

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 02/23/2025
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38796</p> <p>Based on interview and record review the facility failed to follow the discharge policy and give a copy of notice to discharge to the resident representative for one of three residents (R1) reviewed for discharge notice.</p> <p>Findings include:</p> <p>R1 face sheet shows diagnosis of schizophrenia, anxiety disorder, schizoaffective disorder, non-compliance with medication regimen for other reasons. R1 MDS dated ,d+[DATE] section Q denotes yes, that R1 plan to return to the community, section C for cognition, R1 BIMS score is 15 (cognitively intact), section GG for functional abilities shows R1 helper provides verbal cues for activities of daily living.</p> <p>On 2/22/25 at 10:18am V2 said R1 was involuntary discharged because R1 physically assaulted the staff, the safety of individuals in the facility is endangered due to R1 behavior/physical assault. V2 said R1 guardian received verbal notice of the transfer and discharge however she did not give R1's guardian a copy of the notice of involuntary transfer or discharge and opportunity for hearing for nursing home residents. Review of the notice with V2, V2 stated that she did check the box that the bed hold notice was given to the resident representative along with a copy of the notice. V2 confirmed that she did not give the resident representative a copy of the notice.</p> <p>R1 notice of involuntary transfer or discharge and opportunity for hearing for nursing home residents dated on 12/18/2024.</p> <p>Facility policy titled notice of transfer and discharge date d 3/22/2017 denotes in-part prior to discharge or transfer the facility will notify the resident and the resident representative of the transfer or discharge and the reason for the move in writing and in a language and manner they understand. The facility will send a copy of the notice to a representative of the office of the long-term care ombudsman. This may be done by submitting a monthly list of discharges to the ombudsman. For a resident-initiated transfer or discharges sending a copy of the notice to the ombudsman is not required. Record the reason for the transfer or discharge in the resident medical record. Timing of written notice except as otherwise specified below the notice of transfer or discharge will be made at least 30 days before the resident is transferred or discharged .</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
---	-------	-----------