STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145180	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Chicago Heights	490 West 16th Place Chicago Heights, IL 60411

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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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview, and record review, the facility failed to follow policy by not matching residents' diet orders to food trays during meal service, and failed to have a system in place to ensure that the prescribed diet was served and ensured tray accuracy (that each resident receives food that is prepared in a form designed to avoid allergies and meet each individual's needs and preferences). These failures have the potential to result in residents receiving the wrong diet and can affect all 139 residents in the facility. Findings include: On 1/26/26 after the entrance conference, V1(Administrator) presented the facility census as 139. On 1/27/26 at 10:56am, V1 stated that all 139 residents receive oral foods from the kitchen.On 1/26/26 between 12:15pm and 12:45pm during lunch service, surveyors observed meal service to residents in the dining room. Dietary staff were observed dishing foods into each tray without tray cards and without any communication from the staff (V13/CNA/Certified Nurse Assistant) who was holding the Diet Order Report. Residents received the food trays, ate, and left the dining room. The surveyor asked V13 about how the kitchen staff that was dishing the foods into the plates knows what kind of diet order a particular resident has; V13 showed the Diet Type Report in his hand to the surveyor; this was not called or used to alert staff that a certain resident should get a certain diet type. V2(Director of Nursing), who was also present in the dining room was notified of this issue and V2 stated that V13 was supposed to call the diet so each resident will get the correct diet as ordered by the physician.V14(RN/Registered Nurse) who was also helping in the dining room was asked about tray tickets or tray cards that should show the diet order/preference/allergies for each resident; V14 stated that there are no tray tickets, but that staff should call the diet for each resident before handing them the tray.On 1/27/26 at 11:40am, V7(Dietary Manager) stated that that she(V7) cannot say that the dietary staff knows each resident's diet order by heart because there are different diets, and there 4 residents on mechanical soft diet. V7 added I don't know why they did not call the diets yesterday. Today, I will make sure they do it. V7 added that she(V7) has worked in other facilities before and they used tray cards, but they don't use tray cards here. At this time, V7 presented the Diet Type Report was reviewed and shows different residents with different diet orders as follows: Mechanical Soft Diet (for residents with swallowing difficulties)- 4 residents. No Concentrated sweets diet - 4 Residents.Low Concentrated Sweets No Added Salt diet - 7 Residents.No Added Salt Diet - 4 Residents.The Diet Type Report shows a few residents on No Added Salt/Low fat/Low Cholesterol diet, and other residents are on General Diet.This Diet Type Report also shows other residents with different allergies, food preferences and orders for large portion sizes.On 1/27/26 at 10:05am, V1 presented an alphabetically arranged Diet Type Report that shows the different diets for each resident. V1 stated that when she(V1) started working at this facility a few years ago, the facility was not using tray cards, but she(V1) would look into it. V1 explained that all dietary staff and CNAs were given in-service about Name Call with Meals. V1 presented the In-service sign in sheet dated 1/26/26 that states: Call Meal per Call Sheet; All Diets are not the same; Follow Diet per MD Order; Record percentages accurately. V1 also presented a policy titled Guideline & Procedure Manual dated 2020 - Meal Identification, Resident Meal Card. This policy states: All residents shall have a tray card on file indicating significant food preferences, (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	including any for religious or cultural preferences, diet orders, food allergies, and any other nutritional needs. Resident trade cards shall be utilized by dining services staff to identify and provide accurate mail service for the individual while honoring their dining needs and preferences. #2: A temporary male card containing the residence name, room number, and diet order may be used for the first several meals, until the resident information is entered into the mail card program or a laminated three card is prepared. #3: Resident Evil cast will include residence name, room number, diets order, significant food preferences or dislikes, and any other specific diets or care plan initiatives. Food allergies will be clearly noted. #4: Resident male cats will be used during meal service to ensure proper diets are served and food preferences and care plan initiatives are offered and encouraged.