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| 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 08/23/2024 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>22499</p> <p>Based on observation, interview and record review the facility failed to ensure a resident was free from misappropriation of his property.</p> <p>This applies to 1 of 3 residents (R1) reviewed for abuse/misappropriation in the sample of 6.</p> <p>The findings include:</p> <p>The facility reported incident dated 7/11/24 states, (R1) stated that he asked a staff member, (V6) to take his link card to purchase him some beverages at the store. (R1) stated that the staff member never returned his card. (V6) is no longer an employee of the facility. (R1) canceled his Link card and the money will be transferred to his new card. No observations of emotional nor mental distress noted.</p> <p>On 8/23/24 at 10:45 AM, R1 was ambulating in the hall towards his room. R1 agreed to speak with Surveyor in his room. R1 stated, Someone took my (Link) card- I thought I gave it to someone I could trust to get me some snacks and they never brought it back. I have a card now (Resident removed card from his pocket and showed it to Surveyor) but there is no money on it. I know the police were here and that scared me because I didn't do anything wrong. I want to get out of here but they won't give me any information and I don't have a card with any money on it.</p> <p>On 8/23/24 at 11:00 AM V3 (PRSD- Psychosocial Rehabilitation Director) stated, He reported to staff that he was missing his Link card- I passed it on to my superiors.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R1's Progress Notes dated 7/11/24 written by V3 document, Today, Resident reported that he gave his Link Card to a particular Staff member (V6) to buy him beverages at the store. Resident reports that the Staff member didn't return his card. This information was immediately reported. The (City) Police Department was called and two (2) Officers came to the facility to complete an interview with the Resident. Report # was given. PRSD (Internet searched) Link to find a number to call and report the card, as well as provide this entity with the report # and advocate on behalf of the Resident to cancel the card with hopes of Resident receiving a new card with an updated balance. Social Services contacted the (State) Link Card Services through the (State) Department of Human Services and spoke to (a) Representative and made her aware of what was verbally reported by Resident. Social Services also provided (Representative) with the Police Report # and (Representative) stated that she would promptly cancel the card that was issued to Resident. (Representative) also explained that once the Resident received his new card, the instructions on how to set up a new pin would be enclosed also. Resident expressed his thanks and call was then completed. PRSD allowed him time to process and PRSD sought the Resident out again to provide education on the importance of allowing Social Services to assist him with his food purchases, providing receipts to him, and encouraging Resident to allow Management to keep his card in the safe to avoid loss, theft, and/or damage to his new card. Resident verbally agreed to allow Management to hold the new card in the safe for him and PRSD would help him manage his card, including purchasing his personal snacks. Resident stated that he felt much better knowing that the card would be replaced. No other concerns at this time. Staff will monitor as needed and will address any concerns as they incur.</p> <p>On 8/23/24 at 11:49 AM V4 (Activity Aide) stated, (R1) needed (V6) to get him some snacks so he gave her the card. I called (V6) and she came back and gave it to him- she was no longer an employee here. I'm not sure how long she had it.</p> <p>An undated written statement from V4 reads, I, (V4) was notified by resident (R1) that former employee (V6) had possession of his Snap Benefits Card. After several attempts of reaching out so I can gain his property back, (V6) finally gave it to me so I can return it back to him. (R1) now has his property back.</p> <p>On 8/23/24 at 12:10 PM V5 (Corporate Psychosocial Rehabilitation Director) stated, (R1) stated he gave a staff member his Link card so she could get him some snacks and she never gave it back. The day I reported it to (State Agency) was the day I found out about it. The staff member (V6) was employed at the time it was taken but she was not employed when (R1) reported it. I called the employee (V6) and she said she wasn't sure if she had the card or not and said she would look for it and call me back- I never heard from her again. I called the (Police) and filed a report. They immediately canceled the card so it really didn't matter anymore because the card didn't work anymore.</p> <p>V5's written statement dated 7/11/24 states, This writer assisted resident in making a police report. This writer called (V6) to inquire about the Link Card. When this writer asked (V6) if she had the card, she said, I probably do, I'll check today. She stated to give her an hour and she would let me know if she found the card.</p> <p>V6's Employee File shows a document entitled Human Resources Notice of Corrective Action dated 5/20/24 (51 days prior to R1 reporting his card missing). This document states, Final Written Warning and (for another disciplinary reason) Associate's employment will be severed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The facility policy entitled Abuse Prevention and Reporting dated 10/24/22 states, The facility affirms the right of our resident to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property and mistreatment of residents .</p> | | |