

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145758</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APERION CARE GLENWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0686  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to follow their skin condition monitoring policy and conduct weekly skin assessments and the wound nurse failed to evaluate/assess the skin upon admission for one ( R2) of three residents reviewed for pressure sores. Findings Include: R 2 was admitted to facility on 5/5/20 with [DIAGNOSES REDACTED], R2's preadmission hospital record dated 4/28/2020 documents unstageable/deep tissue injury on bilateral buttocks 10 x 10 purple Deep tissue injury. R2's admission skin assessment dated [DATE] documents left buttocks scratch, right lateral foot scab and right hip scab. R2's medical record document nurse's weekly skin assessments on 5/6/20, 5/13/20, 6/10/20, 6/18/20, and 7/2/20. There were no documented weekly nurse's skin assessment for 5/20/20, 5/27/20, 6/3/20 and 6/25/20. R2's wound assessment details report dated 5/21/20 documents deep tissue injury to sacrum. On 7/30/20 at 12:54pm, V 3 (ADON) stated on admission nurse will do head to toe and the wound care nurse will follow up with assessment. Wound nurse should do an initial skin evaluation because admitting nurse may not see a skin issue or do a thorough assessment. Wound care nurse is qualified to identify any alterations in skin. Nurses should do weekly skin assessment on all residents. On 7/30/20 at 11:38 AM, V5 (nurse) stated for new admission, the nurse will complete skin assessment and review paperwork from hospital. Nurse will complete skin assessment on admission and notify treatment/wound nurse of new admission. Wound nurse would see all new residents. V 5 stated she does not recall any deep tissue injuries for R2 on admission and stated just a superficial scratch. V5 does not recall hospital paperwork documenting any alteration or deep tissue injuries. V5 stated she informed V18 (wound nurse) that R2 was a new admission. On 7/30/20 at 1159, V18 (wound nurse) stated nurse's should complete weekly skin assessments. If it's not documented, it's not done. V18 stated she will see all new admissions for initial assessments and document in wound rounds. V 18 unable to find an initial skin assessment of R2. V 18 stated she did not have any other documents or skin assessment for R2. On 7/30/20 at 12:36 PM, V19 (Wound MD) stated it is possible for deep tissue injury to heal in a week and return. It would be difficult to say for sure if the same area where the Deep tissue injury was noted prior to admission is the same area that opened. R2 experienced change in condition related to covid that may have contributed to alteration in skin. Facility policy titled Skin Condition monitoring revised 11/27/19 documents charge nurse will initiate nurse's weekly skin assessment on all residents on admission. Documentation of skin condition using weekly wound tracking assessments will be done by wound nurse at least once a week until healed.		
F 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to develop a comprehensive plan of care with interventions to prevent and/or reduce the risk of falling for a severely cognitive impaired resident assessed to be at high risk for falls, and required extensive assistance with locomotion on and off the unit. This affected 1 of 3 residents (R1) reviewed for falls and fall prevention protocols. This failure resulted in R1 being involved in multiple fall occurrences within a 30 day time frame. Findings include: R1's clinical record included the [DIAGNOSES REDACTED]. R1's Minimum Data Set ((MDS) dated [DATE] and 3/25/2020 identified R1 with severe cognitive impairment. R1's brief interview for mental status a score of five out of fifteen. R1 required extensive assistance with one person physical assistance for locomotion on and off the unit. Fall assessment dated [DATE] - 4/9/2020 documents: R1 is high fall risk. Fall assessment dated [DATE] documents: R1's history of falls within the last six months includes five multiple falls. R1's gait analysis documents: R1 strays off the straight path of walking and has a lurching swaying or slapping gait. R1's fall assessment dated [DATE] documents: R1 is high fall risk score 19. R1's fall assessment dated [DATE] documents: R1 is high fall risk score 23. R1's fall assessment dated [DATE] documents: R1 is high fall risk score 16. R1's fall assessment