STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145244	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Lakeshore	7200 North Sheridan Road Chicago, IL 60626

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a clean, comfortable home-like environment for nine [R2, R15, R16, R17, R18, R19, R20, R21, R23] residents in a sample of 23. Findings Include:During the survey dates of 5/19/26-5/21/26, general observations of the facility were completed. Environment throughout the facility surveyor's shoes were sticking to the floors, due to sticky substances on the floors in spots. The facility hallways were not clean with visible small shreds of papers noted on the floors. Walking down the hallways noted residents' garbage cans were full of clutter and food contains covering the bedside tables and window seals. On 5/19/26 at 10:19AM, R1 stated, I been having mice (sic) in my room since December 2025. I still see roaches as well. The mice live in my dresser drawls (sic). Every day I clean out the mice droppings. When I pull out my clothes the mice dropping fall out all over the floor and in the bottom of my drawl (sic). R1 pulled out her dresser drawl and a shirt. R1 stated, Look at all the mice droppings all over my personal items. [V17 Maintenance] placed a mouse trap in the corner of my room, but the mouse traps are not helping at all. The mice jump in and out my garbage can, because the garbage cans stay full of garbage. The garbage is not emptied daily, the floors are not swept and mopped daily, most of the time it's every three days. Both the room garbage cans are running over and then my roommate, and I started placing garbage in the bathroom garbage can and that one started to run over as well. Look at the garbage can, it's not lunch time, but there are two days of lunch food in the garbage cans. The garbage has not been emptied over two days. All these spots on my floor have been there for days; the floors are very sticky under my shoes. There are roaches in my room as well. I see a couple of roaches every day. I been killing them with my shoes (sic). On 5/19/26 at 10:25AM, V17 [Maintenance], V8 [Licensed Practical Nurse], V18 [Housekeeping/Floor Tech], V20 [Housekeeper Director] and surveyor observed R1's dresser drawer with black small pellets covering R1's clothing, books, papers, and bottom of the dress drawers. Also observed several piles of black small pellets in the corners in R1's room. Observed both room garbage cans and bathroom garbage cans were completed full of food garbage containers stack up going up the wall and garbage on the floor surround the garbage can areas. Observed seven stains, spills, spots in different colors all over the floor. On 5/19/26 at 10:28AM, V8 [Licensed Practical Nurse] stated, Oh my goodness, those are mice droppings on her clothes, personal items and in bottom of R1's dresser drawers. I will get housekeeping to clean up the mice droppings, certified nurse assistant to take all her clothes to laundry for cleaning, and maintenance for mice traps. I have not seen any mice, I work day shift, but I have saw mice droppings in the facility. On 5/19/26 at 10:40 AM, V20 [Housekeeping Director] stated, I will have a housekeeper come and clean out the dresser drawers, floors and bathroom. I see the mouse droppings on (R1's) clothing items and personal items. The black small pellets are mice droppings in the room corners. The garbage cans are running over with trash. The garbage should be emptied by housekeeping twice a day. I don't know if (R1's) garbage was emptied or not. There are two housekeepers on each floor and two floor technicians for day shift 6AM to 2:30 PM, a total of eleven housekeeps. There are two housekeepers in the facility from 2PM to 10PM, to empty garbage, (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	clean up spills, they clean where needed. Observed many small black pallets along the base of the wall. On 5/19/26 at 11:00 AM, V17 [Maintenance Director] stated, We been having a problem with mice for three months. V1 [Administrator] will call out the exterminator. If the resident rooms are not cleaned, garbage is not emptied, floors not swept or mopped, it could potentially keep the mice around. Roaches have been on-going, but the exterminator comes every two weeks. The roaches are better. Lately I get more complaints about mice. On 5/19/26 at 11:10 AM, R23 stated, There are mice living in the wall of my room. Look under at the head of the bed, there's a hole and the mice come in and out all the time. I place the yellow small basin in front of the hole with soap and water to poison the mice. The maintenance man