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| 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 05/03/2024 |
| 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) |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>45110</p> <p>Based on observation, interview, and record review, the facility failed to provide privacy and promote dignity for one resident [R38] reviewed for urinary catheters in the sample of 35.</p> <p>R38's clinical record indicates the following medical diagnoses of neuromuscular dysfunction of bladder, acute kidney failure, hematuria, essential (primary) hypertension, chronic obstructive pulmonary disease with (acute) exacerbation, and schizoaffective disorder.</p> <p>On 4/30/24, at 11:15 AM, R38 was lying in bed with his urinary bag half filled, with urine noted from the hallway.</p> <p>On 4/30/24 at 11:18 AM, R38 stated, I have a urinary catheter, due to my bladder not working. I am not sure when the nurse aide emptied my urine bag. I do not want anyone seeing my urine or urinary bag.</p> <p>On 4/30/24, at 11:22AM, V6 [Licensed Practical Nurse] stated, I see (R38's) urinary bag from the hallway half filled with urine. The Certified Nurse Assistants should keep the urinary bags emptied and covered for the resident privacy. I will have the Certified Nurse Assistant come empty the urinary bag, and place the bag into the privacy bag.</p> <p>On 5/2/24 at 12:05 PM, V3 [Director of Nursing] stated, All urinary bags should always be kept in the urinary privacy bag. If the resident urinary bag is exposed to the hallway, it could be embarrassing for the resident and cause a dignity issue.</p> <p>Facility policy Urinary Catheter Care documents:</p> <p>-Place drainage bag and excess tubing in a secondary vinyl bag</p> <p>Facility's policy Resident Rights documents:</p> <p>Facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p>39779</p> <p>Based on observation, interview, and record review the facility, failed to ensure the call light was within reach for 3 (R39, R82, R114) of 5 residents reviewed for accommodation of needs in a sample of 35.</p> <p>Findings Include:</p> <p>1. R82 has diagnoses not limited to Cognitive Communication Deficit, Essential (Primary) Hypertension, History of Falling, Hypothyroidism, Obesity, Atrial Fibrillation, Transient Cerebral Ischemic Attack, Hyperlipidemia, Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Asthma with (Acute) Exacerbation, Dysphagia, Oropharyngeal Phase, Chronic Kidney Disease, Hypokalemia, Dementia, Major Depressive Disorder, Diabetes Mellitus Abnormalities of Gait And Mobility, Thyrotoxicosis, Osteoarthritis of Knee, and Chronic Diastolic (Congestive) Heart Failure.</p> <p>R82's Care plan documents: Focus: (R82) has an ADL (Activities of Daily Living) and functional ability for self-care and mobility performance/deficit. Interventions: Encourage the resident to use bell to call for assistance. Focus: (R82) is at risk for falls r/t (related/to) impaired mobility. Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Focus: I am incontinent of bladder and bowel r/t limited mobility. Interventions: Ensure call light is within reach and answer promptly.</p> <p>On 04/30/24 at 10:59 AM, R82 was observed lying in bed with the call button hanging on the left side rail, out of R82's reach. Surveyor pressed the call button, and it did not light up on the wall or outside of the door.</p> <p>2. R114 has diagnoses not limited to Essential (Primary) Hypertension, Insomnia, Chronic Obstructive Pulmonary Disease With (Acute) Exacerbation, Major Depressive Disorder, Atherosclerotic Heart Disease of Native Coronary Artery, Syncope and Collapse, Orthostatic Hypotension, Hyperlipidemia, Generalized Anxiety Disorder, Cognitive Communication Deficit, Multiple Fractures of Ribs, Left Side, Vitamin D Deficiency, Abnormalities of Gait and Mobility, and Psychosis.</p> <p>R114's Care plan documents: Focus: (R114) has an ADL and functional ability for self-care and mobility deficit Date Initiated: 03/22/22. Interventions: Encourage the resident to use bell to call for assistance. Focus: (R114) is at risk for falls r/t (related to) major depression, anxiety disorder, limited mobility and on psych meds. Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Focus: (R114) has bladder and bowel incontinence r/t cognitive communication deficit Date Initiated: 05/16/23. Interventions: Ensure call light is within reach and answer promptly.</p> <p>On 04/30/24 at 11:22 AM, R114 was observed lying in bed on her right side, turned facing the window. R114's call light was observed located behind R114, hanging from the left side rail, out of R114 reach. Surveyor asked R114 did she know where the call light was located. R114 responded, No I don't.</p> <p>(continued on next page)</p> | | |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>3. R39 has diagnoses not limited to Acute Conjunctivitis, Bilateral, Schizoaffective Disorder, Chronic Atrial Fibrillation, Generalized Idiopathic Epilepsy and Epileptic Syndromes, Essential (Primary) Hypertension, Hyperlipidemia, Gastro-Esophageal Reflux Disease, Asthma, Contracture, Left Foot, Type 2 Diabetes Mellitus, Benign Prostatic Hyperplasia, Bipolar Disorder, Acute Pain Due to Trauma, Manic Episode, Severe with Psychotic Symptoms, Schizophrenia, Chronic Diastolic (Congestive) Heart Failure, Pressure Ulcer of Left Heel, Unstageable, Open Wound, Left Ankle, Lack Of Coordination, Chronic Venous Hypertension (Idiopathic) with Ulcer of Left Lower Extremity, Acute Embolism, and Thrombosis.</p> <p>R39's Care plan documents: Focus: (R39) has an ADL and functional ability for self-care and mobility deficit. Interventions: Encourage the resident to use bell to call for assistance. Focus: I am at risk for falls. Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Focus: I have bladder and bowel incontinence. Interventions: Ensure call light is within reach and answer promptly.</p> <p>On 04/30/24 at 11:52 AM, the surveyor entered R39 room and asked R39 the location of his call light. R39 responded, The cord is over there; (pointing to his left) I can't reach it. R39's call light was observed lying on the floor on the left side of the bed ,out of R39 reach.</p> <p>On 04/30/24 at 11:53 AM, R39 called out V19's (Certified Nurse Assistant) name, and V19 entered R39's room. Surveyor asked V19 the location of R39's call light. V19 went to the left side of R39's bed then picked up the call light from the floor and said, That was my fault, I just changed (R39's) bed. The call light was on the floor.</p> <p>On 05/02/24 at 10:13 AM, V3 (Director of Nursing) stated, The call light should be placed within reach of the patient, so they have easy access to call for help if needed. My expectation is that the call lights are working. If the call light is not working, the staff can trouble shoot, and if not able to immediately fix it, they should report it to Maintenance.</p> <p>Policy:</p> <p>Titled Call Light, revised 02/02/18, documents: Purpose: To respond to residents' requests and needs in a timely and courteous manner. 1. All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location. 6. Call bell system defects will be reported promptly to the Maintenance Department for servicing.</p> | | |

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| <p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45000</p> <p>Based on interview and record review, the facility failed to provide mail services to residents on Saturdays. This has the potential to affect all 213 residents residing in the facility.</p> <p>Findings include:</p> <p>On 05/01/2024 at 1:49PM, during the resident council group meeting, all residents (R4, R88, R109, R118, R121, R129, R155, and R162) in attendance stated there is no mail delivered to the residents on Saturdays. Residents stated mail is first checked by the business office, then the business office gives it to the receptionist, and then the receptionist gives it to the Activity department, and then the Activity department is who delivers mail to the residents. Residents states they have to wait until Monday to get their mail at the facility. Residents state sometimes their mail is already opened when they receive it.</p> <p>On 05/02/2024 at 9:53AM, V41 (Activity Director) stated she has a total of four Activity Aide staff members that she oversees. V41 stated she has one employee in the Activity department who works every weekend, and one employee who rotates working every other weekend. V41 stated the Activity Aide staff members are expected to deliver residents' mail every day that there is mail delivered, even on Saturdays. V41 states resident mail is picked up from the receptionist at the front office and then delivered to the residents.</p> <p>On 05/02/2024 at 10:06AM, V42 (Receptionist) stated she has been working at the facility for three years, and stated she last worked the weekend shift at the facility approximately one month ago. V42 stated mail is delivered at the facility on the weekends. V42 stated when she worked that weekend, resident mail was delivered to the facility, but V42 did not disperse resident's mail to anyone. V42 states the protocol that is followed when resident mail is delivered is as follows: The receptionist places resident's mail inside the mail room located behind the receptionist desk, the mail is kept there until the business office sorts through it. Once the business office sorts through it, the resident's mail is then given to the receptionist who sorts the mail by resident's floors, then the receptionist gives the resident's mail to the Activity Aides to disperse to the residents by floor numbers. V42 states the business office works Monday through Friday and does not work on the weekends. V42 states other Receptionists are also familiar with the mail protocol, and usually will not touch the resident's mail until after the business office sorts through it. V42 states she has overheard residents talking amongst themselves stating that their mail is sometimes opened when it is delivered to them.</p> <p>(continued on next page)</p> | | |

