

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/30/2024
NAME OF PROVIDER OR SUPPLIER  Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE  7200 North Sheridan Road Chicago, IL 60626	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45111</p> <p>Based on observation, interview, and record review, the facility failed to develop safety precautions to address resident risk and environmental hazards to minimize the likelihood of accidents related to residents smoking inside their rooms/bathrooms/lounge in the facility for two (R3, R5) of six residents reviewed for safety.</p> <p>Findings include:</p> <p>1. R3 current face sheet documents R3 is a [AGE] year-old individual, initially admitted to the facility on [DATE], and re-entered facility on 12/26/2022. R3's medical diagnosis includes but not limited to paranoid personality disorder, delusional disorders, schizophrenia, unspecified.</p> <p>R3's smoking assessment, dated 5/23/2024, documents R3 was observed smoking in her bathroom.</p> <p>R3's care plan, last updated 07/07/2024, documents R3's Inappropriate Smoking behavior.</p> <p>R3's Social Services notes, dated 7/7/2024, 5/23/2024, 4/30/2024, 4/11/2024, documents R3's history of smoking in R3's room/bathroom.</p> <p>R3's Brief Interview for Mental Status (BIMS), dated 08/15/2024, documents R3 has a BIMS score of 13/15, indicating R3 has intact cognitive function.</p> <p>On 08/29/2024 at 11:25am, R3 was well dressed and ambulating in the hallway, and stated R3 was going downstairs. R3 stated she smokes; sometimes R3 smokes in the fourth-floor lounge by the window, and R3 showed surveyor the window, which was observed to be open about 4-6 inches, and the screen was torn to make an opening. R2 stated she is not supposed to smoke on the unit, but she smokes by the window sometimes during the evening before R3 goes to bed. On the outside sill of the window, there were cigarette ashes.</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:  145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/30/2024
NAME OF PROVIDER OR SUPPLIER  Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE  7200 North Sheridan Road Chicago, IL 60626	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/29/2024 at 10:48am, R2 stated she has a roommate (R3) who smokes in the bathroom, and R3 has been caught several times and all staff (no names Provided) did was yell at R3 and nothing else was done. R2 stated the facility has smoke breaks at 8am, 11:30am, 4pm, 6pm and 8pm. R2 stated R3 must be saving cigarettes to smoke latter in R3 room or in the 4th floor lounge, because R3 does it all the time. R2 stated other residents (no names provided) smoke in the 4 north lounge where staff cannot see them. R2 and surveyor observed the window in the 4th floor lounge and window can open approximately 4-6 inches and on the outside windowsill was observed grayish ashes from cigarettes. R2 stated residents open the window and smoke there and throw the cigarette butts outside to conceal evidence of smoking in the facility. R2 stated smoking inside the facility usually happens in the evening before residents go to sleep.</p> <p>2. R5's current face sheet documents R5 is a [AGE] year-old individual admitted to the facility on [DATE]. R5's medical diagnosis includes but not limited to: major depressive disorder, recurrent, unspecified, anxiety disorder, unspecified, unspecified psychosis not due to a substance or known physiological condition, schizoaffective disorder, bipolar type, schizophrenia, unspecified, suicidal ideations, and nicotine dependence, unspecified, uncomplicated</p> <p>Brief Interview for Mental Status, dated 7/15/2024, documents R5 has a BIMS score of 13/15, indicating R5 has intact cognitive function.</p> <p>R5's social service note, dated 8/5/2024 at 13:36, documents R5 was smoking in the bathroom with a peer.</p> <p>R5's care plan, dated 8/5/24, documents R4 was observed smoking in the bathroom with a peer. Date Initiated: 07/12/2024 Revision on: 08/05/2024.</p> <p>R5's smoking assessment, dated 8/5/2024, documents R5 requires supervision while smoking.</p> <p>On 08/29/2024 at 12:05pm, R5 was observed in the elevator going upstairs from the first floor to the 4th floor where R5 resides. R5 was eating snacks as he rode the elevator, and R5 was holding a white cigarette (unsmoked) in one hand. R5 stated he picked the cigarette up from the floor in the elevator, and R5 was taking the cigarette to R5's room. R5 stated he is a smoker and will smoke the cigarette later. R5 declined to answer if he had a lighter in his room, and walked out of the elevator and refused to speak any more.</p> <p>On 08/29/2024 at 2:07pm, V5(Social services Director/ CADL) was reached by phone. V5 stated smoking assessment is done upon admission, quarterly, and annually, to make sure residents know the smoking rules in the facility, and to assess residents safety while smoking, and also to go over smoking rules at the facility such as not smoking in the inside facility, and smoking is only allowed have to smoke at the outside patio during smoking times and with supervision unless they have a community pass and safe smoker.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/30/2024
NAME OF PROVIDER OR SUPPLIER  Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE  7200 North Sheridan Road Chicago, IL 60626	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V5 stated drugs are not allowed in the facility and searches are done as needed when suspected. V5 stated R3 has been caught smoking in her room and has received counseling about it. V5 further stated the facility has got better, but there is still work to be done to prevent residents from smoking inside the building. V5 stated R5 is not supposed to have cigarettes because that is contraband. V5 stated residents smoking in the facility cannot be eliminated completely, but it has gotten better. V5 stated it is possible visitors are sneaking cigarettes inside the facility even though they (visitors) checked as they come to the facility, but residents are not checked every time they come from community pass. V5 said residents who have community pass might be the ones bringing in the lighters to the facility. V5 said if residents are smoking in the rooms or inside the facility, it's a health hazard and can start a fire and this can put residents living in facility in danger.</p> <p>On 08/29/2024 at 2:55pm, V1(Administrator) stated there is a has been reports of residents smoking in their rooms, and the facility is doing much better to stop this. V1 stated the facility is testing residents who go out on a pass and upon coming back are suspected of being on drugs. V1 stated visitor bags including meal delivery services bags are searched before going into resident rooms, as well as when residents come back from community pass.</p> <p>V1 stated there are residents on oxygen and other health issues that can be affected by cigarette smoke inside the building, and smoking in the building is a fire hazard. V1 stated there has not been police involved in the facility related to drugs because there have been no drug activity in the facility.</p> <p>Facility policy titled Smoking Safety, dated 10/24/22, documents:</p> <p>-If smoking is allowed at this facility, the facility will designate outdoor areas approved for smoking by residents, visitors, and staff. Smoking includes the use of electronic cigarettes and vaping devices. The designed area(s) will be outside in accordance with state/local standards.</p> <p>-Designated Smoking Areas for this facility area as follows:</p> <p>Residents: Outside of the facility on the Patio.</p> <p>Staff: Outside of Facility</p> <p>-A smoking Assessment will be completed to determine the level of assistance and supervision needed during smoking, the ability to carry and store smoking materials and if a smoking apron is indicated.</p>		