puts down glue traps but that has not work for months, since March. I have to keep my own room clean. I clean my floors with old shirts, because housekeeping does not sweep and mop. I have to take out my own garbage, if did not, the mice will take over my room. Every blue moon ill gets a housekeeper to come in a clean-up my room. I been asking V1 [Administrator] and maintenance to fix the hole in in wall, for months but it has not been fixed. On 5/19/26 at 11:18AM, V1 [Administrator] and surveyor observed a hole in the wall at the head of the bed in R23's room. V1 stated, This is my first time knowing about the hole. I will have [V17] fix the hole now. I will call out the exterminators about the mice in here. On 5/19/25 at 11:30 AM, R16 stated, I have mice living under my dresser and in my clothes. The mice and roaches have been here for over two months. I complain to [V1], but the mice glue traps are not working. The roaches just won't go away. Look by wall and you will see mice droppings. The housekeepers come around at times. They all do something different. Some just empty the garbage but won't sweep nor mop the floor. The garbage is not emptied every day. Look at my garbage. Surveyor observed R16's garbage full and running over the top of the garbage can. R16's floor had colored sticky spots on the floor. On 5/19/26 at 11:43 AM, R15 stated, I have mice running around in here all night. I try to kill them with my shoes. Housekeeping come in here a few times a week. My room is never cleaned daily. On 5/19/26 at 12:10 PM, R17 stated, I have mice running around all night. The housekeeper does not clean my bathroom. It is my room and bathroom that will need to be cleaned. My toilet is so gross full of stains and dirty. Surveyor observed yellow and brown colored stains on the side of the toilet that runs to the floor next to the toilet. The bathroom garbage can was full of garbage, papers, and food containers. On 5/20/26 at 12:25 PM, observed R18's room with three glue pads in the corners in the room. V21 [Housekeeper] stated, I have not seen any mice, but I clean up and see mice droppings in R18 and other rooms. I float from floor to floor. It is hard to keep up with the cleaning moving from floor to floor. V21 and surveyor observed small black pallets near the base board floor. V21 stated, Those are mice droppings. On 5/20/26 at 12:44 PM, R19 and R20 [Roommates] both said they saw mice running across the floor. Housekeeping services are not here every day. On 5/19/26 at 1:24PM, R21 stated, I have had bugs in my room for about a month. I have red bite marks on my body. The bugs leave black dots all over my sheets in the morning. I think they are bed bugs. [V1, Administrator] said the facility did have bed bugs, but it is something biting me up only at night. Houskeeper does not clean my room, that's a joke. Maybe twice a week. I take out my own garbage to try and keep the mice out of here. On 5/19/26 at 1:30PM, V1 [Administrator] stated to R21 and surveyor, I will call the exterminator to check out R21's room. Meanwhile I will move R21 and his roommate to another room. On 5/21/26 at 2:40PM, V1 [Administrator] stated, The facility had a roach problem off and on. The exterminator comes out every two weeks and as needed. We stitched out pest control company. One contract ended in February, and the other one picked back up in April. Staff and residents have reported sightings of mice, and the exterminator comes out and lay down glue traps and bait. Housekeeping needs to keep the resident's room clean if not it could potentially keep the mice and roaches around. R2, R15, R16 and R23 reside on the fourth floor. R17 and R18 reside on the third floor. R19 and R20 reside on the second floor. R21 reside on the first floor. Policy: Housekeeping Cleaning PolicyTo establish a schedule to ensure the building is maintained in a clean manner. Pest Control dated 11/28/12All building openings shall be tight-fitting and free of breaks.The facility shall be kept in such condition (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and cleaning procedures used to prevent the harborage or feeding of insects or rodents.Garbage and trash shall be stored in areas separate from those used for preparation and storage of food.Garbage and trash shall be promptly removed.