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| <p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On 05/02/2024 at 10:30AM, V24 (Business Office Manager) stated she works at the facility Monday through Friday, and the protocol regarding resident's mail is as follows: staff waits for V24 to sort through resident's mail. V24 stated she should be the only one who checks the mail first when it arrives. Once resident's mail arrives, V24 checks the mail for certain [NAME] such as the Department of Human Services and the Social Security office. V24 stated if resident's mail is delivered from these [NAME], then she opens the mail because the facility applies for services from these facilities on the resident's behalf. V24 stated mail from these [NAME] are not given to the resident, but instead uploaded into the resident's electronic medical record. V24 stated even if mail is delivered on the weekend, staff knows to wait for her to sort through the resident's mail. V24 stated once she sorts through the mail first, she gives the rest of the mail to the Receptionist to sort for the residents.</p> <p>Facility census, dated 04/30/2024, documents a total of 213 residents reside in the facility.</p> <p>Long Term Care Ombudsman Program Residents' Rights, dated 11/2018, documents, Your facility must deliver and send your mail promptly. Your facility may not open your mail without your permission.</p> | | |

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| <p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39779</p> <p>Based on record review and interview, the facility failed to make a referral for re-evaluation after a change in mental health status for 1 (R2) of 2 residents reviewed for Preadmission Screening and Resident Review (PASRR) in a sample of 35.</p> <p>Findings Include:</p> <p>R2 was admitted to the facility on [DATE], with diagnoses not limited to Cocaine Abuse, Abnormal Posture, Seizures, Bipolar Disorder, and Essential (Primary) Hypertension.</p> <p>R2's Care plan documents: Focus: (R2) has a mood problem r/t (related/to) Bipolar Date Initiated: 10/28/22. Interventions: Administer medications as ordered. Monitor/document for side effects and effectiveness.</p> <p>R2's Interagency Certification of Screening Results for Long Term Care documents: Date client received screening: 03/13/1998. Screening is valid for 90 days from date of screening. Screening indicated nursing facility services are appropriate.</p> <p>R2's OBRA (Omnibus Budget Reconciliation Act) screen, dated 03/13/1998, documents: Based upon all information and data available to me for this person: there is not a reasonable basis for suspecting DD (Developmental Disability) or Severe MI (Mental Illness).</p> <p>On 05/01/24 at 1:10 PM, V2 (Assistant Administrator) stated, All the residents who were admitted to the facility prior to the new PASARR (Preadmission Screening and Resident Review) system being implemented, were not referred to have a level II PASARR screening. To my knowledge, the residents who were admitted to the facility prior to the change of the PASSAR system do not require a PASSAR level II screening, and that the OBRA screen was sufficient. This is due to the OBRA level I screenings documenting that the resident is appropriate for a nursing home facility for medical reasons.</p> <p>On 05/02/24 at 1:22 PM, V2 (Assistant Administrator) stated, I have been updating the level 2 PASARR. Residents that were admitted a long time ago I could not find anything because they had OBRA I screens. In March 2022 it was to my understanding that if the resident had the OBRA I screen, it was still good. If the resident moves, they would need a new PASARR screen. If there is a change of condition or if they go to the hospital and return with a different level of care, they may ask me to do a new PASARR screen. People with level 2 PASARR are screened annually.</p> <p>Policy:</p> <p>(continued on next page)</p> | | |

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| <p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Titled Preadmission Screening and Annual Resident Review (PASARR), revised 11/13/18, documents: Annually and with any significant change of status, the facility will complete the PASARR Level I screen for those individuals identified per the Level II screen requiring specialized services. The facility will report any changes as identified via the screen to the state mental health authority or state intellectual disability authority promptly. Objective PASARR Policy: The objective of the PASARR policy is to ensure that individuals with mental illness and intellectual disabilities receive the care and services that they need in the most appropriate setting. The PASARR will be evaluated annually and upon any significant change for those individuals identified.</p> |

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| <p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45000</p> <p>Based on interview and record review, the facility failed to initiate a new Level I screen for residents with known mental illness for one (R59) of two residents reviewed for Pre-Admission Screening and Record Review (PASARR) in a total sample of 35.</p> <p>Findings include:</p> <p>R59's Facehsheet documents R59 was admitted to the facility on [DATE], with diagnoses not limited to: major depressive disorder, single episode, unspecified, generalized anxiety disorder, bipolar disorder, and unspecified dementia, unspecified severity, with other behavioral disturbance.</p> <p>R59's Interagency Certification of Screening Results OBRA-I Initial Screen, dated 11/26/2008, indicates R59 has no reasonable basis for suspecting MI (mental illness). R59's Minimum Data Set (MDS) Section I, dated 03/04/2024, indicates active diagnoses of anxiety, depression, and bipolar disease.</p> <p>On 05/01/2024 at 1:10PM, surveyor inquired to V2 (Assistant Administrator) about level II PASSAR screenings for residents who are admitted to the facility with a diagnosis of a psychiatric mental health illness. V2 stated she has been responsible for ensuring the resident's level II PASSAR screenings are performed for the residents who are more recently admitted to the facility. V2 stated, since the new PASSAR system has been implemented, she refers those residents to have a level II PASSAR screening. V2 stated all the residents who were admitted to the facility prior to the new PASSAR system being implemented, those residents were not referred to have a level II PASARR screening. V2 stated, to her knowledge, the residents who were admitted to the facility prior to the change of the PASSAR system do not require a PASSAR level II screening. V2 stated this is due to the OBRA level I screenings documenting the resident is appropriate for a nursing home facility for medical reasons.</p> <p>Surveyor inquired to V2 about level II PASSAR screenings for residents who are diagnosed and developed a psychiatric mental health illness after being admitted to the facility. V2 stated she is not certain, but believes the Admissions Department is responsible for referring residents for a level II PASSAR screening if they develop a psychiatric mental health illness after being admitted to the facility. V2 stated she will follow up with surveyor to inform surveyor of who is responsible for referring residents to be screened for level II PASSAR screenings. V2 did not follow up with surveyor, and surveyor was not made aware by V2 of who is responsible for referring residents for level II PASSAR screenings.</p> <p>(continued on next page)</p> | | |

