

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 09/17/2024
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)
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44570</p> <p>Based on interview and record review, the facility failed to prevent residents from experiencing neglect inflicted by a Certified Nursing Assistant. This failure applied to two (R3, R4) of three residents reviewed for abuse and neglect and resulted in R3 and R4 being knowingly left in soiled incontinence briefs for multiple hours by staff. R3 reported that R3 was having severe discomfort due to incontinence causing R3's skin to burn in sites of open skin areas. R4 stated he felt unappreciated, like a stepchild and left in the corner.</p> <p>Findings include:</p> <p>R3 is [AGE] years old and admitted to the facility 8/24/23 with diagnoses that include osteoarthritis, morbid obesity, and chronic respiratory failure. According to the minimum data assessment of 8/5/24, R3 is dependent on staff for activities of daily living including toileting.</p> <p>On 9/12/24 at 1:15pm R3 was observed to be alert and coherent sitting in bed and described an incident that occurred with a CNA (Certified Nursing Assistant) on 9/1/24. During this interview, R3 said the CNA (V4) failed to answer requests for assistance when R3 activated the call light which prompted R3 to call the front desk from R3's cell phone. R3 said that R3 waited longer and shared this complaint to a family member who also called the facility to ask for assistance on behalf of R3. R3 reported that R3 was having severe discomfort due to incontinence causing R3's skin to burn in sites of open skin areas. R3 said that V4 finally came into the room after 5pm, which is two hours from the start of the evening shift and when V4 came into the room to render care, V4 was confrontational, rude, and rough with care. R3 said, after this interaction, V4 did not return to the room to provide care to R3 or R3's roommate for the entirety of the 3-11 shift. R3 said they called out into the hall to ask for care to be given to R4 (roommate), and R3's calls were ignored. R3 said R3 overheard V4 in the hallway passing the room saying, 'I guess they are going to sit there [in excrement]- I ain't going back in that room'. R3 said that is when R3 called the manager on call.</p> <p>R4 is the roommate of R3 and according to Minimum data assessment, is cognitively intact, totally dependent on staff for all activities of daily living and is incontinent of bowel and bladder. On 9/12/24 at 1:50pm, R4 said that R4 witnessed the interaction between R3 and V4 from R4's bed. R4 said after V4 left the room, V4 did not come back into the room and R4 did not receive any incontinence care the entirety of the 3-11pm shift. R4 stated he felt unappreciated, like a stepchild and left in the corner.</p> <p>(continued on next page)</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
-----------------------------------------------------------------------	-------	-----------

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 09/17/2024
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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Point of Care documentation was reviewed for 9/1/24 and meaning no staff documented providing incontinence care to R3 or R4 during the 3-11pm shift.</p> <p>On 9/12/24 at 4:04pm V6 (Wound Care Coordinator) said on 9/2/24, V6 received a complaint from R3 via the on-call clinical phone. V6 said that when R3 was explaining the interaction that happened with V4 the previous evening, R3 mentioned that R3 felt neglected. V6 said as soon as V6 ended the call with R3, V6 reported the concern to the Administrator in Training (V2) who was in the facility at the time.</p> <p>On 9/16/24 at 10:31am V2 (Administrator in Training) said that V2 was notified of R3's complaint and went to speak with R3 at the bedside. V2 said V2 did not speak with R4 or any other residents to ensure other residents were not feeling or experiencing neglect. V2 said V2 relayed R3's interview and information to V1 (Administrator), and V2 was instructed to complete a concern grievance form for R3.</p> <p>The grievance form dated 9/1/24 lists the nature of the concern as: conduct and care of staff. The grievance did not elaborate on the concern, nor was there a progress note available to review in the health record. Corrective Actions were taken with V4 on 9/3/24, and included: Inservice of staff member, not assigned to same resident, staff member suspended for poor customer service and lack of response time in providing patient care.</p> <p>On 9/16/24 at 10:20am, V1 (Administrator) said V1 received a call from V2 on 9/2/24 regarding the incident with R3 and V4 that occurred on 9/1/24. V1 said V4 was suspended 9/2/24 for substantiated concerns of poor customer service. V1 said that it was not relayed that an allegation of neglect was a concern, and therefore did not investigate.</p> <p>V4 (CNA) was not available to be interviewed during this investigation.</p> <p>Facility Abuse prevention and Reporting Policy, revised 10/24/22 states in part, The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment .This will be done by: Identifying concerns of resident' allegation of deprivation of goods and services by staff; Immediately protecting residents involved in identified reports of possible abuse, neglect, exploitation, mistreatment and misappropriation of property; Filing accurate and timely investigative reports.</p> <p>The policy goes on to define Neglect: Neglect means the failure to provide goods and services to a resident that are necessary to avoid physical harm, pain or mental anguish. Neglect means a facility's treatment, psychiatric rehabilitation, personal care, or assistance with activities of daily living that is necessary to avoid physical harm, mental anguish, or mental illness of a resident including deprivation of goods and services by staff. Neglect may be the result of a pattern of failures or the result of one or more failures involving one resident and one staff person.</p> <p>Facility Employee handbook updated 1/23 states in part; under Violations of Conduct Standards That Constitute Grounds for Immediate Dismissal- Negligent or willful acts of conduct detrimental to customer service or [facility] operations.</p> <p>(continued on next page)</p>		