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide ADL (Activities of Daily Living) care in a timely manner for 4 (R1, R10, R11, R13) of 7 residents reviewed for ADL care. Findings include: 1.R1's admission Record documents in part paralysis and weakness of the left non-dominant side following a stroke, other muscle disorders, and history of falling. R1's 4/04/2026 MDS (Minimum Data Set) assessment documents moderate cognitive impairment. R1 is dependent on staff with toileting hygiene, lower body dressing, personal hygiene, and rolling left and right. R1 is always incontinent of urine and frequently incontinent of bowels. R1's Care Plan Report documents R1 has an ADL (Activities of Daily Living) self-care/mobility performance (functional abilities) deficit (revised 3/30/2026). Intervention reads R1 is dependent on staff for personal and toilet hygiene (revised 12/17/2025). R1's care plan also reads R1 has a potential for impairment to skin integrity (revised 10/26/2023). Interventions include keeping skin clean and dry (initiated 7/14/2023). R1's care plan also reads R1 has bladder and bowel incontinence (revised 7/26/2023). Interventions include checking and changing R1 every 2-3 hours and as needed (initiated 7/26/2023). On 5/19/2026 at 10:58 AM, R1 was oriented to person, place, time, and situation. R1 stated overnight CNAs (Certified Nurse Aide) failed to change R1's incontinence product on 4/27/2026 and 4/28/2026. R1 stated there were additional recent nights where staff failed to change R1 during the entire 8-hour shift but could not recall those dates. During the interview, surveyor observed R1's fingernails long with dark brown sediments under some fingernails. R1 stated asking staff to cut them. R1 stated staff will say they will do it later in the day but forget to come back to do it. R1 stated because R1's fingernails are so long, R1 must be careful not to scratch self specifically when eyes are itchy. On 5/19/2026 at 12:11 PM, V9 (Nurse) stated R1 did complain before about not being changed overnight. R1 would say that the staff would answer the call light and say they would change R1 later, but staff would not return. On 5/19/2026 at 12:13 PM, V10 (CNA) stated R1 complained two weeks ago that night shift didn't change R1's incontinence product. On 5/20/2026 at 7:42 AM, V35 (Nurse) stated assigned to R1 today. V35 stated was not aware R1's nails were long. V35 stated if the resident is not diabetic, then a CNA can cut the resident's fingernails. R1's admission Record did not list diagnosis of diabetes. On 5/20/2026 at 7:49 AM, V36 (CNA) stated V36 came onto morning shift (7AM) and finding R1 not changed about two weeks ago. R1 complained the overnight staff didn't change R1 because the CNA couldn't find extra help to change R1. Regarding nail care, V36 stated if the resident doesn't have diabetes or any other condition/issues that prevent CNAs from cutting them, then V36 will cut resident's fingernails. V36 stated will try to keep residents' nails maintained in a way where the residents can function with them. V36 stated being assigned to R1 this shift and will look at R1's nails. On 5/20/2026 at 11:53 AM, R1's fingernails remained long. R1 stated a CNA came in the morning and told R1 that they will do nail care after lunch. On 5/21/2026 at 9:45 AM, R1's fingernails remained long. R1 stated staff didn't cut them yesterday and said they'd do it today instead. R1 stated staff have not said when they will do it. 2.On 5/19/2026 at 12:22 PM, V11 (CNA) stated sometimes coming onto shift in the morning and finding residents not cleaned overnight. V11 stated R13 is one of the residents that has complained about it. V11 has started the morning shift and found R13 real wet and R13's incontinence brief very soiled. V11 stated the bed was soaked and saturated. V11 stated the stains on the linen were dark and you can just tell they didn't clean [R13] all night. On 5/19/2026 at 12:26 PM, R13 was alert and oriented to person, place, date, and situation. R13 stated night CNAs do not change R13's incontinence product right away. R13 stated having to wait hours until getting the CNA's attention. R13 stated most of the time the night CNAs will only change R13 once during the shift. R13 lays soaked in bed until the CNA changes R13 around 5:00 AM. R13's 3/24/2026 MDS assessment documents R13 is cognitively intact. R13 is dependent on staff for toileting and personal hygiene. R13 is always incontinent with urine and frequently incontinent with bowels. R13's Care Plan Report documents R13 has limited mobility to bilateral upper and lower extremities (revised (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5/17/2022). R13 is at risk for impaired skin integrity (revised 3/26/2026). Interventions include keeping R13's skin clean and well lubricated, monitoring for moisture, and providing skin care per facility guidelines (all initiated on 3/26/2026). R13's Care Plan Report also documents R13 has an ADL and