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| <p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Facility policy, dated 11/13/2018, titled, Preadmission Screening and Annual Resident Review (PASARR), documents, Guidelines: It is the policy to screen all potential admissions on an individualized basis. Based upon the Level I screen, the facility will not admit an individual with a mental disorder or intellectual disability until the Level II screening process has been requested. The facility will coordinate with the State PASARR representative related to the individual needs of the resident as indicated. Annually and with any significant change of status, the facility will complete the PASARR Level I screen for those individuals identified per the Level II screen requiring specialized services. The objective of the PASARR policy is to ensure that individuals with mental illness and intellectual disabilities receive the care and services that they need in the most appropriate setting. The PASARR will be evaluated annually and upon any significant change for those residents identified.</p> |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>46342</p> <p>Based on interview and record review, the facility failed to follow their policy to include Advance Directives in the resident's plan of care. This failure affected three (R12, R91, R186) residents reviewed for Advanced Directives and comprehensive care plans in a total sample of 35 residents.</p> <p>Finding include:</p> <p>1. R12 has diagnoses including, but not limited to Parkinson's Disease Without Dyskinesia, Idiopathic progressive Neuropathy, Chronic Obstructive Pulmonary Disease with Acute Exacerbation, Type 2 Diabetes Mellitus with Hyperglycemia, Schizophrenia, Hypothyroidism, Hyperlipidemia, Dysphasia, Hypertension, Overactive Bladder, Abnormalities of Gait Immobility, Anemia, Major Depressive Disorder, and Psoriasis Vulgaris.</p> <p>R12's Order Summary Report, dated 05/01/24, documents full code status ordered on 07/10/23. Per review of R12's electronic health record (EHR), R12 does not have a care plan for Advanced Directives.</p> <p>2. R91 has diagnoses including but not limited to Seizures, Type 2 Diabetes Mellitus with Hyperglycemia, Major Depressive Disorder, Schizophrenia, Iron Deficiency, Schizoaffective Disorder, Thiamine Deficiency, Psychotic Disorder with Delusions Due to Known Physiological Condition, Insomnia, Hypertension, Hirsutism, Rosacea, and Hallucinations.</p> <p>R91's Order Summary Report, dated 05/01/24, documents full code status ordered on 04/02/24. Per review of R91's EHR, R91 does not have a care plan for Advanced Directives.</p> <p>3. R186 has diagnoses including, but not limited to Major Depressive Disorder, Human Immunodeficiency Virus (HIV) Disease, Paranoid Schizophrenia, Unspecified Behavior and Emotional Disorder, Homicidal Ideations, Anemia, Histoplasmosis, Abnormalities of Gait and Mobility, Unspecified Protein Calorie Malnutrition, Chronic Obstructive Pulmonary Disease with Acute Exacerbation, Psychoactive Substance Use, and Anxiety Disorder.</p> <p>R186's Order Summary Report, dated 05/01/24, documents full code status ordered on 03/22/24. Per review of R186's EHR, R186 does not have a care plan for Advanced Directives.</p> <p>On 05/01/24 at 2:20 PM, V30 (Assistant Director of Social Services) stated V30 has been working at the facility since January 2023, and was previously working as the Social Service Director up until one week ago. V30 stated, Full code means you want to be resuscitated; they want any/all life sustaining measures. A resident's code status should have a physician order, and everyone should have a care plan for Advanced Directives, so that all the staff knows what the resident wants regarding their code status choice. V30 stated the care plan is a tool that gives an overview of the resident's care and helps direct their care.</p> <p>(continued on next page)</p> | | |

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| NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore | | STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626 | |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 05/01/24 at 4:22 PM, V30 checked R12's, R91's and R186's electronic health records (EHR). Looking at R186's EHR, V30 stated R186's code status is full code, and R186 does not have a care plan for Advanced Directives based on the information in R186's EHR. V30 stated R186 should have a care plan for full code status. Looking at R91's EHR, V30 stated R91's code status is full code, and was ordered by R91's doctor. V30 said, I don't see that (R91) has a care plan in place for Advanced Directives. Looking at R12's EHR, V30 stated R12's code status is full code based on R12's face sheet. V30 stated R12 does not have a care plan for Advanced Directives. V30 said, I'm shocked that the care plans are not in there. V30 stated all residents should have care plans for Advance Directives in their EHR for safe measures. V30 stated it is better to have more information than less and the staff needs to know the resident's choice about the resident's code status.</p> <p>Facility policy titled Advance Directives, dated 08/14/18, documents, for the purposes of this policy and procedure Advanced Directives means a written instrument, such as a life prolonging procedure declaration, and Advanced Directive(s) shall be included in the resident's plan of care.</p> <p>Facility policy titled, Comprehensive Care Plan, dated 11/17/17, documents, the purpose: to develop a comprehensive care plan that directs the care team and incorporates the resident's goals, preferences and services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being.</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49486</p> <p>Based on interview and record review, the facility failed to follow their policy to ensure resident will have a comprehensive care plan that is current with the medical regimen for 1 (R81) resident reviewed for individualized revision of care plan in a total sample of 35.</p> <p>Findings Include:</p> <p>R81's Minimum Data Set (MDS), dated [DATE], shows R81 is not cognitively intact.</p> <p>According to the Admission Record, R81 was admitted to the facility on [DATE], and readmitted on [DATE], with the following diagnoses of, but not limited to Paranoid Personality Disorder, Dementia, Parkinson's disease, and Chronic Obstructive Pulmonary Disease.</p> <p>R81's Physician Order Sheet (POS) shows R81 has an active order as of 5/1/24 for Do Not Resuscitate (DNR). Practitioner Orders for Life Sustaining Treatment (POLST), dated 6/16/23, documented: Do Not Resuscitate (DNR).</p> <p>R81's comprehensive care plan, completed on 4/22/24, documented: Advance Directive Status-Full Code.</p> <p>On 05/2/24 at 8:40 AM, V32 (MDS/Care Plan Coordinator) stated V32 initiates care plan upon admission, and V32 revises care plan quarterly, annually, and as the need arises with significant changes. V32 stated, Social Services is responsible for the Advanced Directives care plan, and V32 stated the care plan should match the physician's order.</p> <p>On 05/02/24 at 11:28 AM, V30 (Assistant Director of Social Services) stated Social Services is responsible for the Advanced Directives care plan. V30 stated if a resident has a physician order for Do Not Resuscitate (DNR) status, the Advanced Directive care plan should also be DNR. Surveyor asked V30 why R81's care plan states Full Code instead of DNR as ordered by the physician? V30 stated that must be an oversight, V30 reviews care plan quarterly, annually, and as needed to reflect the current Advanced Directive status of the resident. V30 stated care plans should be resident centered. V30 stated having this conflicting information in the care plan could mislead care staff and potentially lead to inappropriate treatment against the wish of R81.</p> <p>The facility policy for Advance Directives, dated 08/14/18, documented: Advanced Directive(s) shall be included in the Resident's plan of care. The facility policy for comprehensive care plan dated 11/17/17 documented in part: The care plan should be revised on an ongoing basis to reflect changes in the resident and the care that the resident is receiving.</p> |

