

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 11/22/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>41758</p> <p>Based on interview and record, the facility failed to follow their policy by failing to notify the responsible party for a resident when the resident was discharge to the hospital. This failure affected one of three (R1) residents reviewed for notification on the sample list of six.</p> <p>Findings Include:</p> <p>On 11/21/24 at 1:50pm, V10 (R1's guardian) said, she was not notified when R1 was discharged to the hospital.</p> <p>On 11/22/24 at 10:17am, V29 (nurse) said, all of R1's paperwork and notifications were done prior to her shift. V29 said, her duty was to wait to the hospital to call to accept R1, call the ambulance to pick up and send R1 to the hospital. V29 said, she would call the family after the resident has been admitted to the hospital. V29 said, R1 was not admitted to the hospital prior to the end of her shift. R1 was under observation. V29 said, she did not do any notify R1's guardian because R1 was not admitted .</p> <p>On 11/22/24 at 2:04pm, V1 (administrator/nurse) said, R1 does not have any notification in her electronic record to R1's guardians prior to R1 being sent to the hospital. When a resident is sent to the hospital, the resident's power of attorney or guardian should be notified.</p> <p>Progress note dated 10/28/24 documents: Resident (R1) was display increased agitation and delusions. Threatening staff. V19 (NP) was made aware of resident behavior new order was given to send resident to hospital for psych evaluation. All order were noted and carried out. No notification was documented in R1's electronic record.</p> <p>Progress note dated 10/29/24 documents: Ambulance arrived to facility at 2000. Writer met with them at front door prior to entering explained in full detail reason for transfer. Resident was hesitate at first when asked to come up front. With staff assistance she eventually agreed. Paramedics explained reason for transfer. Resident assisted with transfer transported to the hospital for further evaluation.</p> <p>Notification Policy dated 10/1/15 documents: To ensure that medical care problems are communicated to the attending physician or authorized designee and family/responsible party in a timely, efficient, and effective manner. A decision to transfer or discharge the resident from the facility.</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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