

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 03/05/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review, the facility failed to provide ADL (Activities of Daily Living) to one resident (R46). This failure affected one resident out of sample size of 72. Findings include: R46 has a diagnosis is Hemiplegia and Hemiparesis, Disorders of Muscle, Hypertension, History of Falling, and Vitamin D Deficiency. R46 has a Brief Interview of Mental Status score of 10, indicating moderate cognition impairment. R46's Minimum Data Set Section GG, dated 01/02/2026, documents, Toileting hygiene: the ability to maintain perineal hygiene indicates 01: Dependent-Helper does ALL of the effort. R46's Task for Toileting Hygiene for 3/03 documents a time of 12:14am. There is no time listed for the 7:00am-3:00pm shift for toileting hygiene. R46's care plan focus, dated 7/26/2023, documents, I have bladder and bowel incontinence related to impair mobility: Check and change Q2-3H (every 2-3 hours) and PRN (As needed). On 3/03/2026 at 10:55am, R46 stated he had not been changed since 8:30pm on 3/02/2026. On 3/03/2026 at 11:08am, R46's incontinence brief had a dark yellow liquid substance in the front and back of the brief. On 3/03/3036 at 11:09am, V7 (Licensed Practical Nurse-LPN) said, No, it does not look like (R46's) incontinence brief has been changed this shift, and the brief appears to be filled with urine (yellowish liquid substance). On 3/03/2026 at 11:12am, V38 (Certified Nursing Assistant) stated residents are checked every two hours or more frequently for incontinence care. V38 stated R46 is not in her set but R46 should have been changed at least once this shift and more often if necessary. On 3/04/2026 at 12:16pm, V3 (Director of Nursing) stated residents should be changed at least twice a shift, once at the beginning and once at the end of the shift and more frequently if necessary. Policy titled Incontinence Care, with a revised date of 1/16/2018, documents, to prevent excoriation and skin breakdown, discomfort and maintain dignity and incontinent resident will be checked periodically in accordance with the assessed with the assessed incontinent episodes or every two hours and provided perineal and genital care after each episode. Job description, dated 5/02/2017, titled Certified Nursing Assistant documents, provide assistance in personal hygiene and adhere to professional standards, company policies and procedures, and all federal, state and local requirements.</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
---	-------	-----------