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| <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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45000</p> <p>Based on observation, interview, and record review, the facility failed to provide fingernail care for one (R169) dependent resident in a total sample of 35 residents reviewed for ADL/Activities of Daily Living care</p> <p>Findings include:</p> <p>R169's Minimum Data Set/MDS, dated [DATE], documents R169 is dependent with ADL care and requires a two person assist with ADL care.</p> <p>R169s' care plan, dated 01/29/2024, documents R169 is care planned for ADL and mobility self-care deficit.</p> <p>R169s' care plan documents R169 is totally dependent on staff for baths and shower and requires maximal assistance with other ADL care tasks.</p> <p>On 04/30/2024 at 11:46AM, R169 stated he informed a male CNA/Certified Nursing Assistant staff member approximately 2-3 days ago he would like his fingernails cut. R169 stated his nails are too long, and he does not prefer them to be that long. R169 stated it has been a long time since he had his nails cut. R169 is able to freely lift his right hand and surveyor observed R169's fingernails on his right hand have a collection of dirt underneath his fingernails, with all fingernails observed yellow in color and overgrown to approximately 1/4 inch in length past R169s' fingertips. R169's left hand had a towel rolled inside on R169's left hand. R169 stated he cannot open his left hand and when the towel is not inside of his left hand, then his fingernails digs into his skin. R169's fingernails on his left hand also had a collection of dirt underneath his fingernails with all fingernails observed yellow in color and his ring finger and middle finger overgrown to approximately 1/2 inch in length past R169s' fingertips.</p> <p>On 04/30/2024 at 11:59AM, V9 (CNA) stated she is responsible for grooming and cutting the residents nails when she has time to do so. V9 stated it has been approximately four weeks since she has cut R169's nails. At 12:03PM, surveyor and V9 located inside of R169's room, and V9 observed R169's fingernails on both of his hands. V9 stated, It's only so much I can do. V9 stated when she has a day off from work and returns back to the facility, she noticed no one else had groomed the residents she is assigned to care for. V9 stated if she doesn't groom the residents, then no one else will do it. V9 stated R169's fingernails are long and need to be clipped, and R169 also has food particles collected under his nails. V9 stated she is the person who placed the towel inside of R169's hand, and was previously aware of the status of R169's fingernails.</p> <p>On 05/01/2024 at 2:20PM, V3 (Director of Nursing/DON) stated the staff is expected to perform ADL care for residents as needed or as requested by the resident. V3 states CNA staff should ask the residents if they want to be groomed. V3 stated it is unacceptable for resident's nails to be unkept and dirt collecting underneath a resident's nails. V3 stated resident's nails should not dig into the resident's skin. V3 stated once a resident requests to have their nails cut, it should be completed for the resident. V3 stated if that staff member is unable to perform the task, then they should endorse it to another staff member for it to be completed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Facility document titled Activities of Daily Living (ADLS) documents, Grooming- maintaining personal hygiene, including planning the task and gathering supplies, combing and/or styling hair, face and hands, brushing teeth, shaving or applying makeup, oral hygiene, self manicure (safety awareness with nail care), and/or application of deodorant or powder.</p> |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45110</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate oxygenation, failed to ensure head of bed was elevated, and failed to change and properly store oxygen tubing for 1 [R18] resident reviewed for oxygen in the sample of 35.</p> <p>R18's clinical record indicates R18' s following medical diagnoses include but no limited to chronic obstructive pulmonary disease with exacerbation, muscle wasting, hypertensive disease, and schizophrenia.</p> <p>R18's Care plan, dated 11/9/21, indicates: R18 have to chronic obstructive pulmonary disease and should be free of signs.</p> <p>Interventions:</p> <ul style="list-style-type: none"> -Elevated head of bed to prevent shortness of breath while lying flat -Oxygen settings: Oxygen at 3liters per nasal canula for chronic obstructive pulmonary disease <p>R18's Minimum Data Set section [J], dated 3/4/24,- shortness of breath, R18 have trouble breathing when lying flat.</p> <p>On 4/30/24 at 10:52 AM, surveyor observed R18 lying flat in bed with labored breathing, and R18's nasal canula oxygen tubing was hanging off the bed touching the bed frame, while V26 [Certified Nurse Assistant] was providing ADL care. R18 stated, I am short of breath, I am not sure where my oxygen for my nose is at.</p> <p>On 4/30/24 at 10: 53 PM, V26 [Certified Nurse Assistant] stated, I took off (R18's) oxygen to shave his face, it fell off the bed. V26 and surveyor observed the nasal cannula tubing hanging off the bed dated 4/22/24. V26 stated, I will have to nurse bring in a new tubing, that one is dirty.</p> <p>On 4/30/24 at 11:00 AM, R18 was lying flat in bed without any oxygen infusing. V6 [Licensed Practical Nurse] stated, (R18's) head of bed should be elevated, and his oxygen tubing should have been changed a couple of days ago. (R18) should always have his oxygen always infusing, he receives 3 liters per nasal cannula continuous.</p> <p>Surveyor and V6 observed R18's oxygen concentrator set on 1 liter of oxygen. V6 obtained R18's oxygen saturation reading as 87% to 88%. V6 corrected the settings on R18's oxygen concentrator machine and noted the settings was at 2liters. V6 stated, (R18's) oxygen concentrator is broken. I will go now and get him another concentrator.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 5/2/24 at 12:09 PM, V3 [Director of Nursing] stated, The oxygen tubing is changed every seven days on the night shift. On the oxygen concentration there should be a sticker with the number of liters the resident is to receive. The Certified Nurse Assistants know under each resident task say the resident needs oxygen, and elevated the head of bed is noted for the Certified Nurse Assistant to see. If a resident with to chronic obstructive pulmonary disease is lying flat in bed, with no oxygen infusing, could potentially cause the resident respiratory distress and low blood oxygen levels.</p> <p>Policy documents:</p> <p>Oxygen and Respiratory Equipment dated 1/7/19.</p> <ul style="list-style-type: none"> -To ensure the safety of residents by providing maintenance of all disposable respiratory supplies. -Nasal cannula are to be changes once a week and as needed -A clean plastic bag with a zip lock or draw string will be provided to store the cannula when it is not in use |

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| <p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate and sufficient services to ensure comprehensive bladder function assessment was completed and comprehensive care plan was developed for 2 (R39 and R145) residents reviewed for indwelling urinary catheter, and failed to address R52's urinalysis results in a sample of 35. This resulted in R52 experiencing burning with urination, which was left untreated.</p> <p>The findings include:</p> <p>1. R52's Progress note, dated 4/19/2024 at 12 PM, by V40 (Nurse Practitioner) was reviewed. The progress note stated R52 complained of dysuria. R52 reported burning upon urination. Repeat urinalysis was ordered. R52 completed oral antibiotics recently.</p> <p>On 4/30/2024 at 9:31 AM, review of the electronic medical record included an order for Nitrofurantoin Macrocrystal Oral Capsule 100 MG, which was ordered on 4/9/2024 and discontinued 4/16/2024.</p> <p>On 4/30/2024 at 1 PM, review of the urinalysis collected 4/20/2024 at 7:40 PM and resulted on 4/22/2024 at 11:39 AM, was positive for a small amount of blood, cloudy clarity, the presence of calcium oxalate crystals, moderate leukocytes, nitrate was present, WBC clumps were present, there was trace protein, many bacteria and white blood cells greater than 100.</p> <p>On 05/01/24 at 10:03 AM, V15 (Licensed Practical Nurse/LPN) was interviewed. Laboratory result reporting expectations to provider were discussed. V15 (LPN) stated the nurse receives laboratory results and notifies the provider in the moment. V15 (LPN) entered the electronic health record and V15 (LPN) reviewed the urinalysis collected on 4/20/2024 and results on 4/22/2024. V15 (LPN) stated the expectation is the nurse notify the Nurse Practitioner of the results. V15 (LPN) reviewed the electronic health record and could not locate provider notification of the urinalysis results. V15 (LPN) contacted V3 (Director of Nursing/DON). V3 (DON) stated the process when laboratory results are received, is the floor nurse contacts the provider, notifies the provider of the results, and enters that notification in the electronic health record. V25 (Wound Nurse) was brought into the discussion by V3 (DON), because V3 (DON) stated that she was new. V25 (Wound Nurse) reviewed the electronic health record and stated notification of urinalysis results to the provider was not documented if it occurred.</p> <p>R52's progress note, dated 5/1/2024 at 10:45 AM, entered by V25 (Wound Nurse). It stated: Relayed labs to NP/PPHR new order for repeat UA and urine culture. Notified nurse on duty to collect urine.</p> <p>On 5/2/2023 at 10:00 AM, R52 stated she has burning when she urinates for the past few weeks. R52 stated she was on antibiotics, but the burning came back. R52 stated they took another urine sample today.</p> <p>(continued on next page)</p> | | |

