

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Chicago Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 490 West 16th Place Chicago Heights, IL 60411	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>40798</p> <p>Based on interview and record review, the facility failed to ensure 1 of 3 residents (R4) reviewed for abuse in the sample of 11 was free of resident to resident physical abuse.</p> <p>The findings include:</p> <p>On 6/14/24 at 11:25 AM, R4 said R3 hit her eye about a month or two ago. R4 said she was just sitting and eating a candy bar and R3 just came up and hit her in the eye. R4 said she does not know if anyone saw it happen, but she called for a nurse to help her. R4 said she did not go to the hospital and her right eye was red at first, but everything ended up being OK.</p> <p>On 6/14/24 at 10:03 AM, R3 said she muffed R4, but now they get along. When asked what muffed means, R3 demonstrated pushing her fingers into the middle of her forehead and causing her head to go back.</p> <p>On 6/14/24 at 12:12 PM, V16, Registered Nurse (RN), said a staff member (cannot recall who), came and reported that R3 and R4 were arguing and by the time she got to R4's room, R3 was not there and R4 had a red eye. R4 told V16 that R3 asked R4 for something and R4 said no and an altercation started and R3 hit R4 in the eye. V16 reviewed her documentation in R4's chart from 3/17/24 at 4:29 PM and said it was accurate.</p> <p>On 6/14/24 at 12:53 PM, V6, Social Services Director, said she was the manager on duty and was in the facility doing her rounds. V6 said R4 called her name and told her R3 had hit her. V6 said she took R4 to the nurse (does not recall which nurse) and explained to the nurse what R4 had reported. V6 said the nurse remained with R4 and V6 went to talk to R3. V6 said R3 admitted to hitting R4 after R4 would not give R3 something she was eating.</p> <p>On 6/14/24 at 12:35 PM, V1 Administrator/Abuse Coordinator, said R4 had gotten a candy bar from her personal snacks and took it to her room to eat it. R3 went to R4's room and asked R4 for some of the candy bar, R4 did not want to share, and they got into an altercation.</p> <p>Written and statements obtained by V1 (not dated) show R4 said R3 wanted some of her candy bar, and I (R4) said no. She (R3) hit me, I (R4) went and told V6.</p> <p>(continued on next page)</p>

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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's current care plan provided by the facility shows R4 is at risk for potential abuse and will remain free from harm. V16's Nurses Note dated 3/17/24 at 4:29 PM shows R4 engaged in an altercation and sustained redness to her right eye. The other resident involved was sent to the hospital for a psychiatric evaluation.</p> <p>R4's physician's Daily Progress Note dated 3/19/24 shows R4 was seen for a chief complaint of trauma to her right eye. R4's Nurses Note dated 3/19/24 at 9:10 AM shows R4 has redness to her right eye with pain to the back of her eye when moving. R4 is to see the optometrist on 3/21/24.</p> <p>The facility's Abuse, Prevention and Reporting-Illinois Policy (revised 12/17/21) shows the facility affirms the right of residents to be free from abuse. Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting.</p>		