

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE FAIRFIELD		STREET ADDRESS, CITY, STATE, ZIP 305 N.W. 11TH STREET FAIRFIELD, IL 62837	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to respond to a call light in a timely manner for one (R3) of six residents reviewed for call lights in the sample of six. Findings include: On 07/17/20 at 10:45 am, R3 was interviewed in his room. R3 was alert and oriented to time, place, person, and purpose. R3 stated he was readmitted to the facility on [DATE] and has experienced having had to wait up to an hour for his call light to be answered. R3 stated he is independent for toileting and most activities of daily living, but stated he wants to live independently, has many concerns about finding services for himself in the community, and he wants to talk to somebody about that. On 07/17/20 at 11:00 am, R3 activated his call light. V11, Certified Occupational Therapy Assistant, ambulated a resident past the door twice, and passed again by herself, but did not respond to the call light. V9, Housekeeping staff, and V2, Director of Nursing, passed R3's room twice but did not respond to the call light. V6, Registered Nurse, passed R3's room but did not answer the light. V10, Dietary staff member, came to the door of R3's room and asked him about his lunch preferences as she filled out his menu. V10 then left without asking R3 if he needed assistance, nor did V10 alert nursing staff that the call light was on. After 38 minutes and 14 seconds R3's call light was answered by V1, Administrator. On 07/17/20 at 12:20 pm, V2 stated when she went by R3's room, she thought staff had answered the call light but had not yet turned it off. V2 stated it is her expectation that call lights should be answered ideally as soon as possible and definitely within 10 to 15 minutes. V2 stated a wait time of over 30 minutes is not acceptable. A Call Light Policy with a revision date of 02/02/18 stated, Resident call lights will be answered in a timely manner. All staff should assist in answering call lights. R3's Minimum (MDS) data set [DATE] documented a Brief Interview for Mental Status Score of 15, indicating R3 has no deficits in cognitive functioning. On 07/17/20 at 1:40 pm, V1 stated a call light wait time of over 30 minutes is not acceptable, and stated he was going to immediately begin re-educating staff of the importance of answering call lights in a timely manner. V1 stated all staff are expected to respond to call lights.		
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.