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| <p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>On 5/02/24 at 10:05 AM, V38 (LPN) attempted to reach V39 (Nurse Practitioner) by phone. V38 (LPN) stated V39 (Nurse Practitioner) will be at the facility around 10:30 or 11 AM. V38 (LPN) stated she does not know if there is another way to reach the Nurse Practitioner. On 05/02/24 at 12:33 PM, surveyor attempted unsuccessfully to reach V39 (Nurse Practitioner) by phone. V1 (Administrator) stated V1 (Administrator) was trying to reach V39 (Nurse Practitioner), and has asked the facility's front desk to let surveyor know when V39 (Nurse Practitioner) arrives. On 05/02/24 at 2:08 PM, V1 (Administrator) stated V39 (Nurse Practitioner) is not coming to the facility today. V1 (Administrator) stated he is trying to get hold of V39 (Nurse Practitioner) by phone so that surveyor can speak to V39 (Nurse Practitioner). V1 (Administrator) stated there is no one that covers for V39 (Nurse Practitioner) when she is not available.</p> <p>On 5/3/2024 at 10:10 AM V1 (Administrator) provided a copy of a document titled: Laboratory: 4/22/2024 11:39 Urinalysis. It documented Reviewed by V39 (Nurse Practitioner) on 4/22/2024 at 12:23.</p> <p>On 5/3/224 at 11:49 AM, V39 (Nurse Practitioner) was interviewed with V1 (Administrator) present. V39 (Nurse Practitioner) stated she was waiting on the culture and sensitivity results after she reviewed the urinalysis on 4/22/2024 before any action was taken on the urinalysis results. V1 (Administrator) reviewed the medical orders. V39 (Nurse Practitioner) and V1 (Administrator) confirmed no urine culture and sensitive was ordered until 5/2/2023, when V25 (Wound Nurse) contacted the nurse practitioner. V39 (Nurse Practitioner) stated, I see what you are seeing. It was not that I wasn't seeing her, but it was an oversight that the culture and sensitivity wasn't ordered. V39 (Nurse Practitioner) stated, The quality of care fell through because there were two different providers involved.</p> <p>Review of policy titled Physician-Family Notification - Change in Condition, dated 10/1/2015 and updated 11/17/2017 and 11/13/2018, stated: Purpose: to ensure that medical care problems are communicated to the attending physician or authorized designee and family/responsible party in a timely, efficient and effective manner.</p> <p>2. R145's health record documented admitted on 11/13/2020, with diagnoses not limited to Chronic ischemic heart disease, Transient cerebral ischemic attack, Hyperlipidemia, Heart disease, Retention of urine, Unspecified open wound of right forearm, Major depressive disorder, Bipolar disorder, Unspecified atrial fibrillation, Elevated prostate specific antigen, Personal history of covid-19, Insomnia, and Acute ischemic heart disease.</p> <p>Minimum Data Set (MDS), dated [DATE], showed R145's cognition was intact. He needed supervision or touching assistance with oral, toileting and personal hygiene, upper and lower body dressing, chair/bed and toilet transfer; Partial/moderate assistance with shower/bathe self. MDS indicated R145 was continent of bowel and bladder.</p> <p>Bladder function assessment, dated 3/6/24, showed R145 had no catheter.</p> <p>On 4/30/24 at 11:01 AM, R145 was very agitated, screaming/yelling, showing his leg bag with yellow colored urine, and stating remove this (pointing to his urinary bag). I don't need this, I can pee to the bathroom in a very loud voice.</p> <p>(continued on next page)</p> | | |

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| <p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>On 5/1/24 at 1:28 PM, V3 (Director of Nursing / DON) said, For a resident with indwelling urinary catheter, a bladder function assessment should be done upon admission/readmission, quarterly, and as needed. Assessment is done to know the appropriate care or needs of the resident, justification of indwelling urinary catheter use, as resident will be put at risk for infection. Care plan should be developed as well for urinary catheter use. Care plan is like a road map of needs of the resident to identify the concern and problem, put interventions appropriate for the resident, a plan of treatment based on the needs of the resident. Reviewed R145's electronic health record, no bladder function assessment completed, and no care plan found for urinary catheter use.</p> <p>Facility's policy for bowel and bladder assessment dated [DATE] documented in part:</p> <ul style="list-style-type: none"> - A bowel and bladder assessment will be completed by a licensed nurse: Admission, quarterly and with significant resident changes, and as needed. - The resident's plan of care will be developed to address the issue(s), goals and appropriate interventions for elimination program, using an interdisciplinary team approach. <p>44103</p> <p>3. On 4/30/24 at 11:33 AM, R39 was resting in bed alert and able to verbalize needs. R39 was noted with an indwelling urinary catheter.</p> <p>On 5/01/24 at 9:52 AM, R39 was noted still with an indwelling urinary catheter. R39 stated it was inserted to help with R39's wound healing.</p> <p>R39's Minimum Data Set (MDS), dated [DATE], shows R39 is cognitively intact. R39's physician orders with active orders as of 4/30/24 shows an order of: Foley Catheter: 18 French 30 ML Balloon to Gravity Drainage. To promote wound healing. R39's electronic health records do not show a comprehensive bladder function assessment was completed related to the use of indwelling urinary catheter. R39's comprehensive care plan does not address the use of the indwelling urinary catheter.</p> <p>On 5/01/24 at 2:58 PM, V32 (MDS/Care Plan Coordinator) stated all services provided to the residents should be addressed in the care plan for the staff to know what to do for the residents based on the care plan interventions. V32 stated the use of indwelling urinary catheter should be addressed in the resident's care plan.</p> <p>The facility's policy titled; Comprehensive Care Plan, dated 11/17/17, documents: The facility will develop and implement a comprehensive person-centered care plan for each resident and must describe the services that are to be furnished to attain or maintain resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>50057</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47304</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure for respiratory equipment by not ensuring handheld nebulizer was changed weekly and not providing a clean plastic bag with a zip loc or draw string for each set up for 1 (R133) resident reviewed for respiratory care in a sample of 35.</p> <p>The findings include:</p> <p>R133's health record documented admitted on 10/9/2019, with diagnoses not limited to Respiratory failure, Type 2 diabetes mellitus, Anemia, Acute pulmonary edema, Essential (primary) hypertension, Bipolar disorder, Anxiety disorder, Major depressive disorder, Borderline personality disorder, Unspecified tracheostomy complication, Skin graft (allograft) (autograft) infection, Burn of unspecified body region, unspecified degree, Dysphagia following nontraumatic subarachnoid hemorrhage, Encounter for prophylactic measures, Insomnia due to other mental disorder, Chronic pulmonary edema, Encounter for attention to tracheostomy, Nicotine dependence, and Other psychoactive substance abuse.</p> <p>On 4/30/24 at 11:18 AM, handheld nebulizer and tubing, dated 4/21/24, were not in use and placed on the top dresser in front of R133's bed. V10 (Licensed Practical Nurse/LPN) stated handheld nebulizer and tubing was dated 4/21/24; it should be changed weekly every Sunday and nebulization kit should be put in a bag when not in use. V10 said R133 had an order for nebulization treatment.</p> <p>On 5/1/24 at 1:28 PM, V3 (Director of Nursing/DON) said handheld nebulizer and tubing should be changed weekly and as needed, and dated when it was last changed. Zip loc bag or clear plastic bag should be provided to store handheld nebulizer and tubing when not in use to prevent contamination.</p> <p>Facility's policy for oxygen and respiratory equipment - changing/cleaning, dated 1/7/19, documented:</p> <ul style="list-style-type: none"> - The handheld nebulizer should be changed weekly and PRN. - A clean plastic bag with a zip loc or draw string, etc. will be provided with each new set up, and will be marked with the date the set up was changed. |

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

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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103</p> <p>Based on observation, interview, and record review, the facility failed to assess the risk versus benefits of using bed rails and review them with the resident or the resident's representative prior using them; failed to obtain informed consent prior to using the bed rails; and failed to implement person-centered comprehensive care plan addressing the use of the bed rails. These failures have the potential to affect 2 (R32, R158) out of 2 residents reviewed for bed rails in a final sample of 35.</p> <p>Findings Include:</p> <p>1. R158's clinical records show R158 has diagnoses not limited to Dementia, Cognitive Communication Deficit, Restlessness and Agitation, and Altered Mental Status.</p> <p>R158's Minimum Data Set (MDS), dated [DATE], shows R158 is cognitively impaired and requires staff assistance with bed mobility.</p> <p>R158's comprehensive care plan does not address the use of the bed rails.</p> <p>R158's electronic health records (EHR) show the last side rail assessment was completed on 7/19/23, and the use of bed rails were not assessed. R158's EHR does not show an informed consent was obtained from R158's representative for the use of the bed rails.</p> <p>On 5/01/24 at 9:43 AM, R158 was sleeping in bed, and 2 half bed rails were up.</p> <p>2. R32's clinical records show R32 has diagnoses not limited to Dementia, Hemiplegia and Hemiparesis Following Cerebral Infarction, and Seizures.</p> <p>R32's MDS, dated [DATE] ,shows R32 is cognitively intact and requires staff assistance with bed mobility.</p> <p>R32's comprehensive care plan does not address the use of the bed rails.</p> <p>R32's electronic health records (EHR) show the last side rail assessment was completed on 10/30/23 and the use of bed rails were not assessed. R32's EHR does not show an informed consent was obtained from R32 or R32's representative for the use of the bed rails.</p> <p>On 5/01/24 at 9:44 AM, R32 was sleeping in bed, and all 4 half bed rails were up.</p> <p>(continued on next page)</p> |