functional ability for self-care and mobility deficit (revised 7/21/2024). R13 is totally dependent on staff for toilet use (revised 12/29/2025). R13 is incontinent of bladder and bowel related to impaired mobility (revised 6/27/2024). Interventions include checking and changing R13 three times every shift and as required for incontinence (revised 3/15/2022). On 5/19/2026 at 12:33 PM, V12 (CNA) stated finding R13 soaked at the start of morning shift one time with R13 complaining about the night CNA not changing R13. On 5/19/2026 at 1:11 PM, V27 (CNA) stated sometimes picking up morning shifts. V27 stated multiple incidents of finding residents soaked like no one checked on them the whole night. V27 stated the residents' beds were completely soaked and discolored needing complete linen changes. On 5/19/2026 at 1:26 PM, V29 (CNA) stated coming onto morning shift a few times and finding multiple residents wet. V29 stated, You can tell they've been wet all night like even up to the mattress. If it was just the diaper it would be recent, but I would find the whole bed and linen soaked and wet. 3.On 5/19/2026 at 11:44 AM, R25 (President of Resident Council), R10 (Vice President of Resident Council) and R11 stated residents have complained about having a hard time finding the night CNAs during Resident Council. R10 and R11 stated they have also had trouble finding a night CNA that is available to help. R10 stated waiting 1-2 hours before getting a hold of the night CNA. R10's 5/8/2026 MDS assessment documents R10 is cognitively intact. R10 requires supervision or touching assistance with toileting and personal hygiene. R11's 5/12/2026 MDS assessment documents R11 is cognitively intact. R11 requires substantial/maximal assistance with toileting and supervision or touching assistance with personal hygiene. Facility's Resident Council Minutes from 3/26/2026 and 4/30/2026 document concerns of CNA to do more rounds at night. On 5/21/2026 at 12:03 PM, V3 (Director of Nursing) stated was not aware of any complaints regarding incontinence care during night shift. V3 was also not aware of R1's nail concerns. V3 reviewed R1's electronic medical record. V3 stated V3 doesn't see any reason why staff have not cut R1's fingernails. Facility's Call Light policy (last revised 2/2/2018) documents: Purpose: To respond to residents' requests and needs in a timely and courteous manner. Guidelines: Resident call lights will be answered in a timely manner. Facility's Incontinence Care policy (last revised 4/20/2021) documents: Purpose: To prevent excoriation and skin breakdown, discomfort and maintain dignity. Guidelines: Incontinent resident will be checked periodically in accordance with the assessed incontinent episodes or approximately every two hours and provided perineal and genital care after each episode. Facility's Nail Care policy (last revised 1/25/2018) documents: Observe condition of resident anils during each time of bathing. Note cleanliness, length uneven edges, hypertrophied nails.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review, the facility failed to follow planned menus and diet extensions. These failures have the potential to affect all 243 residents receiving food prepared in the facility's kitchen. Findings include: On 05/19/26 at 11:00 AM, V22 (Cook) stated he prepared the food for lunch. V22 stated the portion size to be served are listed on the recipe and the diet spreadsheets. V22 stated today the baked fish portion size is 3-ounces for regular and mechanical soft diets and everyone is receiving pudding for dessert. V22 stated the serving size for the pudding is a #8 scoop size for all diets except the diabetic diets which receive #16 scoop size instead of the #8 scoop size.On 05/19/26 at 11:42 AM, observed lunch tray line in progress. Observed V24 (Dietary Aide) putting one piece of fish on resident trays receiving regular texture diets. Per visual observation, the portion of the fish was very small and did not appear to be a 3-ounce portion.On 05/19/26 at 11:47 AM, surveyor asked V24 to select a piece of fish from the tray line and put it on a plate. Surveyor then requested V4 (Dietary Manager) to weigh the piece of fish.On 05/19/26 at 11:49 AM, using an industrial food scale which was covered in plastic wrap and tarred to zero, V4 put the piece of fish on the scale. V4 looked at the reading on the scale and stated the fish weighed 1.5-ounces.On 05/19/26 at 11:50 AM, surveyor requested for V22 to select and weigh the largest piece of fish on visual appearance from a pan of cooked fish for the tray line. V22 selected the largest piece of fish from the pan and placed the fish