STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145261	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Dekalb	1212 South Second Street Dekalb, IL 60115

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 40085 Based on observation, interview and record review the facility failed to ensure incontinence care was provided for a resident dependent on staff for cares. This applies to 1 one 18 residents (R18) reviewed for Activities of Daily Living (ADL's) in the sample of 18. The findings include: R18's ADL care plan initiated on 5/22/24 shows she is totally dependent on staff for toileting and bed mobility. R18's 5/7/24 Minimum Data Set assessment shows she is cognitively intact. On 7/15/24 at 9:48 AM, R18 was lying in bed a faint odor of urine was noted. R18 stated, I haven't been changed since about 5 AM today. I need staff to change me, and they are busy and have not been in. I am incontinent of urine and wear a brief and course I am wet I take a water pill. On 7/15/24 at 10:05 AM, V9 (Certified Nursing Assistant) said R18 had not been changed yet that morning and she would be in to change her. V9 said incontinence care should be done every 2 hours and as needed. The facility provided Incontinence Care Policy revised on 1/16/18 shows the purpose of incontinence care is to prevent skin breakdown and should be done every 2 hours and as needed.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 35541 Based on observation, interview and record review the facility failed to provide the necessary treatment for a resident's fractured arm. The facility failed to obtain daily weights for a resident with a diagnosis of congestive heart failure. These failures apply to 2 of 18 residents (R34, R18) reviewed for quality of care in the sample of 18. The findings include: 1. R34's fall note and nurses notes dated 7/5/24 showed R34 had an unwitnessed fall in the facility. R34 was sent to a local hospital for an evaluation where she was diagnosed with a fracture of her left ulna (arm). R34's nurses note dated 7/12/24 showed R34 was seen by an orthopedic physician for her fractured arm. The note showed, The paperwork the resident returned with said for her to continue to maintain splint at all times and to cover when showering. Splint may be removed at the sink to wash arm/hand but avoid wrist/forearm motion when splint comes off for cleaning at the sink . A physician order for R34, dated 7/11/24, showed R34 was to continue to maintain her left arm splint at all times and to cover it when showering. On 7/15/24 at 8:35 AM, R34 was lying in bed with V6 (Certified Nursing Assistant/CNA) standing next to her. Bruising was noted to R34's left eyebrow and left shoulder area. Mild swelling was noted to R34's left wrist. No splint, cast, sling or compression wrap was noted to R34's left distal arm/left wrist area. When R34 was asked how she was feeling. R34 stated, Not okay. They can't find my cast. I fell and broke my arm. R34 complained of pain to her left wrist area. R34 stated, I can't move my hand, or it hurts. V6 (CNA) stated, She had a cast on her arm last week. I don't know where it is. V6 (CNA) then proceeded to transfer R34, from her bed to wheelchair, without the use of a gait belt and by holding R34's right arm, with R34's left arm dangling freely next to her side. On 7/15/24 at 12:45 PM, R34 was seated in bed, feeding herself lunch with her right hand. R34's left arm/hand laid her lap. No splint, cast, sling or elastic/compression wrap was noted to R34's left distal arm/wrist. On 7/16/24 at 8:20 AM, V4 (Restorative Nurse) stated R34 had a recent fall in the facility that resulted in R34 fracturing her arm. V4 stated, She came back from the ortho (orthopedic) doctor with an order for her to have a sling and splint to her left lower arm at all times. 40085 2. R18's 5/7/24 Minimum Data Set (MDS) assessment shows she is cognitively intact. R18's Active Physician Orders shows an order effective 12/31/2023 to be weighed daily for CKD (Chronic Kidney Disease) and report to NP (Nurse Practitioner)/MD (Physician) any weight changes greater than 3 pounds (lbs.) in 1 day or 5 lbs. in one week. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R18's weight summary shows no recorded weights on the following dates 6/1/24, 6/2/24, 6/5/24, 6/7/24, 6/9/24, 6/10/24, 6/11/24, 6/13/24, 6/14/24, 6/15/24, 6/16/24, 6/18/24, 6/20-6/25/24, 6/27/24, 6/28/24, 6/30/24, 7/4/24, 7/5/24, and 7/7/24-7/13/24. There were no documented refusals by R18 to be weighed on the summary report. On 7/16/24 at 1:32 PM, V8 (Registered Nurse/RN) said R18 should be weighed daily due to having congestive heart failure and they should call to report weight changes to her doctor based on the physician's order. On 7/16/24 at 1:36 PM, R18 said she does not refuse to be weighed and, I often have to remind them to weigh me and some will and others won't and say that the hoyer (mechanical lift) scale is broken. I need my weight monitored because of a certain medication and the doctor needs to know if he needs to change my medication. On 7/16/24 at 3:15 PM, V2 (Director of Nursing) said they have a restorative person who should assist with taking weights every day, and if a resident refuses to be weighed they have to document that each time. The facility provided Weights policy revised on 10/17/19, shows weights should be completed in accordance with Physicians orders or plan of care.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35541 Based on observation, interview and record review the facility failed to supervise 1 resident (R36) at risk for aspirating foods during meals. The facility failed to ensure 2 residents (R34, R46) were transferred in a safe manner. The facility failed to ensure medical equipment was not connected to a power strip for 3 residents (R61, R11, R53). These failures apply to 6 of 18 residents (R36, R34, R46, R61, R11, R53) reviewed for safety and supervision in the sample of 18. The findings include: 1. R36's care plan dated 10/10/2022 showed R36 was at risk for aspirating foods related to her diagnosis of dysphagia. The care plan showed, Monitor for s/s (signs and symptoms) of aspiration .Utilize individualized interventions as outlined by speech therapy . R36's Speech Therapy and Plan of Treatment dated 7/7/24 showed R36 had impaired tongue and swallowing function related to her dysphagia. R36 required a pureed diet with thin liquids due to her risk of aspiration. The plan showed, Compensatory Strategies/Positions: To facilitate safety and efficiency, it is recommended the patient use the following strategies during oral intake; general swallow techniques/precautions, sit upright for meals, supervision during meals, bolus size modifications, rate modification and alternation of liquids/solids. On 7/15/24 at 8:52 AM, R36 was in bed, lying on her left side. R36 was propped up on her left elbow, eating her pureed breakfast with her right hand, with no staff noted in or immediately outside of R36's room. R36 looked at her breakfast tray and stated, I can't reach it very good. At 9:05 AM, R36 remained in the same position on her bed, eating breakfast, with no staff present. On 7/16/24 at 11:56 AM, V5 (Director of Rehabilitation) stated Looks like we recently evaluated (R36) because she had lost weight and has dysphagia. Her evaluation showed (R36) required a pureed diet with supervision with eating due to her risk (of aspiration). 2. R34's resident assessment dated [DATE] showed R34 required staff assistance to transfer from bed to chair. R34's fall risk assessment form dated 7/5/24 showed R34 was at risk for falls. R34's fall note and nurses notes dated 7/5/24 showed R34 had an unwitnessed fall in the facility. R34 was sent a local hospital for an evaluation where she was diagnosed with a fracture of her left ulna (arm). On 7/15/24 at 8:35 AM, R34 was lying in bed with V6 (Certified Nursing Assistant/CNA) standing next to her. Bruising was noted to R34's left eyebrow and left shoulder area. Mild swelling was noted to R34's left wrist. V6 (CNA) transferred R34, from her bed to wheelchair, without the use of a gait belt and by holding R34's right arm. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/16/24 at 8:20 AM V4 (Restorative Nurse) stated R34 had recently fallen in the facility which resulted in R34 fracturing her left arm. V4 stated, (R34) has had a recent decline. She is at risk for falls. She needs one person to assist her with transfers. They must use a gait belt when transferring her, especially since she is not supposed to use her left arm for lifting or moving. 3. R46's fall risk assessment form dated 7/2/24 showed R46 was at risk for falls. R46's care plan dated 12/14/23 showed R46 was dependent on staff for transfers and toileting. On 7/15/24 at 9:21 AM, V3 (CNA) transferred R46 off the toilet, to a standing position, by holding onto R46's right arm. No gait belt was used. V3 told R46 to hang on to the rail by the toilet. V3 then let go of R46's arm, to provide incontinence care to R46. Once completed, V3 then transferred R46 into a wheelchair. No gait belt was used. On 7/16/24 at 8:32 AM, V4 (Restorative Nurse) stated R46 required staff assistance, with the use of a gait belt, for transfers and toileting. The facility's Transfers-Manual Gait Belt and Mechanical Lifts policy dated 1/19/18 showed, The use of gait belt for all physical assist transfers if mandatory. 