Printed: 12/04/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER: Aperion Care Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE: 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33760 Based on interview and record review, the facility to ensure a resident was treated with dignity and respect for 1 of 3 residents (R5) reviewed for dignity in the sample of 10. The findings include: R5's facility assessment dated [DATE] show R5 has no cognitive impairment. On 9/6/24 at 9:30 AM, R5 was sitting in her wheelchair in the dining room. R5 said V13 (Certified Nursing Assistant/CNA) ignores her request to be put to bed by 8 PM. R5 said she was up early and just wants to go to bed by 8 PM because by then she is very tired. R5 said she had requested to V13 (CNA) more than once to put her to bed but V13 still puts her to bed around 9:30 PM. R5 said it makes her feel upset that V13 does not listen to her request. This bothers me a lot. On 9/6/24 at 11:30 AM. V13 (CNA) said V13 is R5's CNA on 3PM-11PM shift. V13 said V13 puts R5 to bed after the evening meal but cannot recall the exact time. When asked if R5 had been being put to bed around 8:00 PM as per R5's request, V13 again said V13 put R5 to bed but cannot recall the time. V13 did confirm that R5 is alert and able to verbalize her needs. On 9/6/24 at 1:15 PM, V10 (CNA) said R5 is up by the time she comes to work (7 AM). R5 is a night get up and does not go to bed until after evening meal. R5 is particular with her care, and she follows R5's direction when to be changed or when care is provided. On 9/6/24 at 12:00 PM V2 (Director of Nursing) said residents should be treated with dignity and respect and honor their preferences with their care. A Resident Council Minutes dated June 26/2024 show CNAs are good, however, they ignore the residents when they ask for certain things. The Facility Policy Entitled Dignity dated 11/28/12 show, The facility shall promote care for residents in a manner and in environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. The facility shall consider the resident's lifestyle and personal choices identified through the assessment processes to obtain a picture of his or her individual needs and preferences.

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: 145197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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** 34490 Based on interview and record review the facility failed to ensure a venous doppler ultrasound was performed in a timely manner for a 1 of 3 residents (R3) reviewed for quality of care in the sample of 10. The findings include: R3's Face Sheet shows that she is [AGE] years old with a diagnosis of chronic pulmonary embolism (blood clot in lungs). On 9/6/24 at 10:00 AM, R3 said that on a Friday she started having swelling in both of her legs and some pain. R3 said that she spoke to the nurse and the nurse said that she was going to have an ultrasound of her legs to make sure she did not have any blood clots since she has a history of a blood clot in her lungs. R3 said that they did not come to do the ultrasound until Tuesday and when they got results, she was sent to the hospital because the test came back showing she had a blood clot in her leg. On 9/6/24 at 10:08 AM, V14 (Licensed Practical Nurse) said that on Saturday (8/10/24), R3's legs were swollen, and she had pain in her legs. V14 said that she called the physician, and they ordered a stat ultrasound of her legs. V14 said that they did not come on Saturday, and she called them on Sunday and Monday. They kept saying they were coming out. On 9/6/24 at 11:00 AM, V14 said that on 8/10/24 she spoke to V15 (Nurse Practitioner) and a stat ultrasound of R3's lower legs was ordered due to the pain and swelling she was having. V14 said that she called the ultrasound company to order the test and they said that they could not come out until Sunday between 2 and 3 PM. V14 said that she did not call the physician/nurse practitioner back to let them know that the ultrasound company could not come out right away. V14 said that they finally came to the facility on Tuesday (8/13/24) around 11:00 AM. V14 reviewed R3's electronic medical record (EMR) and could not find any documentation that the physician or nurse practitioner was notified of R3's swelling and pain, any testing was ordered or that they were notified of the delay. V14 stated, We should always document in the medical record when we call the physician, but I do not know what happened that day. On 9/6/24 at 11:31 AM, V15 (Nurse Practitioner) said that she first heard about R3's swollen legs when she saw her on 8/13/24. V15 said that if a venous doppler was ordered to rule out a deep vein thrombosis (blood clot), she would expect it to be done right away and if it is not done within 4 hours, they should call her back and let her know that it was not performed yet so alternate plans can be made. V15 said that it is important to get the doppler right away, so the clot does not move to the lungs. On 9/6/24 at 11:58 AM, V2 (Director of Nursing) said that she is not sure the date R3's doppler was ordered but she was aware that there was a delay and V15 was notified that it was delayed. V2 said that staff should always document in the medical record when a physician/nurse practitioner is notified of changes in a resident's condition. V2 said that they should also document what orders were received due to the change. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER: Aperion Care Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE: 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3's EMR does not have any Nursing Notes entered about R3's swollen/painful legs between 8/10/24 and 8/13/24. R3's EMR does not document in a Nursing Note that the physician/nurse practitioner was notified of R3's swollen/painful legs or that a venous doppler was ordered. R3's EMR does not document in a Nursing Note that there was a delay in getting the doppler and the physician was notified. R3's Duplex Scan Veins, Extremity, Complete Bilateral Study report shows that the test was performed on 8/13/24 and the results show, Left profunda femoris and proximal superficial veins show deep vein thrombosis (blood clot). R3's Order Audit Report shows an order dated 8/10/24 at 3:09 PM for an atrial bilayer doppler [sic]. The report shows an order dated 8/13/24 at 2:07 PM for a [NAME] [sic] doppler. R3's EMR did not contain any orders for a bilateral venous doppler on 8/10/24. On 9/6/24 at 1:30 PM, V2 (Director of Nursing) said that they do not have a policy on timeframes of when specific testing should be performed by and what to do if the testing in not performed in the specified time frame.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117 Based on observation, interview, and record review the facility failed to ensure a gait belt was applied while transferring a resident safely. This applies to 1 of 3 residents (R1) reviewed for safety in the sample of 10. The findings include: R1's face sheet shows she is a [AGE] year-old female with diagnosis including schmorl's nodes lumbar region, type 2 diabetes, difficulty walking, muscle wasting and atrophy multiple sites, reduced mobility, malignant neoplasm of the breast, and personal history of radiation. On 9/6/24 at 10:10 AM, V6 (Certified Nursing Assistant) provided incontinence care to R1, she assisted her up in the bed, she stood R1 up from the bed without using a gait belt. R1 was unsteady, her right hand was holding to the right-side rail and her left hand stretched to grasping the wheelchair's arm. V6 was positioned behind the wheelchair away from R1, instructing R1 to turn, R1's feet shuffled, and her arms were shaking as she held on to the side rail and wheelchair arm, as she began to turn, she fell to the floor. V6 stated, she lost her balance. R1 said her right leg has been weak. On 9/6/24 at 10:43 AM, V5 (LPN) said R1 has been complaining of numbness to her lower legs. R1 is alert, she is a one person transfer and staff should be using a gait belt. On 9/6/24 at 12:05 PM, V2 (DON) said staff should use a gait belt when transferring a resident. R1's current care plan dated June 2024 shows she is at risk for falls, has self-care/mobility performance deficit related to fatigue, limited range of motion, pain and musculoskeletal impairment with interventions including substantial/maximum assistance for sitting to standing transfers. R1's care plan does include the use of gait belts during transfers, follow facility fall protocol. R1's Fall Prevention Program Policy revised 2017 states, safety interventions will be implemented for each resident identified at risk .transfer conveyances shall be used to transfer residents in accordance with the plan of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117 Based on observation, interview, and record review the facility failed to ensure medications were administered and not left at the bedside. This applies to 1 of 3 residents reviewed for medication administration in the sample of 10. The findings include: On 9/6/24 at 10:23 AM, R2 was not in her room, a medication cup with three pills were on her bedside table. R10 (R2's roommate) said the nurse's leave her pills at the bedside table frequently. Anyone can come in and take her medications. On 9/6/24 at 10:26 AM, V7 (Certified Nursing Assistant) said R2 is hard of hearing and forgetful. On 9/6/24 at 10:33 AM, V4 (Licensed Practical Nurse) said she is R2's nurse today. Medications should not be left at the bedside table, and nursing should make sure the resident takes the medication before leaving the room. V4 said she gave R2's medications this morning. This surveyor brought V4 to R2's room the medication cup with three pills were on her bedside table. V4 stated, I thought she took them. V4 said she charted the medications were administered. R2's face sheet shows she is [AGE] year-old female with diagnosis including hypertension, chronic embolism and thrombosis, anemia, hyperlipidemia, unspecified hearing loss, chronic pain, and severe protein-calorie malnutrition, contractures to right and left knee. R2's Medication Administration Record dated September 2024 shows orders at 9:00 AM to administer aspirin 81 mg (milligrams) daily, ferrous sulfate 325 mg twice a day, and cholecalciferol tablet 2000 units daily. On 9/6/24 at 12:05 PM, V2 (Director of Nursing) said nursing should not leave medications at the bedside table. They should ensure the resident takes the medication before leaving the room. R2's current care plan does not show she can self-administer her medications. The facility's Pharmaceutical Services Policy states, Is the policy to provide assistance with medication administration as needed or requested.