on the scale after tarring it to zero. V4 looked at the reading on the scale and stated that piece of fish weighed 2-ounces.On 05/19/26 at 11:51 AM, V4, Food Service Manager, stated the portion size should be 3-ounce and the fish is purchased frozen as a 3-ounce fillet portion. V4 stated some of the volume of food is lost during the cooking process. V4 estimates approximately one ounce is lost during the cooking process. V4 stated therefore to get a 3-ounce final serving portion of fish they should be buying 4-5-ounce portions of fish.On 05/19/26 at 12:27 PM, during meal round observations, R5 stated she would have liked a bigger portion of fish. R5 said, I only got one piece; it was small today. R5 stated she would have liked more of it.On 05/19/26 at 12:33 PM, observed R1 lying in his bed with his finished meal tray on his bedside table. R1 consumed 100% fish. Observed small bowl on R1's tray with a plastic lid on it. R1 stated the fish portion was too small. R1 stated the portions are usually small. R1 told the surveyor to take a look at the pudding in the bowl, it looks like one spoon of pudding. R1 asked, Shouldn't there be more pudding in there? Surveyor removed the plastic lid from the small bowl and looked at the portion of pudding inside. The portion size of the pudding did appear very small. R1 said it would be okay for the surveyor to take R1's bowl of pudding because he was not going to eat it anyway. On 05/19/26 at 12:47 PM, R6 stated the portions used to be bigger, but now the kitchen does not give the residents enough food. R6 stated the portion of fish served to him today was too small and there should have been more of the fish on his plate. On 05/19/26 at 12:57 PM, observed staff deliver R23's lunch tray to her. R23 removed the lid from her plate of food and said the fish portion looks a little small to her. R23 stated she wished the portion was bigger and that she would eat more if it was served to her.On 05/19/26 at 1:05 pm, V22 checked the recipe and diet spreadsheet and stated the portion size for pudding is #8-scoop for all diets except the diabetic diets who receive #16-scoop.On 05/19/26 at 1:07 PM, using R1's pudding served to him, V22 scooped out the pudding from the serving bowl and put it into an empty #16-scoop. The pudding did not fill the #16-scoop. The #16-scoop was filled 3/4 of the way with pudding.On 05/19/26 at 1:08 PM, V4 viewed the #16-scoop with pudding in it and stated it is filled 3/4 of the way and it should be filled all the way and level at least for the residents on diabetic diets. V4 stated the other residents should have received 1/2 cup of pudding using a #8 scoop.On 05/19/26 at 1:10 PM, V25 (Dietary Aide) stated he is the one who portioned out the pudding for everyone for the lunch meal. V25 stated he used the yellow handled scoop to portion out pudding for all the residents. V25 looked at the #16-scoop and stated the yellow scoop he used was smaller than (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the #16-scoop. V25 stated everyone received the same portion using the yellow scoop. V25 stated no one told him which utensil to use to portion out the pudding. V25 stated he used the smaller portion because he would rather not use too big of a scoop so that he does not run out of food. V25 stated he wanted to make sure everyone got some of the pudding.On 05/19/26 at 1:13 PM, V4 stated the yellow handled scoop V25 used to portion out the pudding was the #20 scoop. V4 looked at a chart posted on the wall and stated the #20 scoop provides a little less than 2 ounces.On 05/20/26 at 11:50 AM, lunch tray line started and observed V25 serving the ham. V25 stated V23 (Cook) told V25 to put three to four of the 1/2 slices of ham on each plate and that he is putting four 1/2 slices of ham on each resident's plate of food.On 05/20/26 at 12:14 PM, surveyor asked V25 to remove the ham he had portioned onto a resident plate and put it on a separate plate.On 05/20/26 at 12:15 PM, surveyor asked V51 (Cook) to weigh the ham provided by V25 using a food scale.On 05/20/26 at12:16 PM, observed V51 put a piece of plastic on the food scale, tarre it to zero and then add the ham provided by V25 from the tray line. There were four 1/2 slices of ham on the scale. V51 looked at the scale measurement and stated the ham weighs 2.2 ounces. V51 stated the ham portion being served should be 3 ounces. V51 stated she will add one more piece of ham and asked the tray line to give her another piece of ham.On 05/20/26 at 12:18 PM, V51 added an additional 1/2 slice of ham to the ham already on the scale. Surveyor looked at the scale which read 2.5-ounces. V51 