Department of Health & Human Services Centers for Medicare & Medicaid Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2022	
NAME OF PROVIDER OR SUPPLIER Aperion Care Capitol		STREET ADDRESS, CITY, STATE, ZIP CODE 555 West Carpenter		
		Springfield, IL 62702		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0760	Ensure that residents are free from significant medication errors.			
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42636			
Residents Affected - Few	Based on interview and record review, the facility failed to prevent significant medication errors in 1 of 6 residents (R2), reviewed for medications in the sample of 7. This failure resulted in R2 not receiving a medication that subsequently led to admittance to the hospital.			
	Findings include:			
	On 10/6/22 at 9:40 AM, R2, stated, she takes Carafate, (Sucralfate), 4 times per day, before meals and at bedtime. R2 stated, when she first went on the Carafate, she wasn't getting it at the proper times and she ended up in the hospital twice with a gastrointestinal, (GI), bleed but, she isn't sure if it was caused by that. R2 stated, she has had 3 scopes and several units of blood between the 2 hospitalization s but, they figured out I had 3 bleeding ulcers that was causing the problems and they are healed now, but the doctor says I will always have to take the Carafate and iron.			
	R2's Face Sheet, undated, documents R2 has a diagnosis of Gastro-Esophageal Reflux Disease, (GERD), and Anemia.			
	R2's Minimum Data Set (MDS), dated [DATE], documents R2 is cognitively intact.			
	R2's Care Plan, dated 12/30/21, documents R2 has Anemia and to give medications as ordered.			
	R2's Hospital After Visit Summary, dated 6/29/22, documents R2 was admitted [DATE] with a diagnosis of GI bleed and a physician's order for Sucralfate 1 gram by mouth 4 times daily before meals and nightly for 30 days.			
	R2's Medication Administration Record (MAR), dated 6/1/22 - 6/30/22, fails to document the Sucralfate physician's order.			
	R2's Physician Order Sheet, dated June 2022, fails to document the Sucralfate ordered on 6/29/22 upon R2's discharge from the hospital.			
	(continued on next page)			

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

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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 0760 Level of Harm - Actual harm Residents Affected - Few	 today for complaints of diarrhea. Sh since Friday. She denies seeing an hospitalized for GI bleed and discharmonths. She was started on Maalor medication profile, it appears the C and at bedtime. She is tired and fat vomiting. Later in afternoon, a critic was 5.9 and hematocrit 20.7. (R2) of further work-up. R2's MAR, dated 7/1/22 - 7/31/22, of 7/12/22 for Sucralfate 1 gram by R2's Progress Note, dated 7/12/22 to get update on resident from yest (Intensive Care Unit) at this time for R2's MAR, dated 7/1/22 - 7/31/22, get update on 7/11/22 - 7/31/22, get update on 7/11/22, dated 7/18, On 10/6/22 at 10:35 AM, V4, Licens order for Carafate. On 10/7/22 at 9:05 AM, V10, R2's F through 7/11/22, could have contrib V10 stated Carafate is like a chalk production. V10 stated Carafate is any order should be followed and if V10 stated if the ulcer is not healed there is not something else going on On 10/7/22 at 10:05 AM, V1, Admir 	goes on to document a subsequent or /22, for Carafate 1 gram by mouth 4 tin sed Practical Nurse (LPN), stated R2 c Physician, stated R2 not getting the Ca buted to her subsequent hospital readm and gets in between the mucosa of the normally given for 4-6 weeks to aid in f i not taken for that time frame, could ha I within the 4-6 weeks, he would follow	d diarrhea right after her meals minal pain. She was recently to have a follow up with GI in 3 awn today. In looking at (R2's) get this 4 times per day with meal chills, body aches, nausea, or alled to facility. Her hemoglobin or possible blood transfusion and 7/11/22 with a discontinuation date r gastric ulcers. //iter called (hospital) this morning Resident is admitted to ICU ler following R2's readmission to nes daily for gastric distress. ame back from the hospital with a rafate as ordered from 6/29/22 hission on 7/11/22 for the GI bleed GI tract and decreases the acid nealing gastric ulcers. V10 stated ve delayed the time for healing. up with an endoscopy to ensure urses to follow physician orders.