

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 07/03/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review the facility failed to provide a home like environment by not implementing an effective remedy to fix a leaking toilet, that caused water damage to the wall in the residents' room. This affects 4 of 4 (R3, R4, R9, R6) residents reviewed for sanitary home like environment. Findings include: On 7/1/25 at 8:00am V1 (Certified Nursing Assistant/CNA) said the toilet in R3 and R4's room is leaking. V1 said the bathroom is a shared bathroom between two resident rooms. V1 said she observed this on her second day working at the facility on 6/10/25. Review of the facility census and touring the facility demonstrated R3, R4, R6, and R9 share the bathroom. On 7/1/25 at 10:01am during a tour with V4 (Maintenance Director) there was a white sheet on the floor. V4 removed the sheet, flushed the toilet, the toilet is observed leaking at the base. V4 said the wall that extends into R3 and R4's room is damaged from the water leaking. V4 said he repaired that toilet in April 2025. V4 agreed that the repair was not effective because the toilet continued to leak. V4 said the leak and the wall must be repaired. On 7/2/25 at 11:30am the shared bathroom for R3, R4, R6, and R9 was observed with a puddle of water on the floor. V4 said he fixed the issue yesterday (7/1/25). The facility's Maintenance Policy, no date noted denotes in-part plumbing fixtures and pipes shall function properly and maintained in good repair. The resident rights for people living in the nursing home denotes your facility must be safe, clean, comfortable and homelike.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0925</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview and record review the facility failed to have an effective pest control program/policy for treatment of flying pest. This affected two of two residents reviewed for pest control practice. This failure has the ability to affect all resident utilizing the dining room. Findings include: 7/1/25 at 7:58am V1 (Certified Nursing Assistant/CNA) said there was bugs in R3 and R4's bathroom. V1 said when she was providing care to R3, she saw a flying bug/pest land on R3's bed. On 7/1/25 at 10:01am during tour of R3 and R4's bathroom with V4 (Maintenance Director), there were flying pest noted. The toilet was leaking water. V4 identified the flying pest to be gnats. V4 said the flying pest come in when the doors are opened. V4 said pest control service the facility twice a month and will also come out if they have concerns as needed. 7/2/25 during lunch observation, flying pest were observed in the dining room. Upon entrance of the facility, the facility has automatic doors at the entrance. Immediately entering the facility there is a foyer, then there is another set of automatic closing doors leading to the inside of the facility (where the front desk is located). During this survey tour on 7/1/25 and 7/2/25 the doors leading to the inside of the facility was observed to be left in the open position. Facility pest Control policy dated 11/28/2012 denotes in-part the environment services director will be responsible for coordinating the facility pest control. The pest control program will be conducted on a regular and as needed basis. The facility shall be kept in such condition and cleaning procedures used to prevent the harborage or feeding of insects or rodents. The outside opening shall be protected against the entrance of insects by tight-fitting, self-closing doors, closed windows, screening, controlled are currents or other means. During this survey the facility did not present any documentation denoting that the pest control was notified for an as needed appointment.</p>		