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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 5/2/24 at 9:27AM, V36 (Restorative Director) stated, Bed rail assessment is done in the resident' chart electronically. It should be completed prior to using the bed rails, to assess if it is beneficial for the resident or not, and to see if the bed rail is safe for the resident or a hazard. Bed/side rail assessments are done quarterly, annually, with significant change, and as necessary. Bed rails are not used for residents who do not move in bed. V36 stated, We don't use side rails for residents who are confused and move in bed; they can injure themselves. V36 stated the use of bed rails should be addressed in the care plan to ensure that appropriate interventions are in place for the resident. V36 stated R32 does not move in bed and does not need side rails. Surveyor and V36 checked R32's EHR and V36 confirmed R32 had no bed rail assessment and no care plan for the use of the bed rails. V36 also stated R158 is high risk for falls and tends to roll over in bed. V36 stated R158 should not have bed rails. Surveyor and V36 checked R158's EHR and V36 confirmed R158 had no bed rail assessment and no care plan for the use of the bed rails. V36 stated, [R32, R158] are not supposed to be on side rails because they can injure themselves and it's not beneficial for [R32, R158].</p> <p>The facility's policy titled; Side Rails/Bed Rails, dated 10/24/22, documents:</p> <p>The facility shall ensure that prior to the installation of bed rails, the facility has attempted to use alternatives. After alternatives to bed rails have been attempted and determined that these alternatives do not meet the resident's needs, the facility shall assess the resident for the risks of entrapment and possible benefits of bed rails.</p> <p>After alternatives have been attempted and prior to installation, the facility shall obtain informed consent from the resident or if applicable, the resident representative for the use of bed rails.</p> <p>The care plan shall be developed on an individual basis related to the use of bed rails.</p> |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45110</p> <p>Based on interview and record review, the facility failed to ensure there was adequate staffing to provide care for the residents. This failure has the potential to affect all 213 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/30/24 at 10:00 AM, V28 [Certified Nurse Assistant/CNA] stated, On the weekends there are times, we are short a CNA. It makes it more challenging, however we help each other with the residents.</p> <p>On 4/30/24 at 10:55 AM, V26 [Certified Nurse Assistant] stated, I work every other weekend, and there is always a call off, especially during the weekends. Which make it harder to complete our job, and take care of the residents.</p> <p>On 4/30/24 at 1:00 PM, V12 [Licensed Practical Nurse] stated, I work on the weekends. Most of the time we have sufficient staffing. There call offs during the week and weekends. However, the past few months staffing has gotten better, than before.</p> <p>On 5/2/24 at 11:22 AM, V37 [Human Resource Director/Nursing Staff Scheduler] stated, I started taking over the schedule responsibilities on 10/22/23. The facility does not use agency staff. The staffing was set up from 10/1/23-12/31/23 as follows:</p> <p>2nd, 3rd, and 4th are where resident is on the nursing floors. The first floor was closed. First shift 7am to 3pm, second shift 3pm-11pm, and third shift is 11pm-7am. The second floor is high acuity medical residents. Gastric feeding tubes, IV medications, and bed bound residents. The third floor is where the dementia, memory care, cognitive impaired, and bed bound residents resides. The fourth floor is where the psych and mostly ambulatory residents reside.</p> <p>First and second floors the staffing are the same: Two nurses for first and second shift and four CNA's each shift. Third shift, there are two nurse, three CNA's.</p> <p>The fourth-floor staff on first and second shifts are three nurses and four CNA's. One the third shift, there are two nurse and three CNAs scheduled.</p> <p>V37 stated, The facility was short staffed on the following dates:</p> <p>-10/7/23 on 3rd floor 11pm-7am short one CNA</p> <p>-10/22/23 on 2nd 7am-3pm short one CNA</p> <p>4th floor 7am-3pm short one CNA</p> <p>-10/29/23 on 2nd 7am-3pm short one CNA</p> <p>(continued on next page)</p> | | |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>3pm-11pm on 2nd floor short one CNA</p> <p>-11/4/23 on 3rd floor 11pm-7am short one CNA</p> <p>-11/11/23 on 2nd 7am-3pm was short one nurse</p> <p>-11/11/23 on 4th floor 11pm-7am short one nurse</p> <p>-11/12/23 on 3rd floor 7am-3pm short one nurse</p> <p>-11/18/23 on 2nd floor 11pm-7am short one nurse</p> <p>-12/3/23 on 3rd floor 7am-3pm short one CNA</p> <p>-12/23/23 on 2nd floor 7am-3pm short one nurse</p> <p>-12/24/23 on 2nd floor 7am-3pm short one nurse</p> <p>-12/31/23 on 3rd floor 11pm-7am short on nurse</p> <p>V37 stated, The facility was short staffed between 10/1/23 thru 12/31/23. The facility does not use agency staffing. This year in January, we started doing contract on our own with nurses to get them to work. Most of our nursing contracts are for 90days. Four of the contract nurses came on a facility staff. The facility is staffed much better since 1/2024.</p> <p>On 5/2/24 at 12:08 PM, V3 [Director of Nursing stated, There is always registered nurse coverage seven days a week for at least 8 hours. I review the nursing and CNA schedules daily to make sure we have enough staff working. I work here full time Monday through Friday and sometimes on the weekends as needed. We stopped using agency staff to assist with staffing. According to our staffing schedule, we have been short staff with nurses and certified nurse assistants from 10/1/23 thru 12/31/23. However, there has been an improvement since January of this year.</p> <p>On 5/2/24 at 1:49 PM, V1 [Administrator] stated, The Director of Maintenance [V29], and Maintenance Assistant [V13] work Monday thru Friday. If anything needs to be repaired minor the house keeping staff will complete. If a major event happens then [V29] is called into the facility.</p> <p>On 5/1/24 at 3:00 PM, V29 stated, I work during the week and only come into the facility for big major repairs only. If there is something small that the housekeeper cannot repair, then it will wait until Monday. [R64] has a few complaints regarding his television antenna channels, toilet leaking at the knob, window screen had a hole. The repairs were made. [R64] was upset because he wanted the repairs to completed at that moment and not wait until Monday.</p> <p>On 5/2/24 at 2:00 PM, R64 stated, [V29] made the repairs but I had to wait until Monday, because there is no Maintenance staff working on the weekends. The toilet leaked for three weeks before the repair was made.</p> <p>Policy: Documents in part</p> <p>(continued on next page)</p> | | |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Facility assessment dated [DATE].</p> <p>-Acuity - Sufficiency Analysis Summary</p> <p>Considerations:</p> <p>Use and/or refer to:</p> <ol style="list-style-type: none"> 1. Staffing and scheduling systems 2. A review of individual staff assignments and systems for coordination and continuity of care for residents within and across staff assignments. <p>Staffing policy dated 3/25/19.</p> <p>-Create staffing schedule at least two weeks in advance. Identify open shifts, utilize contracted agencies to fill vacant positions, reach out to regional staff for support.</p> |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>44103</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure to ensure consent was obtained prior to administering psychotropic medication to 1 (R122) out 5 residents reviewed for psychotropic medications in a final sample of 35.</p> <p>Findings Include:</p> <p>R122's Order Summary Report, printed on 5/2/24, shows R122 is on antipsychotic medication Quetiapine 25 mg by mouth at bedtime related to diagnosis of Dementia with behavioral disturbance ordered on 12/11/23 and Mirtazapine 15 mg by mouth at bedtime related to diagnosis of major depressive disorder ordered on 3/15/23. R122 had an order for Seroquel 50 mg by mouth two times a day on 3/15/23. R122's Medication Administration Record (MAR) for March 2023 showed R122 started receiving the Seroquel 50 mg twice a day and Mirtazapine 15 mg at bedtime on 3/15/23.</p> <p>R122's psychotropic consents were not obtained until 5/1/23.</p> <p>On 5/02/24 at 11:17 AM, V3 (Director of Nursing) stated psychotropic medication consents should be obtained prior administering the medications to the resident. Surveyor requested for R122's consents for psychotropic medications Seroquel and Mirtazapine that were administered to R122 started on 3/15/23, but V3 was unable to provide.</p> <p>The facility's policy titled; Psychotropic Medication- Gradual Dosage Reduction, dated 2/1/18, documents: Psychotropic medication shall not be administered without the informed consent of the resident or the authorized resident representative.</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39779</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were labeled when opened, and failed to ensure discontinued medications were removed from the medication cart in 4 of 5 medication carts reviewed for medication storage and labeling. This affects 9 residents (R3, R47, R82, F195, R35, R52, R74, R136, and R76) reviewed for medication storage.</p> <p>Findings Include:</p> <p>On 04/30/24 at 10:39 AM, the 3 Southwest medication cart was reviewed with V12 (Licensed Practical Nurse). R3's Advair Diskus Aerosol Powder Breath Activated 100-50 MCG (Microgram)/Dose 1 inhalation inhale orally every 12 hours was observed in the medication cart opened and undated. The Advair label reads (Discard 1 month after opening). V12 stated, After opening it they are supposed to date it. R47's Symbicort Inhalation Aerosol 160-4.5 MCG/ACT 2 puff inhale orally two times a day. The Symbicort label reads discard within 3 months, and R82's Trelegy Eliipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH 1 puff inhale orally one time a day was observed in the medication cart opened and undated.</p> <p>On 04/30/24 at 12:32 PM, the 4 Southeast medication cart was reviewed with V15 (Licensed Practical Nurse). R35's Insulin Aspart Injection Solution 100 UNIT/ML (Milliliter) Inject as per sliding scale: if 0 - 150 = 0 unit; 151 - 200 = 2 units; 201 - 250 = 3 units; 251 - 300 = 4 units; 301 - 350 = 5 units; 351 - 400 = 6 units > 400 call MD (Medical Doctor), subcutaneously three times a day related to -Start Date- 11/17/23 -D/C (Discontinue) Date- 04/05/24 was observed in the medication cart opened, undated and discontinued on 04/05/24. V15 stated, This is new and supposed to be dated. It is good for 28 days. R52's Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT 2 puff inhale orally every 4 hours as needed, R74 Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Give 1 puff orally as needed and R136 Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT 2 puff inhale orally every 4 hours as needed was observed in the medication cart opened and undated.