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	05/24/2026

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the interview and record review, the facility failed to protect the resident's right to be free from misappropriation of resident property by having the resident's bank card stolen by a facility staff member and used without authorization. This applies to 1 of 3 residents (R1) reviewed for misappropriation/exploitation in a sample of 5.The findings include:R1 was admitted on [DATE] with diagnosis of diabetes mellitus, enterocolitis due to clostridium difficile, congestive heart failure, hyperlipidemia, ischemic cardiomyopathy, muscle wasting, hypertension and Gastro-Esophageal Reflux Disease. R1 has mild cognitive impairment as per the Minimum Data Set (MDS) dated [DATE]. R1 was discharged from the facility on 3/7/26.Facility Reported Incident submitted to the department by the facility documents date of occurrence 3/4/26 for R1. Resident misappropriation of property/theft was marked on the form. Incident description documents On 3/4/26 it was reported to the Administrator that the daughter of (R1) reported that her mother's debit card was missing. On 5/23/26 at 12:20 PM, V1 (Administrator/Abuse Coordinator) stated, R1's daughter reported to me that her mother's debit card had been used unauthorizedly. The card was used across the mall, and I walked into the mall to see the image of the person who used R1's card. It was a one-time $30 charge, but they couldn't show me the image. The incident was already reported to the police, and two days later, the police stopped by our facility and showed images of our employee using R1's card unauthorized, and she was arrested on the spot. Residents have the right to be free from misappropriation of their property.A review of the facility presented Abuse Prevention and Reporting policy, revised on 10/24/222, document: The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff, and mistreatment of residents.

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