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure that: food carts were free of dried food spills; the floor of the dry storage room was kept clean and free of visible dirt, and the wall air vent return was free of accumulated dust. These failures have the potential to affect all 139 residents that receive oral foods from the facility's kitchen. Findings include:On 1/26/26 after the entrance conference, V1(Administrator) presented the facility's census as 139. No residents have NPO status (receive nothing by mouth).On 1/12/26 between 9:35am and 10:00am during observation of the kitchen with V7(Dietary Manager), the floor of the Dry Storage Area of the kitchen was observed with visible accumulated dust, and visible dirt. V7 stated that the floor of the whole kitchen is supposed to be cleaned on supply days by the utility staff. Also, one kitchen cart was observed with dried food spills and visible dirt; V7 stated that the carts should be cleaned daily. In addition, the wall air return vent had a lot of accumulated dust. V7 stated that the vent would be cleaned.Facility's Dietary Policy titled OnTray Dietary Policies and Procedures- Ceiling Vents states: Purpose- To ensure food safety; The Ceiling Vents should be cleaned quarterly or more often, if needed, by Maintenance, with support from kitchen staff. It is recommended that Maintenance assists in removing and replacing the vents monthly. Dietary staff can wash the removable parts.Facility's undated Kitchen Cleaning Schedule Daily Cleaning Schedule states in part: Sweep and mop kitchen floor, Clean Food carts, Sweep and Mop Storeroom.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview and record review, the facility failed to ensure that the outside dumpster garbage disposal was covered with the lids and failed to ensure that the floor around the dumpsters were free of bags of trash and spilled trash, thus creating an unsanitary environment. These failures have the potential to cause harboring of rodents which can affect all 139 residents in the facility.Findings include:On 1/26/26 after the entrance conference, V1(Administrator) presented the facility census as 139.On 1/26/26 at 9:52am, after kitchen observation with V7(Dietary Manager), the outside dumpster was observed to be open without lids, with bags of trash and spilled trash on the floor around the dumpster. V7 stated that the garbage truck should have come on Friday, and because of the weekend, the garbage was overflowing. Again on 1/26/26 at 11:20am, the surveyor observed the same dumpster still in the same condition without covers and with trash on the floor. On 1/27 26 at 10:20am, V7 stated that leaving dumpsters open could cause rodents to come around the building, and that she(V7) would notify maintenance to call the garbage truck. Facility's policy titled Garbage and Rubbish Disposal dated 2020 states: Garbage and rubbish will be disposed of to ensure a clean and sanitary kitchen that does not encourage insects or rodents. All outside dumpsters will be maintained in clean and sanitary condition. #1: All garbage or rubbish is to be put into waste containers which are emptied as often as necessary to prevent overfilling. This will assist in the prevention of odors, pests, and possible contamination. #4: All containers will be provided with tight-fitting lids or covers and will be leak proof and waterproof. All garbage and rubbish containing food waste are covered when not in immediate use so as to be inaccessible to vermin. #8: Outdoor trash receptacles will be kept covered and the surrounding area kept free of litter.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to ensure that staff sanitize the tables in the dining area in between residents and failed to ensure that residents were assisted with hand hygiene before eating. This failure has the potential to affect all 139 residents currently residing at the facility. Findings include:Resident census provided by V1 (Administrator) upon entrance-139.On 1/26/2026 at 12:18PM during lunch observation, surveyor observed that the facility is using one dining room for all the residents. Some residents were already eating, while others were observed lined up in the hallway, waiting to be called. The residents who finished their food were noted leaving the dining area with their tray, while other residents will come in and sit on the same spot just vacated by another resident. Some of the tables were noted with food crumbs and