

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

PRINTED: 07/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145969		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2014	
NAME OF PROVIDER OR SUPPLIER APERION CARE FOREST PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130			
(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 311 SS=D	<p>COMPLAINT INVESTIGATION 1492601 / IL 70348</p> <p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS</p> <p>A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to provide restorative services for perineal and genital care and ACE bandage wraps for two of three sampled residents R1 and R2 reviewed for restorative programs.</p> <p>The finding includes:</p> <p>R1 was admitted to the facility on 5/20/2014 with history of Morbid Obesity and stage I and stage II pressure sores. On 6/18/2014 at 7:30 p.m., R1 was observed with (E9) CNA, (E8) CNA, (E7) CNA and (E5) LPN to perform incontinence care for R1.</p> <p>E9 was observed to take a towel and wet one end in the bath room. E9 began to wipe the outsides of the R1's labia then R1's urethral area.</p> <p>R1 was then turned and E7 was observed to use wipes to clean R1's rectal area of which fecal matter was noted on the wipes.</p> <p>A review of the facility's undated policy for</p>			F 311			

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 311	<p>Continued From page 1</p> <p>PERINEAL AND GENITAL CARE reads: soap and warm water in a basin is to be used. Steps 5a, b, c, d, for cleaning and rinsing were not followed. Step 7 for drying was not done and step 9 for washing rinsing and drying the perianal area was not followed.</p> <p>R2 during survey on 6/18/2014 said she was suppose to get ACE wraps to her legs every three days to assist with her bilateral lower extremities edema and lymph edema. R2 said she has not been getting the wraps.</p> <p>A review of R2 physician order dated 3/5/2014 reads: ACE wrap to bilateral lower extremities for Lymph edema every three days.</p> <p>An undated Medication Administration Record (MAR) was noted in the chart for the 11-7am shift. The date on the 10th was noted to be signed for the wraps only. The rest of the month is blank.</p> <p>Review of the MAR with (E2), E2 was unable to identify when the record was created.</p> <p>A review of a 5/16/2014 Hospital Discharge Summary reads discharge instructions: please have patient seen by physical therapy for lymph edema wraps:</p> <p>A Physical Therapy plan of care dated 5/18/2014 reads: R1 currently discharged to long term care with transition to restorative nursing. R1 reports 8/10 bilateral knee pain upon initial evaluation. Bilateral lower extremities edema noted with ACE bandage wraps. RN aware.</p> <p>Interview on 6/18/2014 with (E10) LPN floor nurse, (E5) LPN shift supervisor and (E4) ADON</p>	F 311			

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F 311	Continued From page 2 were not aware why R2 was not getting her wraps.	F 311			