dated [DATE] documents: R1 is high fall risk score 18. Progress note dated 2/18/2020 documents: R1 had a fall at 11:45pm in the bird room. R1 was sitting down watching TV in bird room. Progress note dated 2/27/2020 documents: R1 had a fall at 10:15 am in the TV room. R1 slide out the chair to the floor. R1 was noted sitting in the chair, alert to self, verbally responsive, confused as usual. Change in Condition note dated 3/23/2020 at 5:22pm documents: R1 right foot was noted swollen. R1 gait was very unbalanced. Order noted 3/23/2020 at 5:17pm documents: Doctor ordered an X-RAY of the right foot to rule out fracture, and also an ultrasound of the lower extremities to rule out Deep Vein Thrombus ([MEDICAL CONDITION]). Right foot X-ray and Venous Doppler of the right lower extremity were performed on 3/24/2020. Progress note dated 3/23/2020 documents: R1 had a fall at approximately 6:30pm in the dining room. R1 was on the floor in front of his wheelchair on his forearms. R1 was observed scooting to the edge of his wheelchair. R1 was in a wheelchair and scooted himself to the edge of the chair and laid on the floor. Progress note dated 4/6/2020 documents: R1 had a fall in the hallway across from the nurse's station at 11:02am. R1 got up from the wheelchair, tried sitting back and lost balance. Behavior note dated 4/6/2020 documents: V22 (Nurse Practitioner) informed V6 (Nurse) that R1 was laying on the floor in his room. Upon entering, R1's room, R1 was noted on the floor in a prone position. R1 was unable to explain what happened. R1 was helped off the floor by staff. No interventions documented. Communication with Behavioral Health dated 4/9/2020: R1 has been noted groggy and also has had increased falls. Progress note dated 4/9/2020 documents: R1 had a fall at 10:35am in the doorway of room. R1 was noted lying on the floor with his hand under his head. R1 didn't have any socks on. R1 was placed in his chair with assistance and seated at the nursing station. R1 has unsteady gait. Care plan dated 7/03/2013 identifies R1 as a high risk for falls related to the use of [MEDICAL CONDITION] medication, diuretic medications, Hypertension and [MEDICAL CONDITION] Disorder. Fall intervention for 2/18/2020 documents: ensure adequate lighting in common area while R1 is ambulating, Fall intervention for 2/27/2020 documents: labs and frequent monitoring, Fall intervention for 3/23/2020 documents: Diagnostic ordered, Fall intervention for 4/6/2020 documents: staff educated on the importance of assisting R1 to a wheelchair to allow him to rest, ensure wheelchair is locked at all times, Fall intervention for 4/9/2020 documents: social service to follow up hospice evaluation and ensure R1 has on appropriate footwear. On 7/27/2020 at 9:01am, V5 (Nurse) said, R1 had multiple falls. R1 liked to walk a lot, sometimes he would just fall. On 7/27/2020 at 3:41pm, V20 (Nurse) said, R1 was confused and required a lot of redirection. R1 was getting weak. R1's unsteady gait contributed to his falls. On 7/28/2020 at 10:04am, V2 (Acting Director of Nursing) said, for R1's fall on 4/6/2020, we encourage R1 to sit in the wheelchair due to an unsteady gait. R1 refused to use the wheelchair. R1's fall on 3/23/2020, we ordered diagnostics, we didn't chart any other interventions. We ordered labs, we should have put in other interventions. On 7/28/2020 at 11:00am, V22 (Nurse Practitioner) said, unless you tied R1 down, I don't know what else to do to prevent R1's falls. On 7/28/2020 at 11:05am, V3 (Assisting Director of Nursing) said, R1 was aggressive and non-compliant. R1 had multiple falls. We should have put other interventions in R1's care plan. V3 was unable to answer how the diagnostic test and labs could be used as an intervention for a fall when the labs were		
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 0689  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 1) ordered one hour before the fall. R1 fell on [DATE] at 6:30pm. The labs and [DIAGNOSES REDACTED]. V3 said any change in plane is considered a fall. On 7/28/2020 at 1:00 pm, V1 (Administrator) said, R1 likes to walk independently. We were trying to make sure R1 was safe. R1 had a change in condition. I think R1 would have been safe in a wheelchair but R1 wouldn't stay in the wheelchair. Care plan interventions should be person centered. On 7/28/2020 at 2:20pm, V12 (Social Service Assistant) said, in order for a resident to be on hospice, I have to have a doctor's