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| 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 04/15/2026 |
| 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) |
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| <p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure appropriate notification was provided for a room change for one (R3) resident of three residents reviewed for resident rights. Findings include:R3 is [AGE] years of age. Current diagnoses include but are not limited to Cerebral Infarction (Stroke), Seizures, Chronic Kidney Disease, Dementia, and Gastrostomy (surgically created opening between the abdominal wall and stomach for a feeding tube) Status.R3's comprehensive assessment section C cognitive patterns document staff was unable to examine due to R3's memory problem Dementia and being rarely/never understood.On 04/13/2026 at 10:44 AM, V4 (Family Member) said, My mom went to the hospital a week ago and when she came back yesterday, they never told me about changing her room. When I got here, they just packed all her stuff and put it in another room without even telling me.On 04/15/2026 at 12:45 PM, V2 (Director of Nursing) was inquired of informing R3 or her representative of a room change. V2 said, R3 went to the hospital on 4/8/26 for altered mental status. She was admitted for a bleed on the brain. I'm not sure who tells them about a room change, I'd have to check the policy. It's not nursing, social service usually does that.On 04/15/2026 at 1:54 PM, V2 said, We don't have a policy for room change notification.On 04/15/2026 at 2:07 PM, V19 (Social Service Director) was inquired of room change notification. V19 said, I'm not 100% sure if that's my responsibility. I just started last week and I'm still training. My assistant is on vacation.On 04/15/2026 at 2:14 PM, V1 (Administrator) was inquired about room change notification. V1 said, Any facility staff that does the room change should notify the resident or representative. If it's the resident they just go and talk to them. If it's the representative they could do it by phone or in person, it may depend on the reason for the room change. From my knowledge we don't have a policy on room change notification. We should be contacting whoever is the legal representative. It doesn't have to be documented. V1 was inquired about how it would be known if anyone was contacted regarding the room change. V1 said, It can be documented.R3's progress notes from 04/08/2026 document her being lethargic and sent to the hospital for further evaluation. R3 was admitted to the hospital for a bleed on the brain and remained hospitalized for 4 days. There is no documentation of R3, her state guardian or V4 (Family Member) and power of attorney for care being notified of a room change. R3 was transferred back to the facility on [DATE] to a different room. V1 (Administrator) did not provide a policy for review during the investigation upon request.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow their policy by failing to ensure appropriate hand hygiene was performed during incontinence care for one (R3) resident of three residents reviewed for improper nursing care related to infection control. Findings include: R3 is [AGE] years of age. Current diagnoses include but are not limited to Cerebral Infarction (Stroke), Seizures, Chronic Kidney Disease, Dementia, and Gastrostomy (surgically created opening between the abdominal wall and stomach for a feeding tube) Status. R3's comprehensive assessment section C cognitive patterns document staff was unable to examine due to R3's memory problem Dementia and being rarely/never understood. On 04/13/2026 at 12:25 PM, V6 (Certified Nurse Assistant/CNA) was asked to check if R3 was incontinent. V6 checked R3's disposable brief and said, She has loose stool and she's wet. R3's brief is soiled with urine and feces. V6 cleaned R3's perineal area and buttocks. V6 proceeded to put a clean fitted sheet and pad on the mattress and a clean disposable brief on R3, then adjusted the air loss mattress machine at the end of the bed while wearing the soiled gloves. V6 then took off her gloves, threw them into the garbage can and put on a clean pair of gloves. V6 didn't perform hand hygiene with soap and water or use hand sanitizer while in the room before putting on clean gloves. On 04/13/2026 at 12:40 PM, V6 was inquired of R3's incontinence care. V6 said, I changed her last at 7 this morning and checked her before lunch and she was dry. I should've changed my gloves after changing her (R3). It's for infection control because it could spread germs. On 04/13/2026 at 2:23 PM, V6 (CNA) entered R3's room to check R3. R3's care was observed. V6 opened R3's incontinence brief and said, She's (R3) wet again. This surveyor observed R3 soiled with urine. V6 cleaned R3's perineal area, removed the gloves and threw them into the garbage. V6 put on a new clean pair of gloves without performing hand hygiene. V6 didn't wash her hands with soap and water or use hand sanitizer before putting on the clean pair of gloves. V6 put the clean disposable brief on to R3. On 04/13/2026 at 2:28 PM, V6 was inquired of her care. V6 said, I should wash my hands or use hand sanitizer to keep from spreading germs, I'm sorry I forgot. On 04/15/2026 at 12:45 PM, V2 (Director of Nursing) was inquired of hand hygiene during incontinence care. V2 said, CNA should perform hand hygiene after changing gloves. It could be soiled, and it should be changed going from dirty to clean. It's infection control. Policy The revised 07/30/24 Hand Hygiene/Hand washing policy states in part: Definition: 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). Guidelines: Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers. When hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for cleaning your hands in the healthcare setting. Soap and water are recommended for cleaning visibly dirty hands. Examples of when to perform hand hygiene (Either Alcohol Based Hand Sanitizer or Handwashing): After contact with blood, body fluids, or excretions, mucous membranes, non-intact skin, or wound dressings. If hands will be moving from a contaminated body site to a clean body site during patient care. After glove removal.</p> | | |