garbage left by residents who have finished eating and the one coming in will just sit and eat on the dirty table. There is no organization as to who sits where, or the number of residents eating at a particular time before others comes in.Surveyor also noted many staff members in the dining area assisting with trays, others just standing around, but no one was observed assisting residents with hand hygiene before they eat or cleaning / sanitizing the tables between residents.On 01/26/2026 at 1:45 PM, Surveyor presented this observation to V1 (Administrator) who said that staff are supposed to sanitize the tables after each resident, before another resident sits on the same spot.On 1/27/2026 at 10:07AM, V4 (Infection Control Nurse) said that during dining, residents are called 5 at a time, after they eat, the table will be sanitized by staff before another set of 5 residents comes in to sit and eat. This process is to enhance infection control during dining. Facility was not following this process.Hand hygiene/handwashing policy revised 7/30/2024 provided by V1 (Administrator) sates: hand hygiene means cleaning your hands by using either handwashing (washing hands with soap and water) antiseptic hand wash, or antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel).Examples of when to perform hand hygiene (either alcohol-based hand sanitizer or handwashing listed in part: At room entry, before exiting room, before eating.Surveyor requested for facility policy on hand hygiene and sanitizing the dining area during meals, but none was provided.A document titled cleaning instructions, tables and chairs (undated) provided by V1 (Administrator) stated that dining room table and chairs will be cleaned and sanitized on a regular basis. Under procedure #4 stated that dining room chairs will be wiped down after each meal, or as needed using a clean cloth and hot, soapy water. Chairs covered in cloth may be brushed or vacuumed instead.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review, the facility failed to follow policy and procedure and failed to clean the lint screen thoroughly to provide a safe environment for the residents. This failure has the potential to affect all 139 residents at the facility.Findings include:Facility census dated 1/26/26, documents 139 residents residing in the facility.On 1/27/26 at 11:36am, accompanied by V10 (EVS/Environmental Services Supervisor), a tour of the facility's laundry room was conducted. V10 opened the lint compartment for dryer #3 and the lint compartment floor had loose lint on the floor and the lint screen was fully covered with lint. V10 said, Uh oh. Looks like they (laundry staff) didn't clean the lint out today. V10 removed the lint from the lint screen and the bottom of the compartment floor and disposed of the lint in the trash. V10 stated, We (laundry staff) clean the lint compartments out every Monday, Wednesday, and Friday because we (facility) launder out most of the laundry. The facility dryers are used for rags and maybe a few other things. The lint is cleaned out for safety and so a fire doesn't start.Facility presented document, untitled, dated 12/31/25 through 1/30/2026, shows that the dryer lint compartments were cleaned on Mondays, Wednesdays, and Fridays. There is no indication that the dryer lint compartments were cleaned more frequently. Record review of facility policy titled, Section: Laundry Services/Maintenance; Subject: Safety Procedures or Dryers in Laundry Department, dated 1/20/2025, documents, in part, Purpose: Preventative maintenance is very important for safety in the laundry department. Safety can be maintained if the following steps are practiced: 1. Clean lint screens can be maintained at least every 3 loads or every 2 hours by the laundry personnel. (Whichever comes first). Daily/Weekly Preventative maintenance, if not followed, will restrict the motor internal air flow causing overheating and irreparable motor damage. Laundry personnel can assist with the safety rules by: 2. Cleaning lint screens according to schedule.Record review of facility provided pamphlet titled, RESIDENTS' RIGHTS' For People In Long-Term Care facilities, revised date 11/18, documents, in part, . Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide equal access to quality care regardless of diagnosis. Your facility must be safe, clean, comfortable, and homelike. You may participate in developing a person-centered care plan which states all the services your facility will provide to you and everything you are expected to do. This plan must include your personal and cultural choices. Your facility must make reasonable arrangements to meet your needs and choices. You should receive the services and/or items included in the plan of care.