order/referral. I did not have a doctor order or a referral. There is not a physician order [REDACTED]. Care Planning Policy dated: 3/15/98 revised 5/29/18 documents: The resident care plan is the tool used to coordinate all the care provided to the resident to be sure care is necessary, appropriate and planned to meet the individual needs of the resident. Fall prevention program dated 1/12/13 documents: To provide guidelines on preventing resident falls. Initial Screen: #3 A score of 14 or above indicated resident at risk for falls. Initial Plan of Care: Initiate risk reducing interventions. Individualized Care Plan: #1 Identify Problem or need. Action steps: #1-2 Provide ongoing risk reducing interventions and initiate physician orders [REDACTED].</p>		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to follow their Facility policy titled Overview of Covid19 related policies and procedures dated 4/24/2020. Policy documents under staff, if covid positive off work until recovered. Facility allowed (3) (V14 - V16) staff members confirmed to be COVID19 positive to continue to work their normal schedules and failed to follow the CDC guidance and allowed 1 of 3 (V16) staff to work on a non-positive covid unit. Findings include: On 7/30/20 at 1:36 PM V1 (administrator) stated there were times in April and May when facility was short staffed in nursing, certified nursing aides, and housekeeping. During those times we were posting ads for hiring and doing biweekly new employee orientation to try to get more staff hired. We would use clinical department managers to help on units and other management to help with nonclinical tasks. Facility received approval to use nursing agency staff a few times. Any positive staff had to wear N95 at all times and limit exposure in common areas. Positive staffed were screened more frequently by other staff or nurse manager. Housekeeping was not essential to work at but we were following directives from corporate that said they could still work if asymptomatic. We did not try to replace V16 (nurse) because he was asymptomatic and wanted to work. V1 stated they were following the CDC guidelines for Strategies to Mitigate Healthcare Personnel Staffing Shortages dated 4/30/2020. V16(nurse) Covid test with date reported 4/26/2020 documents a covid positive result. V16(nurse) Time card report dated 4/15/20 to 4/28/20 documents V16 worked on 4/26 and 4/28. Glenwood Healthcare and rehab daily census for 4/27/20 through 5/10/2020 documents 18- 20 residents on A wing. Facility floor schedules document V16 (nurse) assigned to A wing or A/B wing on scheduled shifts. V16(nurse) Time card report dated 4/29/20 to 5/12/20 documents V16 worked on 4/29, 4/30, 5/1, 5/2, 5/3, 5/4, 5/7, 5/8 and 5/10. On 7/29/20 at 4:09 Pm, V16 (nurse) stated he was notified of positive results on 4/26/20 from other employer. V16 stated, he was asymptomatic and felt fine to work. V16 stated there was nothing different when working at facility after testing positive. V16 stated he used his own N95 mask covered by surgical mask. V16 stated he was still working A wing and facility never told him he had to work on covid wings. V16 stated he told other staff he was positive so they were aware. V16 stated he was upset at first when facility told him he would still have to work. V16 stated he would be exposing residents to covid but he loves what he is doing and did not want to lose his job or start trouble. V13 (scheduler) stated she was never instructed to take V16 (nurse) off the schedule. If I had to take him off, I would look for replacement within nursing staff and if no coverage the managers would cover, there are 2 assistant director of nursing, wound care, MDS and care plan nurse are all trained to work on unit. I used agency for one day in March, May and June. We had no issues getting agency when needed. Usually need 4 nurse in the am shift, 4 nurses for pm shift and 2 nurses for overnight shift. There were some days we were short but we were not in staffing crisis. Facility nursing schedules dated 4/26/20 to 5/8/20 did not document severe shortages in nursing staff or use of all nursing management staff or agency to replace V16 or other nurses. V14 (Director of housekeeping) Covid test with date reported 4/29/2020 documents a positive result. V14 (Director of housekeeping) Time card report dated 4/29/20 to 5/12/20 documents V14 worked on 4/29 through 5/1/20, 5/4/20 through 5/8/2020, and 5/11/20- 5/12/20. On 