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 09/17/2024
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 0600 Level of Harm - Actual harm Residents Affected - Few	Conduct Toward Residents- All employees have an ethical and professional responsibility to support and promote the highest standards of conduct. It is the policy of [the facility] to comply with all applicable federal, state and local laws and regulations. Every employee will voluntarily assume the obligations of self-discipline, honor and integrity as set forth by [the facility]. We will not accept conduct which limits, restricts or interferes with our ability to respond to the needs of [the facility's] residents or vendors. [The facility] has a zero-tolerance policy for abuse and neglect. The abuse, neglect, or other mistreatment of residents in the facility is unlawful and prohibited. It is always imperative that every employee commit to maintaining the dignity of each resident.		

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 09/17/2024
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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44570</p> <p>Based on interview and record review, the facility failed to investigate an allegation of abuse and neglect. This failure affected two (R3 and R4) of three residents reviewed for abuse.</p> <p>Findings include:</p> <p>R3 is [AGE] years old and admitted to the facility 8/24/23 with diagnoses that include osteoarthritis, morbid obesity, and chronic respiratory failure. According to the minimum data assessment of 8/5/24, R3 is dependent on staff for activities of daily living including toileting.</p> <p>On 9/12/24 at 1:15pm R3 was observed to be alert and coherent sitting in bed and described an incident that occurred with a CNA (Certified Nursing Assistant) on 9/1/24. During this interview, R3 said the CNA (V4) failed to answer requests for assistance when R3 activated the call light which prompted R3 to call the front desk from R3's cell phone. R3 said that R3 waited longer and shared this complaint to a family member who also called the facility to ask for assistance on behalf of R3. R3 reported that they were having severe discomfort due to incontinence causing their skin to burn in sites of open skin areas. R3 said that V4 finally came into the room after 5pm, which is two hours from the start of the evening shift and when V4 came into the room to render care, V4 was confrontational, rude, and rough with care. R3 said, after this interaction, V4 did not return to the room to provide care to R3 or R3's roommate for the entirety of the 3-11 shift. R3 said they called out into the hall to ask for care to be given to R4 (roommate), and R3's calls were ignored. R3 said they overheard V4 in the hallway passing the room saying, I guess they are going to sit there [in excrement]- I ain't going back in that room. R3 said that is when R3 called the manager on call.</p> <p>R4 is the roommate of R3 and according to minimum data assessment, is cognitively intact, totally dependent on staff for all activities of daily living and is incontinent of bowel and bladder. On 9/12/24 at 1:50pm, R4 said that R4 witnessed the interaction between R3 and V4 from R4's bed. R4 said after V4 left the room, V4 did not come back into the room.</p> <p>On 9/12/24 at 4:04pm V6 (Wound Care Coordinator) said V6 received a complaint from R3 via the on-call clinical phone. V6 said that when R3 was explaining the interaction that happened with V4, R3 mentioned that R3 felt neglected. V6 said as soon as V6 ended the call with R3, V6 reported the concern to the Administrator in Training (V2) who was in the facility at the time.</p> <p>On 9/16/24 at 10:31am V2 (Administrator in Training) said that V2 was notified of R3's complaint and went to speak with R3 at the bedside. V2 said V2 did not speak with R4 or any other residents to ensure other residents were not feeling or experiencing neglect. V2 said V2 relayed R3's interview and information to V1 (Administrator), and V2 was instructed to complete a concern grievance form for R3.</p> <p>The grievance form dated 9/1/24 lists the nature of the concern as: conduct and care of staff. The grievance did not elaborate on the concern, nor was there a progress note available to review in the health record. Corrective Actions were taken with V4 (CNA) on 9/3/24, and included: Inservice of staff member, not assigned to same resident, staff member suspended for poor customer service and lack of response time in providing patient care.</p> <p>(continued on next page)</p>		

