

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  11/21/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure no pests were in resident's rooms. This failure has affected three residents (R3, R4, and R5), with the potential to affect 242 residents that currently are residing in the facility.</p> <p>Findings include:</p> <p>R3 is [AGE] year old with diagnosis including but not limited to: Type 2 diabetes mellitus, heart failure, essential hypertension, insomnia, localized swelling and bilateral primary osteoarthritis of knee.</p> <p>R3's BIMS (Brief Interview of Mental Status) score is 13, indicating cognitively intact.</p> <p>R4 is [AGE] year old with diagnosis including but not limited to: Asthma, type 2 diabetes mellitus, major depressive disorder, overactive bladder, dysphagia and essential hypertension.</p> <p>R4's BIMS (Brief Interview of Mental Status) score is 12, indicating moderate impairment.</p> <p>R5 is [AGE] year old with diagnosis including but not limited to: Major depressive disorder, obesity, chronic kidney disease, abnormalities of gait and balance, and essential hypertension.</p> <p>R5's BIMS (Brief Interview of Mental Status) score is 13, indicating cognitively intact.</p> <p>On 11/18/24 at 12:58 PM, R3 was observed sitting in the dining room.</p> <p>Surveyor inquired about issues with roaches, staffing, housekeeping, and abuse.</p> <p>At that time, R3 said, We have lots of roaches in our room. I hate being in my room because the roaches are terrible. My roommate hoards a lot of food and dishes in our room. I have reported the roach problem more than once to different housekeeping staff but there is still the same problems.</p> <p>On 11/18/2024 at 1:10 PM, there was five roaches scattering from underneath a nightstand against the wall near R4's bed, as well as several dead cockroaches.</p> <p>At that time, R4 said she had complained several times to housekeeping regarding the roaches in her room.</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
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/18/2024 at 1:12 PM, R5 said she hated having roached is her room every day.</p> <p>On 11/19/2024 at 3:10 PM, V2 (DON/ Director of Nursing) said, Roaches should not be present in the facility because they may carry bacteria and could contaminate food if ingested. We have to be more vigilant because we consider this a home for the resident.</p> <p>Facility report titled Service Inspection Report, dated 06/13/2024, documents V1 (Administrator) reported roaches in 4 rooms and other places around the area.</p> <p>Facility report titled Service Inspection Report, dated 06/17/2024, documents V1 (Administrator) reported roaches and would like to walk with technician to see if clean out of third floor is needed; dead roaches were seen at the time of service. Cleaning after treatment is crucial for efficiency and complete eradication of pest and prevent dead roach eggs to hatch.</p> <p>Facility report titled Service Inspection Report, dated 09/27/2024, documents V1 (Administrator) reported roaches in the kitchen.</p> <p>Facility report titled Service Inspection Report, dated 11/12/2024, documents V1 reported roaches in the north section dining room and fourth floor common areas.</p> <p>Facility report titled Service Inspection Report, dated 11/18/2024, documents, resident room was found to have a bad roach problem, must follow up every visit. Resident has excessive amount of food and is untidy. Sanitation measures must be addressed with residents.</p> <p>Facility Census, dated 11/18/2024, documents a total of 242 residents living in the facility.</p> <p>Facility policy titled, Pest Control documents, the facility shall be kept in such condition and cleaning procedures used to prevent the harborage or feeding of insects or rodents.</p>