7/29/20 2:15 PM, V14 (Director of housekeeping) stated tested positive but was asymptomatic. V14 stated he was at facility and nothing changed. He usually worked in my office and did not work with residents. If anything he would go on covid unit. V14 stated he felt ok working at the facility, he said he was a manger and work could have been done from home. V14 stated Prior to May no shortages in staff. On 7/30/2020 9:15 Am, V14 stated the department would be able to function during the schedule 4-29- 5/26 if himself and V15 (housekeeper) were not on the schedule. They were not in a staffing crisis and would be able to find replacement if needed. Job duties were not essential to residents needs during this time. V15 (HOUSEKEEPING) Covid test with date reported 4/29/2020 documents a positive results V15 (HOUSEKEEPING) Time card report dated 4/29/20 to 5/12/20 documents V15 worked on 4/29- 5/1/20, 5/4/20 - 5/7/20, 5/9/20-5/11/20. On 7/29/20 at 3:13 PM, V15 (HOUSEKEEPING) stated his job duties include cleaning offices, conference rooms, common areas, common bathrooms, and [MEDICAL TREATMENT] unit. V15 stated he does not have any direct contact with residents. V15 stated he wear N 95 mask, face shield, gowns, and gloves. Frequent hand washing and checking temperature 3 x a day. V15 stated no other staff knew he was positive, he would take break in breakroom but would try to take when there was not a lot staff present. On 7/30 at 955am, V15 stated when cleaning covid unit/ common bathrooms, he would wear N95, face shield, gown and gloves. V15 stated would wear n 95, gloves and gown when cleaning [MEDICAL TREATMENT] but there were no residents/staff present. V15 stated would wear surgical facemask and gloves when cleaning common areas. Facility provided him with face shield and N 95 and was instructed on wearing these on covid units. In addition he was told to monitor symptoms and to inform staff if symptoms developed. V15 stated would eat and drink when in break room when he was positive but try to social distance from other staff. V3 (ADON/infection control nurse) stated staff who are covid positive should wear N 95 at all times. Covid wings were B wing and D wing. A wing was not a covid wing. On 7/31/20 at 11:37 AM, V1 stated unable to find documentation of additional covid screening being done for covid positive staff V14 (Director of housekeeping), V15 (housekeeping) and V16(nurse). Facility policy titled Overview of Covid19 related policies and procedures dated 4/24/2020 documents under staff if covid positive off work until recovered. Facility policy titled infection control- interim policy addressing healthcare crisis related to human [MEDICAL CONDITION] effective 3/5/20 under alternate crisis strategies to mitigate staffing shortages documents Per CDC: Healthcare systems, healthcare facilities and the appropriate state, local and/or tribal health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios: HCP should be evaluated by occupational health to determine appropriateness of earlier return to work then recommended. CDC document titled Strategies to Mitigate Healthcare Personnel Staffing Shortages dated 4/30/2020 documents, When staffing shortages are anticipated, healthcare facilities and employers, in collaboration with human resources and occupational health services, should use contingency capacity strategies to plan and prepare for mitigating this problem. At baseline, healthcare facilities must: Understand their staffing needs and the minimum number of staff needed to provide a safe work environment and safe patient care. Be in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed. Contingency capacity strategies for healthcare facilities include: Adjusting staff schedules, hiring additional HCP, and rotating HCP to positions that support patient care activities. If HCP are tested and found to be infected with [DIAGNOSES REDACTED]-CoV-2, they should be excluded from work until they meet all return to work criteria (unless they are allowed to work as described below). If shortages continue despite other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all Return to Work Criteria to work. If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order: If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services. Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting. Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19. As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19.</p>		