</p> <p>On 04/30/24 at 12:47 PM, the 2 Northeast medication cart was reviewed with V5 (Licensed Practical Nurse). R76's ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate HFA) 2 puffs inhale orally every 6 hours as needed was observed in the medication cart opened and undated. The Albuterol label reads discard after 12 months.</p> <p>On 04/30/24 at 12:57 PM, the 2 Northwest medication cart was reviewed with V16 (Licensed Practical Nurse). R195's Symbicort Inhalation Aerosol 80-4.5 MCG/ACT 2 puff inhale orally every 12 hours, with the label reading discard within 3 months after opening was observed in the medication cart opened and undated. V16 stated, The Symbicort don't have an open date that I can see. R195's NovoLog Flex Pen Subcutaneous Solution Pen-injector 100 UNIT/ML Inject 15 unit subcutaneously before meals Start Date 03/23/24 -D/C Date- 04/06/24 was observed in the medication cart opened, undated and discontinued on 04/06/24.</p> <p>(continued on next page)</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 05/02/24 at 10:13 AM, V3 (Director of Nursing) stated, Labeling and storage of medications if over the counter it should be labeled with the date when opened. Insulin should be labeled with the end use by date. Once the inhalers are opened, they should be dated. Insulin is good typically for 28 days once opened. If a medication is discontinued, it should be removed from the medication cart. The purpose that the medication is dated is so you will know how long that the medications are opened so you will know when to order or discard it.</p> <p>Policy:</p> <p>Titled Storage of Medications, undated, document: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. Expiring Dating (Beyond-use dating) 3. Certain medications or package types such as multiple dose injectable vials, once opened, require an expiration date shorter than the manufacturer's expiration date to ensure medication purity and potency. 5. When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. a) The nurse shall place a date opened sticker on the medication and enter the date opened.</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46342</p> <p>Based on observation, interview, and record review, the facility failed to ensure food items were labeled and dated, failed to properly store scoops when not in use, failed to store food based on manufacturer's guidelines, and failed to sanitize cooking equipment based on manufacturers' directions. These failures have the potential to affect all 209 residents receiving food prepared in the facility's kitchen.</p> <p>Findings include:</p> <p>On 04/30/24 at 9:10 AM, V7 (Cook) conducted the initial kitchen tour with surveyor. V1 (Administrator) was present for part of the kitchen tour.</p> <p>On 04/30/24 between 9:18 AM - 9:31 AM, observed the following items in the walk-in cooler:</p> <ol style="list-style-type: none"> 1.) Tray of left over gelatin mixed with fruit not labeled or dated. V7 stated this was made two days ago and should have been labeled with a prepared and use by date. 2.) One opened bag of liquid eggs not labeled or dated. V7 stated since the bag was opened it should have been labeled with an open and use by date. 3.) Eleven meat sandwiches wrapped in plastic on a sheet pan not labeled or dated. V7 stated whoever made the sandwiches forgot to label and date them. V7 thinks they were made yesterday but V7 was not sure of the exact date the sandwiches were made. 4.) Opened 5-pound bag of shredded mozzarella cheese not labeled or dated with an open or use by date. V1 stated items should be labeled with an open or prepared date and use by date for safety reasons so staff know if an item(s) is still safe to eat. 5.) Six small containers of vanilla pudding covered with lids not labeled or dated. V7 said, they forgot to label and date these. <p>On 04/30/24 at 9:34 AM, observed ice machine scoop laying inside the ice machine laying directly on top of the ice. V7 stated the scoop should not be touching the ice and that the scoop should have been stored in a plastic bag and then placed into a holder outside of the ice machine container.</p> <p>On 04/30/24 at 9:36 AM, observed the following items inside the kitchen prep cooler next to the ice machine:</p> <ol style="list-style-type: none"> 1.) Stack of sliced American cheese wrapped in plastic wrap not labeled or dated. 2.) Fruit cocktail in a large metal container covered in plastic wrap not labeled or dated. 3.) 1/2 fresh tomato not labeled or dated <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>4.) Grape jelly in a large metal container covered in plastic wrap not labeled or dated.</p> <p>5.) Opened 1 gallon container or pancake/waffle syrup with a delivery date of 03/23/24 not labeled with an open or use by date.</p> <p>V7 stated all of these opened items should have an open or prepared date and a use by date.</p> <p>On 04/30/24 at 9:52 AM, observed opened 1 gallon container of soy sauce with 25% left inside stored under prep table near the stove. V7 stated they usually store the soy sauce there and the soy sauce is not refrigerated. Surveyor observed manufacturers label which reads, Refrigerate After Opening for Quality.</p> <p>On 04/30/24 at 9:55 AM, observed clear plastic scoop sitting on top of closed thickener container. The scoop was not covered or in a holder. V7 stated the scoop should not be left on top of the thickener container like that and that the scoop should be covered in a bag or washed after every use.</p> <p>On 04/30/24 at 9:56 AM, V8 (Food Service Director) stated all items should be labeled with a delivery date, an open or prepared date and a use by date. V8 stated if an item is not labeled or dated then the staff would not know when the item was prepared or opened, and they would not know when the item would expire so they would not know when to discard the item.</p> <p>On 04/30/24 at 10:02 AM, V8 stated scoops should not be stored inside the ice machine directly touching the ice and the scoops should not be left uncovered. V8 stated scoops should be covered and stored in a scoop holder. V8 stated there is bacteria in the air and this could land on the scoop and make the residents ill.</p> <p>On 04/30/24 at 10:04 AM, V8 stated soy sauce should be stored in the refrigerator once it is opened per the manufacturer's guidelines printed on the soy sauce bottle. V8 stated once opened the soy sauce should not be left out at room temperature.</p> <p>On 05/01/24 between 9:39 AM - 9:50 AM, observed V7 preparing pureed ham served for lunch meal using an industrial blender.</p> <p>On 05/01/24 at 9:51 AM, observed V7 take dirty industrial blender container and lid to the 3-compartment sink. V7 manually washed the lid of the blender in the first sink, rinsed the lid in the second sink and then dipped the lid into the third compartment sink filled with sanitation solution for less than 5 seconds. Observed V7 manually washed the blender container in the first sink and then rinsed the blender container under running water from the sink faucet. V7 did not put the blender container in the third compartment sink containing the sanitizing solution. V7 then returned the blender lid and container back to the preparation area for use. Observed pool of liquid at the bottom of the blender container. Observed that blender lid and container was not fully dry.</p> <p>On 05/01/24 at 9:57 AM, observed V7 add to the wet blender measured amount of stuffing mix, hot water, and chicken base and then pureed until desired consistency was reached.</p> <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On 05/01/24 at 10:05 AM, V7 stated when using the 3-compartment sink the item being washed needs to stay in the sanitizing solution in the third sink for at least 20 seconds to fully clean it. V7 stated V7 put the lid of the blender into the sanitizing solution but forgot to put the blender container into the sanitizing solution.</p> <p>On 05/01/24 at 10:09 AM, V21 (Former Food Service Manager) stated the 3-compartment sink is used to wash, rinse, and disinfect kitchen equipment. V21 stated the kitchen uses a Quat (quaternary) disinfectant and that the item being washed needs to stay in the sanitizing solution for 15-20 seconds to fully sanitize an item. V21 stated the purpose of the sanitizing solution is to disinfect and sanitize all the equipment being washed to prevent cross contamination and food borne illness. V21 pointed to a sign posted above the 3-compartment titled Procedures for 3 Compartment Sinks and stated, that is the brand of sanitizer that we use here in the kitchen.</p> <p>On 05/01/24 at 2:40 PM, V21 stated V21 read the manufacturer's procedure guidelines and the kitchen equipment needs to be left in the sanitation solution for 60 seconds to sanitize an item.</p> <p>On 05/01/24, V21 provided list of diet orders for all residents in the facility printed 05/01/24 at 09:41 AM from the facility electronic health system. Diet order list indicates there are four residents receiving nothing by mouth (NPO).</p> <p>Facility provided policy titled Labeling and Dating Foods (Date Marking), dated 2020, documents, all foods stored will be properly labeled, once opened all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by manufacturers expiration date, and prepared food or opened food items should be discarded when: the food items does not have a specific manufacturer expiration date and has been refrigerated for 7 days, and the food item is leftover for more than 72 hours.</p> <p>Facility provided policy titled Three Compartment Sink Policy, undated, documents,</p> <ol style="list-style-type: none"> 1.) Used dishes carry physical and biological hazards, like food particles and bacteria. Cleaning removes food particles, grease and other grime with soap and water. Sanitizing uses chemicals to kill any bacteria that remain after cleaning. When these steps are done incorrectly, kitchenware can carry physical or biological hazards that can be dangerous for customers. 2.) In the third sink, sanitize the rinsed items by placing them in a sanitizing solution for the required contact time. 3.) Air-dry the items. This is very important. 4.) Wait until the items are completely dry before putting them away. <p>Facility provided policy titled Sanitizing and Disinfectant Solutions dated 2020 documents in part, employees shall refer to the manufacturer guidelines for the proper use of sanitizer and disinfectant solutions.</p> <p>V21 provided copy of manufacturer's guidelines for sanitation solution used in the 3-compartment sink titled, Procedures for 3 Compartment Sink, undated, which documents, immerse utensils in sanitizer sink for a full minute.</p> <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Facility provided policy titled Ice Handling and Cleaning dated 2020 documents in part, scoops will be stored in a protected manner to ensure the scoop handle does not make contact with the ice.</p> <p>Facility provided policy titled Storing Utensils, Tableware and Equipment dated 2020 documents in part, cleaned and sanitized equipment and utensils should be handled in a way that protects them from contamination.</p> | | |