stated this is still not enough ham. V51 stated she needs to add another piece of ham.On 05/20/26 at 12:19 PM, V51 asked for another piece of ham from the tray line and added an additional 1/2 slice of ham to the ham already on the scale. V51 and surveyor viewed the scale. V51 stated the six 1/2 slices of ham weighed 3.1 ounces. V51 stated the tray line should be serving six 1/2 slices of ham to serve 3 ounces of ham and that the four 1/2 slices of ham was not enough.On 05/20/26 at 12:20 PM, V51 stated it is important for the residents to get the right amount of protein, and the kitchen should be serving the portion listed on the recipe and spreadsheet. V51 stated she was never told to weigh the sliced meat or protein to figure out how much to give for a portion on the tray line. V51 stated but after seeing the difference in what was being served on the tray line today and what that portion weighed on the scale compared to what should have been given, she will do that from now on.On 05/20/26 at 12:31 PM, V4 stated the most accurate way to determine portion sizes for meat is by using the scale and that is what the cook should be doing before the tray line starts so they can tell the staff how much food to serve to the residents. V4 stated yesterday the cook should have weighed out the fish after cooking before the tray line started because you cannot tell by looking at something how much it weighs. V4 stated if the cook had weighed out the fish portions they would have seen that one piece of fish was not going to provide 3-ounces of protein and they could have adjusted the portions accordingly to make sure the residents received 3 ounces of fish.On 05/20/26 at 1:36 PM, V50 (Certified Nursing Assistant) stated she does notice that when she is passing out the trays some of the portions do look smaller than they should be.On 05/21/26 at 10:11 AM, V28 (Certified Nursing Assistant) stated residents do complain about the portions being too small and that the food is not enough for them. V28 stated she sees that the portions are too small. V28 said, That is all the time. It is not enough food for them.On 05/21/26 at 10:21 AM, V53 (Licensed Practical Nurse) stated the portion sizes in her opinion do look small for certain residents.On 05/21/26 at 10:28 AM, V54 (Certified Nursing Assistant) stated she does not think the residents are served enough food. V54 stated the portion sizes are too small. V54 said, They give too little of a portion. It is not enough for a grown person. V54 stated the residents complain to the staff that they are not being given enough food, and they will scavenger for more food on the leftover trays on the food carts.On 05/21/26 at 11:30 AM, via telephone interview, V55 (Registered Dietitian) stated the kitchen should be following the menus and diet spreadsheets to ensure proper portion sizes are given so the residents are getting adequate calories and protein. V55 stated the potential problem with the kitchen giving portion sizes that are too small is it could lead to weight loss and skin breakdown. V55 stated fish, chicken, and meat lose volume as part of the cooking process, and the best way for the kitchen staff to determine (continued on next page)

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	145244	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Lakeshore	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.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	how much 3-ounces is would be for them to weigh the protein item on a scale. V55 stated no one can tell how many ounces something is by just eyeballing the item. V55 stated if the fish only weighed 1.5 ounces the staff should have increased the portion to two. V55 stated the residents should have been served 3-ounces of ham if that is what the recipe and diet spreadsheets called for. V55 stated a #8 scoop portion is equivalent to 1/2 cup, a #16 scoop serving is equivalent to 1/4 cup and #20 scoop portion is equivalent to three Tablespoons. V55 stated residents receiving three Tablespoons of pudding instead of 1/2 cup is not a lot and this would affect the overall calorie intake of the meal by not providing enough calories. V55 stated the kitchen wants to ensure the residents are receiving adequate amount of calories and protein and that is why the staff should be following the spreadsheets.Facility provided document titled, Diet Roster - By Diet dated 05/20/26 listing residents with their diet orders. The report indicates there are four residents who receive nothing by mouth (NPO).Kitchen policy titled Standardized Recipes undated documents in part, standardized recipes should be available