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F 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Put firmly secured handrails on each side of hallways. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to secure handrails to the corridor walls. This failure has the potential to affect all 139 residents that reside within the facility.Findings include:Facility census (1/26/2026) documents in part that 139 residents reside within the facility.On 1/26/2026 at 10:25 AM, observed the handrail next to room [ROOM NUMBER] loose and able to be displaced 4-5 inches on the wall and unsecured to the wall. V1 (Administrator) observed the handrail and confirmed the findings. V1 stated the purpose of handrails is for safety and to prevent falls.On 1/26/2026 at 10:28, observed V1 testing other handrails down the corridor to check if they were firmly secured and observed walking with a cane down the hallway with an abnormal gait. V1 grabbed the handrail outside of the master shower room, near 143 and the rail fully detached from the wall and hit the floor. R19 was visibly startled and told V1, Wow that really could have hurt me.R19's care plan documents R19 has activity of daily living self-care deficits, R19 uses a cane/split to the left lower extremity during ambulation and requires supervision/touching assistance while ambulating.On 1/26/2026 at 10:35 AM, observed the handrail hanging from the wall by the nurse's station/room [ROOM NUMBER] with holes in the wall approximately 3-4 inches in diameter where the side rail was affixed to the wall. V15 (Licensed Practical Nurse) observed the handrail hanging from the wall and stated, yeah, that is not secured. That's a hazard. Maintenance should be coming to fix it.On 1/26/2026 at 10:37 AM, V8 (Maintenance Director) observed the handrail hanging from the wall by the nurse's station/room [ROOM NUMBER] with holes in the wall and confirmed the observation. V8 stated, I'm working on it now, and I'll have those holes patched up today. V8 explained that the purpose of the handrails is for the safety of the residents. V8 stated, we have a lot of residents here that don't walk right so it helps them to keep their balance, so they don't fall. The handrails come loose a lot because the residents who can do for themselves lean on them. V8 affirmed that the facility expectation is that handrails are checked every day to ensure they are firmly secured to the wall.Facility policy titled, Handrails and Grab Bars (1/20/2025) documents, Purpose To reduce the risk of slips, trips, and falls by ensuring that handrails and grab bars are properly installed, maintained, and used in accordance with applicable healthcare regulations and safety standards. Handrails must be installed on both sides of corridors in patient care areas and on stairways and ramps. Handrails and grab bars shall be inspected routinely during monthly rounds and repaired promptly by maintenance staff.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure that five residents (R52, R64, R93, R119 and R136) had a clean and sanitary bathroom. This failure affected a total of five residents reviewed for resident's rights to enjoy a clean, homelike environment, in a total sample of 54 residents.Findings include: On 1/26/26 at 10:29am, upon entering R52's and R64's room, a strong, pervasive odor of urine was detected. Upon entering R52's and R64's, which is also shared with R93, R119 and R136, a large puddle of urine which spread out from the area around the toilet was observed. On 1/26/26 at 10:30am, R52 said, I don't know who pissed on the floor. It (R52's and R64's) always smells like piss in here. R52's face sheet documents diagnoses that include but are not limited to psychosis, schizophrenia, hallucinations, and violent behavior. R52's BIMS (brief interview for mental status) score, dated 1/14/2026, is 12 which indicates R52's cognition is moderately impaired. On 1/26/26 at 10:33am, R64 said, There's been pee on our bathroom floor before. Sometimes, I have to use a different bathroom. I'd like for there not to be pee on the floor, but I guess some people can't make it in the toilet. R64's face sheet documents diagnoses that include but are not limited to chronic obstructive pulmonary disease and schizoaffective disorder. R64's BIMS (brief interview for mental status) score, dated 12/16/2025, is 15 which indicates R64 is cognitively intact. On 1/26/26 at 10:35am, R119 said, It's alright here. Yeah, the resident in the other room is always pissing on the floor. Don't know what his (other resident) problem is. Nasty! R119's face sheet documents diagnoses that include but are not limited to diabetes, chronic obstructive pulmonary disease, and psychotic disorder. R119's BIMS (brief interview for mental status) score, dated 12/11/2025, is 15 which indicates R119 is cognitively intact. On 1/26/26 at 10:39am, during observation of R52, R64, R93, R119 and R136's bathroom, with V11 (Housekeeper), V11 said, Oh yeah, that's urine. That resident (pointing to R52) is always urinating on the floor. I haven't gotten to this room yet. I'll get this cleaned up. Record review of facility's job description titled, Housekeeper, dated 3/23/2017, documents, in part, The primary purpose of the Housekeeper is perform the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, and/ or the Director of Environmental Services, to assure that our facility is maintained in a clean, safe, and comfortable manner. Clean floors to include sweeping, dusting, damp/wet mopping, stripping, waxing, buffing, disinfecting etc. Record review of facility provided pamphlet titled, RESIDENTS' RIGHTS' For People In Long-Term Care facilities, revised date 11/18, documents, in part, . Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide equal access to quality care regardless of diagnosis. Your facility must be safe, clean, comfortable, and homelike. You may participate in developing a person-centered care plan which states all the services your facility will provide to you and everything you are expected to do. This plan must include your personal and cultural choices. Your facility must make reasonable arrangements to meet your needs and choices. You should receive the services and/or items included in the plan of care.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their comprehensive care plan policy by failing to develop a person centered care plan for a resident to include measurable objectives and timeframes to meet the resident's medical and nursing needs that were identified in the comprehensive assessment for Anemia, Type 2 Diabetes Mellitus, Hypertension, and Hyperlipidemia for one (R20) resident of 54 residents reviewed for care plans.Findings include:R20 is [AGE] years of age. Current diagnoses include but are not limited to Type 2 Diabetes Mellitus, Hypertension, Hyperlipidemia, Anemia, Pyothorax without Fistula, Emphysema, Paranoid Personality Disorder, Pneumonia, and Paranoid Schizophrenia.R20's comprehensive assessment section C Cognitive Patterns dated 01/14/2025 documents a brief interview for mental status score of 15 which indicates R1 is cognitively intact.On 01/27/2026 at 2:25 PM, V21 MDS (Minimum Data Set) Coordinator was inquired of R20 not having a care plan for his medical diagnoses. V21 said, R20 has Anemia, Type 2 Diabetes, Hypertension, and Elevated Cholesterol. He's taking medication for them. He's on Metformin for his diabetes, Carvedilol for hypertension, and Atorvastatin for cholesterol. I don't see it on his care plan. He should have a care plan so the caregiver knows what's going on and how to give care for what his diagnosis are and what care he should be receiving.R20's admission comprehensive assessment section I active diagnoses dated 10/02/2025 documents his medical conditions in part as Anemia, Type 2 Diabetes Mellitus, Hypertension, and Hyperlipidemia.R20's admission [DATE] and current January 2026 care plans do not document his medical conditions of Anemia, Type 2 Diabetes Mellitus, hypertension, and Hyperlipidemia.R20's medication administration record documents the following physician ordered medications to be administered- Sodium Chloride tablet 1 gram by mouth three times a day related to anemia start date 9/26/2025. Carvedilol oral tablet 6.25mg (milligrams) give 1 tablet by mouth two times a day related to hypertension start date 9/26/2025. Hydralazine HCl (Hydrochloride) 10mg oral tablet give 1 tablet by mouth every 6 hours as needed for elevated blood pressure related to hypertension start date 9/26/2025. Metformin HCl (Hydrochloride) oral tablet 500mg give one tablet by mouth two times a day related to type 2 diabetes mellitus start date 9/26/2025. Atorvastatin Calcium oral tablet 10mg give 1 tablet by mouth at bedtime related to hyperlipidemia start date 9/26/2025. These medications were administered by nursing staff as prescribed by the physician from 9/26/25 through 01/29/2026.The revised 11/17/17 comprehensive care plan policy states in part:Purpose: To develop a comprehensive care plan that directs the care team and incorporates the resident's goals, preferences, and services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Guidelines: The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.The comprehensive care plan must describe the following:o The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-beingo Any services that would otherwise be required but are not provided due to the resident's exercise of rights, including the right to refuse treatment.A comprehensive care plan must be-o Developed within 7 days after completion of the comprehensive assessment.o Prepared by an interdisciplinary team, that includes but is not limited to-ˆ The attending physician.ˆ A registered nurse with responsibility for the resident.ˆ A nurse aide with responsibility for the resident.ˆ A member of food and nutrition services staff.ˆ To the extent practicable, the participation of the resident and the resident'srepresentative(s). An explanation should be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.