z3(Hospital Discharge Planner) stated R1 did not sign a release of information allowing the hospital to give information to anyone, which is only valid while R1 was admitted at the hospital. Z3 stated it is not known how the nursing home obtains contact information once the patients are discharged from the hospital.</p> <p>On 7/21/16 at 10:55am, E1(Administrator) stated if a resident does not want anyone contacted, it is their right. E1 stated the facility should ask the resident if they want anyone contacted when they are admitted. E1 stated Z2's contact information was added to R1's face sheet on 7/2/16, when Z2 called the facility after finding out from the hospital that R1 was admitted to the facility on 6/24/16. E1 stated R1 was in the facility for 2 days and would "assume" social service or nursing would ask R1 for contact information.</p> <p>There is no policy for obtaining contact information on admission. There is no evidence</p>	F 157			

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F 157	Continued From page 5 reviewed or presented by E1 to show that R1 did not want anyone listed as a contact information.  Change in Condition Physician Notification Overview Guidelines - When contacting the physicians, the nurse in charge should have the following information and medical record available: family/contact person. Responsible Party is to be notified of change in condition.	F 157			