and followed by kitchen staff to produce high quality, flavorful, and consistent products. Each recipe should include but not limited to serving size - this is the single required portion of the final product served and equipment and utensils to use - listing of cooking and serving tools to produce and serve the food item.Kitchen policy titled Portion Control undated which documents in part, portion size is determined by the nutritional needs of the residents, federal and state regulations that specify the food groups, and portion sizes that must be served according to the facility menu. Use standardized recipes based on facility census and cycle menus. Serve portions according to the menu spreadsheet. Use scoops, spoodles, ladles, and scales to serve proper menu portions on the tray line. Weight or measure ingredients. Weighing is the most accurate. Use standard measuring equipment. Level off ingredients.Kitchen policy titled Menus undated which documents in part, menus are planned in advance and are followed as written to meet the nutritional needs of the residents and menus are served as written unless changed due to an unpopular items on the menu, an item could not be procured, or in the event of a special meal.Facility provided copy of Diet Spreadsheet Week 4, Tuesday Week 24 dated 03/02/26 which documents in part for lunch meal for regular diets to receive 3-ounces baked fish and for regular, mechanical soft/ground and pureed diets to receive #8 scoop of pudding and for LCS (Low Concentrated Sweets) diet to receive #16 scoop pudding.Kitchen recipe titled Baked Fish lists portion size as 3-ounces and instructions include but not limited to serve 3-ounces of fish per portion.Kitchen recipe titled Banana Pudding list portion size as #8 scoop and instructions include but not limited to portion #8 scoop pudding into dessert dishes.Facility provided copy of Diet Spreadsheet Week 4, Wednesday Week 25 dated 03/02/26 which documents in part for lunch meal for regular diets to receive 3-ounces baked ham.Kitchen recipe titled Baked Ham list portion size as 3-ounces and instruction include but not limited to weight slices randomly to maintain 3-ounce portion control.Facility provided document titled Conversions and Measurements which documents in part, #8 scoop measure 1/2 cup, #16 scoop measure 1/4 cup, #20 scoop measure three Tablespoons.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide effective pest control for nine [R2, R15, R16, R17, R18, R19, R20, R21, R23] residents in a sample of 23. These failures have the potential to affect all 247 residents residing in the facility. Findings Include: Pest Control Invoice documents indicate the following:10/23/25-Exterminator sprayed for German Roaches and bed bugs on the third floor. 11/12/25- sprayed on second floor for German Roaches and in laundry rooms, pantry, kitchen, locker room, and basement. Fourth floor room was sprayed for bed bugs.Rodent traps were placed on the first, second, third, fourth nursing floors and basement. 12/23/25,12/29/25, 1/5/26, 1/16/26, 2/18/26, sprayed fourth floor for bed beds and German Roaches, nursing stations for bed bug activity, also nursing station chairs. 4/16/26 to 5/22/265 German Roaches and mice were treated: dining rooms, nursing stations, pantries, kitchen, laundry area, and several fourth-floor rooms. On 5/19/26 at 10:19AM, R1 stated, I been having mice in my room since December 2025. I still see roaches as well. The mice live in my dresser drawls (sic). Every day I clean out the mice droppings. When I pull out my clothes the mice dropping fall out all over the floor and in the bottom of my drawl (sic). R1 pulled out her dresser drawer and a shirt. R1 stated, Look at all the mice droppings all over my personal items. [V17, Maintenance] placed a mouse trap in the corner of my room, but the mouse traps are not helping at all. The mice jump in and out my garbage can, because the garbage cans stay full of garbage. The garbage is not emptied daily, the floors are not swept and mopped daily, most of the time it's every three days. Both the room garbage cans are running over and then my roommate, and I started placing garbage in the bathroom garbage can and that one started to run over as well. Look at the garbage can, it's not lunch time, but there are two days of lunch food in the garbage cans. The garbage has not been emptied over two days. All these spots on my floor have been there for days, the floors are very sticky under my shoes. There are roaches in my room as well. I see a couple of roaches every day. I been killing them with my shoes (sic). On 5/19/26 at 10:25AM, V17 [Maintenance], V8 [Licensed Practical Nurse], V18 [Housekeeping/Floor Tech], V20 [Housekeeper Director] and surveyor observed R1's dresser drawer with black small pellets covering R1's clothing, books, papers, and bottom of the dress drawer. Also observed several piles of black small pellets in the corners in R1's room. On 5/19/26 at 10:28AM, V8 [Licensed Practical Nurse] stated, Oh my goodness, those are mice droppings on her clothes, personal items and in bottom of R1's dresser drawers. I will get housekeeping to clean up the mice droppings, certified nurse assistant to take all her clothes to laundry for cleaning, and maintenance for mice traps. I have not seen any mice, I work the day shift, but I have saw mice droppings in the facility. On 5/19/26 at 10:40 AM, V20 [Housekeeping Director] stated, I will have a housekeeper come and clean out the dresser drawers, floors and bathroom. I see the mouse droppings on R1's clothing items and personal items. The black small pellets are mice droppings in the room corners. Observed many small black pellets along the base of the wall. On 5/19/26 at 11:00 AM, V17 [Maintenance Director] stated, We been having a problem with mice for three months. V1 [Administrator] will call out the exterminator. Roaches have been on-going, but the exterminator comes every two weeks. The roaches are better. Lately I get more complaints about mice. On 5/19/26 at 11:10 AM, R23 stated, There are mice living in the wall of my room. Look under at the head of the bed, there's a hole and the mice come in and out all the time. I place the yellow small basin in front of the hole with soap and water to poison the mice. The maintenance man puts down glue traps but that has not work for months, since March. I been asking V1 [Administrator] and maintenance to fix the hole in my wall, for months but it has not been fixed. On 5/19/26 at 11:18AM, V1 [Administrator] and surveyor observed a hole in the wall at the head of the bed in R23's room. V1 stated, This is my first time knowing about the hole. I will have [V17] fix the hole now. I will call out the exterminators about the mice in here. On 5/19/25 at 11:30 AM, R16 stated, I have mice living under my dresser and in my clothes. The mice and roaches have been here (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	for over two months. I complain to [V1], but the mice glue traps are not working. The roaches just won't go away. Look by the wall and you will see mice droppings. Surveyor observed R16's floor had colored sticky spots on the floor. On 5/19/26 at 11:43 AM, R15 stated, I have mice running around in here all night. I try to kill them with my shoes. On 5/19/26 at 12:10 PM, R17 stated, I have mice running around all night. On 5/20/26 at 12:25 PM, observed R18's room with three glue pads in the corners in the room. V21 [Housekeeper] stated, I have not seen any mice, but I clean up and see mice droppings in [R18's] room and other rooms. I float from floor to floor. It is hard to keep up with the cleaning moving from floor to floor. V21 and surveyor observed small black pellets near the base board floor. V21 stated, Those are mice droppings. On 5/20/26 at 12:44 PM, R19 and R20 [Roommates] both said they saw mice running across the floor. On 5/19/26 at 1:24PM, R21 stated, I have bugs in my room for about a month. I have red bite marks on my body. The bugs leave black dots all over my sheets in the morning, I think they are bed bugs. V1 [Administrator] said the facility did not have bed bugs, but it is something biting me up only at night. On 5/19/26 at 1:30PM, V1 [Administrator] stated to R21 and surveyor, I will call the exterminator to check out [R21's] room. Meanwhile I will move [R21] and his roommate to another room. On 5/21/26 at 2:40PM, V1 [Administrator] stated, The facility had a roach problem off and on. The exterminator comes out every two weeks and as needed. We stitched out pest control company. One contract ended in February, and the other one picked back up in April. Staff and residents have reported sightings of mice, and the exterminator comes out and lay down glue traps and bait. R2, R15, R16 and R23 reside on the fourth floor. R17 and R18 reside on the third floor. R19 and R20 reside on the second floor. R21 reside on the first floor. Policy:Pest Control dated 11/28/12All building openings shall be tight-fitting and free of breaks.The facility shall be kept in such condition and cleaning procedures used to prevent the harborage or feeding of insects or rodents.Garbage and trash shall be stored in areas separate from those used for preparation and storage of food.Garbage and trash shall be promptly removed.