37232 4. On 7/15/24 at 9:58 AM, R61's bed (hospital bed that raised up and down) and air mattress pump were plugged into a power strip. 5. On 7/15/24 at 10:17 AM, R11 had an air mattress pump hanging on the headboard of the bed. The air mattress pump was plugged into a power strip. 6. On 7/15/24 at 10:03 AM, R53 had an air mattress pump hanging on the headboard of the bed. The air mattress pump was plugged into a power strip. On 7/15/24 at 12:40 PM, V12 (Maintenance Director) said medical equipment should be plugged into wall outlets and not power strips. V12 added power strips are not used because they can be turned off or easily lose power. V12 said medical equipment should be plugged into a wall outlet because a wall outlet provided a more reliable source of electricity.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 40085 Based on observation, interview and record review the facility failed to obtain physician prescribed medication and failed to follow physician orders for eye drops for 2 of 18 residents (R2, R32) reviewed for physician services in the sample of 18. The findings include: 1. R2's 7/1/24-7/31/24 Medication Administration Summary shows she should receive Farxiga 5 milligrams (mg.) at 9:00 AM and Memantine 10 mg. at 9:00 AM and 5:00 PM. R2's active Physician Order Summary shows orders for both Farxiga and Memantine. On 7/16/24 at 8:10 AM, V8 (Registered Nurse/RN) administered medication to R2 and omitted Memantine and Farxiga because he did not have it in the cart and said it looks like it was ordered from the pharmacy on 6/14/24 but has not arrived at the facility. On 7/16/24 at 9:44 AM, V2 (Director of Nursing) said she was aware that R2 did not receive the 2 morning medications that were prescribed, and she called the pharmacy who told her it was a medication reordered too soon. V2 said she asked pharmacy to check why the medication is considered too soon to fill and was awaiting a return call. The facility provided not dated Pharmacy Requirements procedure from the contracted pharmacy provider shows they are responsible to dispense medication based on prescriber orders. 35119 2. On 7/15/24 at 9:45 AM, R32 was in his room, sitting on the bed. R32's nightstand had a bottle of Systane eye drops and a bottle of Moxifloxacin eye drops. R32 stated I do my own drops. I was on another one but the eye doctor that was here told me to stop taking those and to use these two bottles. On 7/15/24 at 10:30 AM, R32's Physician Orders did not show orders for eye drops. R32's Physician Progress note from the eye doctor dated 7/10/24 shows Current medications: Systane Ultra Ophthalmic solution QID (four times a day), Maxitrol 1mg-3.5mg-10,000 units/g ophthalmic solution in left eye as needed, Moxifloxacin 0.5% ophthalmic solution left eye as needed. Plan: Monitor, Continue drops. R32's Progress Note dated 7/15/24 at 11:19 AM shows Certified Nursing Assistant went into room where she found some eye drops sitting on resident's nightstand. Informed resident he cannot have meds at bedside and provided eye drops to nurse who will figure out where the order came from for these drops to be able to continue giving them. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/17/24 at 10:00 AM, V2 (Director of Nursing) said the nurse should have called the eye doctor to clarify the orders for R32's eye drops from visit on 7/10/24 and then entered orders for the medication.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 35119 Based on interview and record review the facility failed to ensure a resident on a PRN (as needed) antipsychotic medication was evaluated by a physician after 14 days and failed to monitor a resident for antipsychotic side effects by not doing an AIMS (Abnormal Involuntary Movement Scale) test every 6 months for 2 of 5 residents (R32, R11) reviewed for psychotropic medications in the sample of 18. The findings include: 1. R32's Physician Order shows an active order dated 5/28/24 for Seroquel Oral Tablet 25 mg (milligrams). Give 25 mg by mouth every 24 hours PRN for anxiety. R32's Consultant Pharmacist Recommendations to MD (physician) dated 6/28/24 shows Resident has an order for the antipsychotic quetiapine (Seroquel) 25 mg 1 tab(let) every 24 hours PRN with no stop date. In accordance with State and Federal