ˆ Other (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.o Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. The CAAs provide a link between the MDS and care planning. The care plan should be revised on an ongoing basis to reflect changes in the resident and the care that the resident is receiving.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that staff carry out physician orders and failed to ensure that resident received ordered medications for his skin condition. This failure affected one (R2) of one resident reviewed for skin condition in a total sample of 54.Findings include:R2 is [AGE] years old and have resided at the facility since 2024, face sheet lists the following medical history: major depressive disorder, bipolar disorder, cellulitis lower limb, type 2 diabetes, essential primary hypertension, hypothyroidism, etc.On 01/26/2026 at 10:10AM, R2 was noted with very dry scaly skin on both hands and legs, he stated that he can take his own shower, the dry skin is from eczema, he is supposed to get a cream three times a day, but the nurses do not give it to him, they tell him that he was supposed to remind them. On 01/27/2026 at 9:50 AM, R2 was observed again still with dry scaly skin on both hands and legs, stated that he did not get any cream yet.Per record review, R2 have the following order, MD Appointment: Please schedule urgent appointment with dermatology for eval of bilateral hands, order date 10/9/2025.On 1/27/2026 at 2:45PM, V2 (DON) was asked about the above order, and she said that R2 went to the dermatologist and have a follow up appointment scheduled. Surveyor requested for the after-visit summary from the appointment.On 1/28/2026 around 8:30AM, V2 presented the after-visit summary for R2 dated 1/12/2026 which showed the following orders:Triamcinolone Acetonide External Ointment 0.1 % (Triamcinolone Acetonide (Topical)) Apply to hands and feet topically two times a day related to CELLULITIS OF LEFT LOWER LIMB (L03.116) for 14 Days cover with Vaseline.Diphenhydramine HCl Capsule 25 MG Give 1 capsule by mouth two times a day for Allergies for 14 Days.Ivermectin Oral Tablet 3 MG (Ivermectin) Give 4 tablet by mouth one time only for Rash until 01/28/2026 23:59.Fluocinonide 0.05% ointment, twice daily to hands and feet x 2 weeks.Antihistamine twice daily, Allegra AM, Zyrtec PM.Review of resident's active physician orders showed the above medications with a start date of 1/27/2026 (the day surveyor inquired about resident's appointment)Review of resident's progress note showed the following documentation by V2 (DON) dated 1/27/2026 at 16:24: MD made aware of orders from resident dermatology appointment and order was given to put orders in now. All orders are noted and carried out. On 1/28/2026 at 10:34AM, V2 (DON) said that the resident went to the dermatologist on 1/12/2026 but the orders from the doctor were not carried out. She called the doctor yesterday (after surveyor requested to see the after-visit summary) and the doctor told V2 to put the orders in now. V2 said that she spoke to the assigned nurse yesterday and she told her that the orders were not carried out because she forgot. V2 said that the expectation is for the assigned nurse to contact the doctor and verify any new orders when residents return from appointments and then carry out the orders. V2 added that the resident has missed those medications for 2 weeks now.On 1/28/2026 at 11:19AM, V24 (RN) said that she was the assigned nurse for the resident the day he went to the dermatologist on 3PM to 11:00PM shift. V24 did not know that the resident went for an appointment, there was no documentation, and she did not receive any report from the outgoing nurse. V24 added that she did not see the after-visit summary or the new orders, she is not even sure that resident went out on her shift so it may have been in the morning. V24 said that the protocol they follow when a resident return from an appointment is to call the doctor, verify any new orders and carry them out. V24 did not tell V2 that she forgot to carry out the order, she told her that she was not aware of the order or resident going out on an appointment that day.Job description for Registered Nurse (RN) and Licensed Practical Nurse (LPN) dated 05/02/2017 states in part; the RN/LPN is responsible for providing direct nursing care to residents and to supervise the day-to-day nursing activities performed by nursing assistants. Such supervisions must to ensure that the highest degree of quality care is always maintained.Essential duties and responsibilities for RN and LPN include, receive and transcribe telephone orders from physicians and record on the physician's order form.Physician orders electronic signing, confirming and monthly review policy (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145180	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Chicago Heights	490 West 16th Place Chicago Heights, IL 60411

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revised 1/11/18 states in part, when the nurse receives a physician order (verbal, telephone, prescriber written), the nurse will enter the order into the electronic medical record. The nurse will ensure that the orders entered are complete and accurate.