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 09/17/2024
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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/16/24 at 10:20am, V1 (Administrator) said they received a call from V2 on 9/2/24 regarding the incident with R3 and V4 and V4 was suspended for substantiated concerns of poor customer service. V1 said that it was not relayed that an allegation of neglect was a concern, and therefore did not investigate.</p> <p>V4 (CNA) was not available to be interviewed during this investigation.</p> <p>Facility Abuse prevention and Reporting Policy, revised 10/24/22 states in part, The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment .This will be done by: Identifying concerns of resident' allegation of deprivation of goods and services by staff; Immediately protecting residents involved in identified reports of possible abuse, neglect, exploitation, mistreatment and misappropriation of property; Filing accurate and timely investigative reports.</p> <p>The policy goes on to define Neglect: Neglect means the failure to provide goods and services to a resident that are necessary to avoid physical harm, pain, or mental anguish. Neglect means a facility's treatment, psychiatric rehabilitation, person al care, or assistance with activities of daily living that is necessary to avoid physical harm, mental anguish, or mental illness of a resident including deprivation of goods and services by staff. Neglect may be the result of a pattern of failures or the result of one or more failures involving one resident and one staff person.</p> <p>Internal Reporting Requirements and Identification of Allegations: Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment, or mi appropriation of resident property they observe, hear about, or suspect to the administrator immediately, or to an immediate supervisor who must then immediately report it to the administrator. In the absence of the administrator, reporting can be made to an individual who has been designated to act as administrator in the administrator's absence.</p> <p>Supervisors shall immediately inform the administrator or person designated to act as administrator in the administrator's absence of all reports of incidents allegations or suspicion of potential abuse, neglect exploitation, mistreatment of misappropriation of resident property. Upon learning of the report, the administrator or a designee shall initiate an incident investigation.</p>		

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 09/17/2024
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)		
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>44570</p> <p>Based on interview and record review, the facility failed to ensure the building's call light system was operational. This failure affected 26 residents residing on the North Hall Unit of the facility.</p> <p>Findings include:</p> <p>On 9/12/24 at 1:13pm R3 said that R3 activated the call light from bed and waited longer than usual before calling the front desk for assistance. A staff member then told R3 that the call light system was malfunctioning. R3 said the call lights did not begin working again until the following day.</p> <p>On 9/16/24 at 10:06am V5 (Maintenance Director) said that the call light system was down for the whole building when V5 arrived to work that morning of 9/2/24. V5 said V5 was not notified that the system was down the previous day on 9/1/24 and have since created a step-by-step guide for the nurses to reset the system manually should it happen again. V5 said due to the building having older systems, when a storm or power surge occurs, the call light system is at times affected and requires a fuse to be reset.</p> <p>On 9/12/24 at 4:05pm V6 (Wound Care Coordinator) said V6 received reports that the call light system was down on 9/1/24 and 9/2/24. V2 (Administrator in Training) was also interviewed on 9/12/24 at 10:35am and said, V2 knew that the call light system was not working and created a step by step guide for the nurses to be able to address this concern should it occur again.</p> <p>Work Order Maintenance binder was reviewed. A request was written on 9/1/24 and 9/2/24 indicating the North Hall call light system was down.</p> <p>The facility was unable to provide documentation regarding how long the system was out, and how the staff addressed the needs of the residents without the call light system being operational.</p> <p>Call light policy revised 2/18 states in part; 6. Call bell system defects will be reported promptly to the Maintenance Department for servicing. Check room frequently until system is repaired.</p>		