Guidelines PRN (as needed) orders for antipsychotic medications are limited to 14 days with no exceptions. To continue use of PRN antipsychotic beyond 14 days, the attending physician or prescribing practitioner must first directly evaluate the resident to determine appropriateness for a PRN antipsychotic before a new order is written. On 7/17/24 at 10:00 AM, V2 (Director of Nursing) said R32's PRN Seroquel order should have only been for 14 days, and then the doctor should have seen R32 and re-ordered it. The facility's Psychotropic Medication-Gradual Dose Reduction Policy dated 2/1/18 shows PRN antipsychotic medications shall be limited to 14 days. If deemed appropriated to continue for greater than 14 days, the attending physician or prescribing practitioner will evaluate the resident and enter a new order for PRN administration as indicated, not to exceed 14 days. 37232 2. R11's Face Sheet showed R11 had the following diagnosis: bipolar, schizoaffective, and anxiety. R11's Order Summary Report showed R11 had an order for Quetiapine Fumarate (antipsychotic medication). The order had a start date of 12/19/22. R11's Consultant Pharmacist Recommendation to Nursing form dated 5/28/24 showed R11 was receiving an antipsychotic medication and the most recent AIMS was done on 5/20/23 (12 months ago). The same form showed AIMS should be completed at least every 6 months. On 7/16/24 at 11:00 AM, R11's AIMS assessments were requested from the facility. The facility provided R11's AIMS- Abnormal Involuntary Movement Scale forms that were dated for 5/20/23 and 6/24/24 (13 months apart). (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R11's Psychiatry Notes dated 4/26/24 and 6/18/24 showed AIMS were done 8/18/23 and 5/7/24 (9 months apart). On 7/16/24 at 12:08 PM, V2 (Director of Nursing) said AIMS (Abnormal Involuntary Movement Scale) is done to monitor for side effects of antipsychotic medications and should be done every 6 months. The faculty's Psychotropic Medication Gradual Dosage Reduction policy with a revision date of 2/1/18 showed residents on anti-psychotic drug therapy will be monitored for tardive dyskinesia side effects every 6 months through the use of the AIMS assessment.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 35541 Based on observation, interview and record review the facility failed to administer physician prescribed medications as ordered. There were 29 opportunities with 3 errors resulting in a 10.34% error rate. This applies to 2 of 4 residents (R2, R12) observed during medication pass. The findings include: 1. R2's July 2024 Medication Administration Summary shows she should receive Farxiga 5 milligrams (mg.) at 9:00 AM and Memantine 10 mg. at 9:00 AM and 5:00 PM. R2's active Physician Order Summary shows orders for both Farxiga and Memantine. On 7/16/24 at 8:20 AM, V8 (Registered Nurse/RN) administered medication to R2 and omitted Memantine and Farxiga because he did not have it in the cart. V8 said he could not give those medications because they were not in the medication dispensing system the facility has. On 7/16/24 at 9:44 AM, V2 (Director of Nursing) said she was aware that R2 did not receive the 2 morning medications that were prescribed. 2. R12's Physician Order Summary dated 12/17/22 and Medication Administration Record dated July 2024 each showed R12 was to receive a delayed-release Aspirin, 325 mg (milligrams), once a day at 9:00 AM. On 7/16/24 at 8:06 AM, V7 (Licensed Practical Nurse/LPN) administered one, enteric-coated tablet of Aspirin, 81 mg, to R12, instead of administering a 325 mg. tablet of Aspirin. The facility provided undated Medication Administration policy shows that medications should be administered according to physician orders. 40085

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45540 Based on observation, interview and record review the facility failed to prepare and distribute food in accordance with professional standards for food service safety. This applies to 5 of 5 (R3, R26, R14, R36, R23) residents reviewed for pureed diets in the sample of 74. The findings include: On 7/15/24 at 11:04 AM, V17 (Cook) was observed at the food prep table making pureed pasta and meat. V17 picked up an oven mitt which had fallen on the floor and placed it back onto the clean food prep table near the blender and did not wash her hands. On 7/17/24 at 8:41 AM, V15 (Food Service Director/FSD) said if things fall on the floor they should be put in a dirty area and not near clean food. V15 said hand washing should be completed after picking something up from the floor. The facility provided pureed diet list dated 7/18/24 shows R3, R26, R14, R36, R23 as being on pureed diets.