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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 14E847 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/19/2020 |
| NAME OF PROVIDER OF SUPPLIER APERION CARE SPRINGFIELD | | STREET ADDRESS, CITY, STATE, ZIP 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703 | |
| 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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview the facility failed to follow nursing standards of practice for 4 of 4 residents (R1, R2, R3, R4) reviewed for Skin Assessments in the sample of 8. Findings include: 1. R2's Minimum Data Set ((MDS) dated [DATE] documents R2's Brief Interview for Mental Status (BIMS) score as 05, indicating severely cognitively impaired. R2's [DIAGNOSES REDACTED]. R2's Physician order [REDACTED]. 06/01/20 through 06/12/20. R2's Medication/Treatment Administration Record, dated for 06/01/20 through 06/10/20 (day of hospital discharge), documented a code of H, which documents a hold of the skin assessment on the days ordered by the Physician for May and June 2020. Last documented skin assessment hold date was 06/05/20. R2's Care Plan, revision date of 06/07/18, documented to check all body areas for breaks in skin and treat promptly as ordered by Doctor. The care plan also documented the following: Skin checks weekly and as needed, requires extensive to total assist with dressing, toileting, R2 is incontinent of bowel and bladder, bed mobility, transfer with a mechanical lift, use of wheelchair and potential for skin tears, and a development of a skin tear to right lower leg on dates 06/15/18 and 04/14/20. R2's Weekly Skin Assessment, most current on file, was dated 01/31/19. R2 discharged on [DATE]. R2's Braden Scale Assessment, current assessment on file dated 03/06/19, documented a score of 12, which indicates R2 has a high alteration to skin breakdown. R2's Hospital Admission Records, dated 06/10/20 at 6:00 PM, documented an admitting [DIAGNOSES REDACTED]. R2 was further documented to have a Subcutaneous Abscess deep to a skin Ulceration and examined to be consistent with Chronic [DIAGNOSES REDACTED]/Brodie's Abscess measuring approximately 2 centimeters maximum in diameter. R2's abscess was medically determined to amputate, (remove) the right lower leg. The Facility was unable to provide a policy and procedure for Skin Observation/Prevention monitoring. The facility provided a Pressure Ulcer monitoring and prevention document. 2. R3's Minimum Data Set ((MDS) dated [DATE] documents R3's BIMS score as 13, indicating moderate cognitive impairment. R3's [DIAGNOSES REDACTED]. R3's Care Plan, dated 02/17/19, documented to check all body parts for breaks in skin and treat promptly as ordered by Doctor. R3's Physician order [REDACTED]. There was no documented completion of R3's Weekly Skin Assessment on file. R2's Braden Scale Assessment, dated 06/23/20, documented R3 remains in a chair, slightly limited with mobility. R2's Progress Notes, reviewed from June-July 2020, showed no documentation of Skin Assessments. 3. R8's Physician order [REDACTED]. R8's Care Plan, dated 06/03/20, does not reflect a Skin Assessment to be completed. R8's Weekly Skin Assessments show no documentation of completion on file. R8's Braden Scale Assessment, dated 07/27/20, documented a score of 14, which indicated at Moderate Risk for skin breakdown due to R8's body remains very moist, chair fast and requires moderate to maximum assistance in moving to prevent friction and shear to skin. R8's Progress Notes, reviewed from May-August 2020, has no documentation of Skin Assessments being completed. 4. R1's Physician order [REDACTED]. The Physician order [REDACTED]. R1's Medication/Treatment Administration Record, dated for June 2020, documented no skin assessments performed. R1's Care Plan, dated 06/03/20, does not reflect a Skin Assessment as completed. R1's Braden Scale Assessment does not document completion on file. R1's Progress Notes, reviewed from June, July and August 2020, have no weekly skin assessments documented. On 08/13/20 at 10:00AM, V1 (Administrator) was interviewed on why residents who had orders for weekly Skin Assessments, as reviewed on Physicians Order Sheet, the order was placed on hold. V1 stated, It was due to either COVID or your IDPH guidelines. On 8/14/20 at 12:43 PM, V11 (R1, R2, R3 and R4's Physician) stated he did not direct any order to stop skin assessment due to COVID and would not have recommend stopping skin assessments for residents with alterations in skin integrity. V11 stated R2's medical history of [REDACTED]. V11 also stated R2's abscess would not have been visible for at least a couple of days.</p> | | |
| 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.