STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145197	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Oak Lawn	9401 South Ridgeland Avenue Oak Lawn, IL 60453

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 41156 Based on observation, interview and record review, the facility failed to provide incontinence care at least every two hours. This affected one of three residents (R1) reviewed for incontinence care. This failure resulted in R1 observed being soaked with urine through her pants, skin redden with indentations. Findings Include: R1's brief interview for mental status dated 4/26/24 documents a score of 15/15 which indicated cognitively intact. R1's minimum data set section H bowel and bladder dated 4/26/24 under urinary incontinence documents always incontinent. On 8/1/24 at 3:22PM, R1 who was assessed to be alert and oriented to person, place, and time, said, she was soaking wet. R1said, she had not received incontinence care since 6:00am when she got up to the wheelchair. V8 (Certified Nursing Assistant/CNA) and V9 (CNA) was observed providing R1's incontinence care. R1 was lifted via the mechanical lift. R1 was observed with a wet spot on the back of R1's pants that covered her entire buttock and a puddle of fluid that smelled of strong foul urine on R1's wheelchair pad. V8 said R1's pants are wet and that is a puddle of urine on R1's wheelchair cushion. R1's adult brief was observed saturated with a yellow-colored liquid that covered R1's entire brief. V8 and V9 both said, R1 was saturated with urine which had a strong smell. R1's bilateral posterior thighs and buttocks was observed redden with multiple indentation lines from the creases of her incontinent brief. R1 said she asked V19 (CNA) who was assigned her if she could be changed around noon, just before lunch and was ignored. R1 said V19 looked at her and walked pass. R1 said she did not refuse care. R1 said not being provided incontinence care made her feel like s**t and a dumb a** sap. On 8/1/24 at 3:37pm, V8 (CNA) said, R1 should be changed every two hours and as needed. R1 has never refused incontinence care. On 8/1/24 at 3:40pm, V9 (CNA) said, R1 should have been changed every two hours and as needed. R1 will ask to be change when she is wet. If R1 said, she asked staff, she asked. R1's care plan for incontinence revised date 9/8/21 documents to check and change resident upon awaking, ac (before meals), pc (After meals) and at bedtime. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145197	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Oak Lawn	9401 South Ridgeland Avenue Oak Lawn, IL 60453

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident Council Meeting Minutes on April 29, 2024 at 2:15pm. Reported by R1 that CNAs on 7-3 and 3-11 do not change resident in a timely manner. Resident Council Meeting Minutes on May 27, 2024 at 2PM, reported that CNAs are not changing them on time. On 8/6/24 at 9:00AM, V2 (Assistant Director of Nurses) stated regarding incontinence care, staff check the resident at least every 2 hours and as needed. If the linens and bed sheet are also wet, my expectation is for the staff to change the linens, because it is the right thing to do, for resident's dignity and resident rights. Incontinence Care with a revision date on 4/20/21, reads in part: To prevent excoriation and skin breakdown, discomfort and maintain dignity. Incontinent resident will be checked periodically in accordance with the assessed incontinent episodes or approximately every two hours and provided perineal and genital care after each episode.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145197	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Oak Lawn	9401 South Ridgeland Avenue Oak Lawn, IL 60453

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 41758 Based on observation, interview and record review, the facility failed to implement the Centers for Diseases Control and Prevention (CDC) practices for Covid-19 by not requiring the appropriate use personal protective equipment (PPE) for residents on contact/droplet precautions and in isolation. This affected two of two residents (R10, R11) reviewed for infection control. Findings Include: R10's hospital paperwork dated 7/29/24 documents: R10 presented on 7/26 with altered mental status (AMS) now found to have Covid. Isolation: Contact, Droplet Infection. R10's face sheet documents: Covid-19. Physician order sheet dated 8/1/24 documents: Strict Isolation-Droplet and contact precaution-Covid +, every shift for ten days. R10's care plan dated 8/1/24 documents: I have a Covid Infection. On 8/1/24 at 2:39pm, R10 who had droplet precaution signage on the door that documents keep door closed was observed with her door crack open. On 8/1/24 at 2:40pm, R11 was seen coming out of R10's isolation room. On 8/1/24 at 2:45pm, R11 who was assessed to be alert and orient to person place and time, said she was in R10's room visiting wearing a surgical mask and gown. R11 said, R10 was her friend who arrived last night. R11 said, R10 has Covid and she doesn't want to get Covid. On 8/1/24 at 2:49pm, V2 (Assistant Director of Nursing/ADON) said, R10 was Covid positive, on contact and droplet isolation and her door should be closed. V2 said, R11 should have not been in R10's room. V2 stated R11 said she was visiting R10. On 8/2/24 at 11:50am, R11 was observed in her bed with no face mask. R11 said, she was informed if she wanted to go visit R10, she would have to be placed in a semiprivate room. R11 said, R10 comes off isolation in four days and she would wait until then to visit R10. R11 said, V2 took off her mask and gown prior to her exiting R10's room. R11 said, she was not instructed to wear a mask after visiting R10, nor was she test or informed she had to be tested and she allowed to sleep in her room with her roommate R12. On 8/2/24 at 12:00 pm, R10 had red droplet precaution signage on the door that documents, keep door closed. R10's door was open about an inch wide. R10's room was located in the middle of the hallway surrounded by rooms on the left, right and across the hall. V12 (Central Supply Clerk) said, she was informed that R10 door had to stay cracked because she was a fall risk so when staff walk by R10's room they can look in. V12 said R10's door is slightly opened, that open space is more that cracked. V12 pulled R10 door closed to a crack. On 8/2/24 at 12:59pm, V2 said she informed R11 that if she wants to continue visiting R10, R11 would be placed in a semi- private room. V2 said, R11 replied, she would wait the four days until R10 is off isolation to visit again. We follow the CDC guidelines. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145197	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Oak Lawn	9401 South Ridgeland Avenue Oak Lawn, IL 60453

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/2/24 at 3:32pm, V2 said R11 was offered a face shield when entering R10's isolation room but refused it. V2 said, R11 did not want to wear a face shield. On 8/6/24 at 11:38am, V17 (Medical Director) said the must follow the policy developed by Centers for disease control and prevention (CDC) guidelines. Nursing note dated 8/2/24 documents: Resident (R11) spoken with regarding visiting other resident (R10) who is on isolation. Writer discussed that resident (R11) has the right to visit resident (R10) on isolation, but that room changes would need to occur, and she (R11) would be in a private room. Resident (R11) stated, she does not want to change rooms at this time and will wait until resident (R10) on isolation is off isolation protocol. Video of R10's hallway watched with V1 (Administrator) and V2 (ADON) showed R11 entering R10's room which had two droplet precaution signs on the door with a surgical mask and a gown on 8/1/24 at 2:30pm. R11 did not have on a face shield. Special Droplet/Contact Precautions Signage documents: Only essential personnel should enter this room. Keep door closed. Red Zone Droplet and Contact Precautions Signage dated 6/8/22 revised on 8/2/24 documents: Full personal protective equipment (PPE) to be used prior to entering room: N95 - dispose of N95 after exiting room and between each resident. Eye protection-Goggles or face shield (always). Infection Control Policy dated 3/5/20 documents: Core principles of Covid-19 Infection Control: Appropriated use of PPE when required.