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45540 Based on interview and record review the facility failed to explain binding arbitration in a manner the resident understood. This applies 1 of 3 (R68) in the sample of 18 reviewed for arbitration. The findings include: On 7/16/24 at 9:08 AM, R68 said she does not recall signing an arbitration agreement. R68 said if she did it was one of those sign here things and wasn't explained. R68 said she does not recall being told about arbitration at all. R68 said she would not have signed a document like that if it was explained to her. R68 said she would not give up her right to litigation. On 7/16/24 at 12:46 PM, V1 (Administrator) said the arbitration agreement is completed upon admission. V1 said residents aren't required to sign it to be admitted , they have 30 days to rescind it, the arbitrator's decision is final, and the resident will not be entitled to attorney fees. R68's Minimum Data Set (MDS) dated [DATE] shows a BIMS score for 15, cognitively intact. R68's Admission Record show's an admitted [DATE]. R68's Arbitration Agreement Rider to the Admission Contract was signed on 12/3/23.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 35119 Based on observation, interview, and record review the facility failed to ensure staff wore Personal Protective Equipment (PPE) for a resident on Contact Isolation and a resident on Enhanced Barrier Precautions for 2 of 18 residents (R6, R16) reviewed for infection control in the sample of 18. The findings include: On 7/15/24 at 9:52 AM, R6 had a contact isolation sign posted outside the room. Two staff where observed walking into R6's room with no PPE on. V12 (Certified Nursing Assistant/CNA) and V14 (Licensed Practical Nurse/LPN) came out of R6's room at 9:54 AM. R6 was observed sitting up in bed. V12 stated We boosted her up, me and the nurse. We should have worn PPE, a gown and gloves because she is on contact isolation for a urinary tract infection and is incontinent. R6's Urine Culture Lab Report dated 7/2/24 shows Positive for ESBL (Extended-spectrum beta-lactamase. ESBL-producing organisms are resistant to common antibiotics). Isolation precautions may be required. Please refer to you Infection Control Policy. On 07/16/24 at 01:27 PM, V2 (Director of Nursing) said for a resident on contact isolation staff should wear a gown and gloves and should be worn for any care where you could possible touching anything that has been contaminated. The facility's Infection Precaution Guidelines dated 5-15-23 shows It is the policy of this facility to, when necessary, prevent he transmission of infections within the facility through the use of Isolation Precautions. In addition to Standard Precautions, use Contact Precautions for residents with known or suspected to be infected with microorganisms that can be easily transmitted by direct or indirect contact, such as handling environmental surfaces or resident-care items. 40085 2. On 7/15/24 at 8:58 AM, outside of R16's door was a plastic bin containing PPE which included gowns, gloves and masks. There was a sign on the outside of the door showing Enhanced Barrier Precautions should be worn when providing care to residents in the room including gloves, gowns and masks. On 7/15/24 at 9:30 AM, V9 (CNA) provided incontinence care (cleaning stool) off of R16 and dressing him. V9 did not apply a gown during the cares she provided to R16. R16's active Physician Order Summary shows an order effective 6/9/24 for him to be on Enhanced Barrier Precautions (EBP) due to having a urinary catheter. On 7/16/24 at 7:55 AM, V8 (Registered Nurse/RN) said staff should wear gowns when providing direct care to residents on EBP. On 7/16/24 at 9:00 AM, V2 (Director of Nursing) said staff should be following the EBP requirements and wearing gowns when providing direct patient care and handling urinary catheters. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145261	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Dekalb	1212 South Second Street Dekalb, IL 60115

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility provided Enhanced Barrier Precautions policy effective 4/3/24 shows EBP precautions should be followed including gowns and gloves for residents during high contact care activities including dressing, bathing, transferring, showering, changing linen, toileting, changing briefs, wound care, or device care including handling urinary catheters.