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| <p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Dispose of garbage and refuse properly.</p> <p>46342</p> <p>Based on observation, interview, and record review, the facility failed to ensure dumpster was covered to prevent the harborage and feeding of pests, insects, and rodents. This deficient sanitation practice has the potential to affect all 213 residents who reside in the facility.</p> <p>Findings include:</p> <p>On 05/01/24 at 8:25 AM, during observation of the outside garbage dumpsters with V21 (Former Food Service Manager), observed two out of the four dumpster lids fully opened. V21 stated the lids on the dumpsters should be fully shut to prevent rodents from getting inside and to prevent garbage from flying outside the dumpster. V21 stated V21 instructs the kitchen employees to make sure all the dumpster lids are closed and that the dumpsters are not overfilled.</p> <p>On 05/01/24 at 8:30 AM, V20 (Housekeeping Director) stated V20 instructs the housekeeping staff to make sure there is no trash around the outside dumpsters and to always keep the lids to the dumpsters closed. V20 stated the dumpster lids should always be kept shut to keep away animals/pests to prevent rodents/animals from being attracted to the dumpsters which are located close to the building.</p> <p>On 05/01/24 at 4:55 PM, surveyor observed the outside dumpsters, and two of the four dumpster lids were wide open.</p> <p>Kitchen policy titled, Garbage and Rubbish Disposal, dated 2020, documents, garbage and rubbish will be disposed of to ensure a clean and sanitary kitchen that does not encourage insects or rodents, all outside dumpsters will be maintained in clean and sanitary condition and outdoor trash receptacles will be kept covered and the surrounding area kept free of litter.</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>47304</p> <p>Based on observation, interview, and record review, the facility failed to ensure the multi-use blood pressure device and glucometer was properly cleaned and disinfected between resident use for 5 (R97, R120, R176, R183, R271) residents; failed to ensure signage on the door or wall outside of the resident room indicating Enhanced Barrier Precaution (EBP) was posted for 1 (R145) resident; and failed to ensure PPE (Personal Protective Equipment) was readily accessible and worn when providing care for 3 (R23, R39, R47) of 10 residents on Enhanced Barrier Precautions. These failures have the potential for cross contamination for 9 (R23, R39, R47, R97, R120, R145, R176, R183, R271) residents reviewed for infection control in a sample of 35.</p> <p>The findings include:</p> <ol style="list-style-type: none"> R97's health record documented admitted on 7/23/2014, with diagnoses not limited to Type 2 Diabetes mellitus with diabetic neuropathy, Hypothyroidism, Hypertensive heart disease without heart failure, Hyperlipidemia, Other epilepsy, Major depressive disorder, Other hereditary and idiopathic neuropathies, Essential (primary) hypertension, Gastro-esophageal reflux disease without esophagitis, Long term (current) use of insulin, Long term (current) use of oral hypoglycemic drugs, Personal history of Covid-19, and Acquired absence of other right toe(s). R120's health record documented admitted on 4/13/2023, with diagnoses not limited to Cerebral infarction due to embolism of unspecified cerebral artery, Chronic obstructive pulmonary disease with (acute) exacerbation, Hypertensive heart disease with heart failure, Ataxic gait, Hyperlipidemia, Major depressive disorder, Schizoaffective disorder, Hypertensive heart disease without heart failure, Functional dyspepsia, and History of falling. R145's health record documented admitted on 11/13/2020, with diagnoses not limited to Chronic ischemic heart disease, Transient cerebral ischemic attack, Hyperlipidemia, Heart disease, Retention of urine, Unspecified open wound of right forearm, Major depressive disorder, Bipolar disorder, Unspecified atrial fibrillation, Elevated prostate specific antigen, Personal history of covid-19, Insomnia, and Acute ischemic heart disease. <p>On 4/30/24 at 9:39 AM and 9:50 AM, V6 (Licensed Practical Nurse / LPN), checked R120's blood pressure (BP) =113/65; pulse rate (PR) =95/min and took R97's BP=127/74; PR=88/min with the same device without cleaning / disinfecting BP machine / cuff in between resident's use.</p> <p>At 11:01 AM, R145 was up and about, ambulatory with steady gait, with indwelling urinary catheter attached to leg bag draining to yellow colored urine. No signage placed above R145's bed and no signage posted for EBP (enhanced barrier precaution) on door or wall outside of R145's room.</p> <p>On 5/1/24 at 10:06 AM, V4 (ADON/Infection Preventionist) stated, Enhanced Barrier Precaution (EBP) signage should be placed above the resident's bed or at the door for resident with indwelling urinary catheter. Nurses would be using disinfectant wipes to clean multi use devices in between each use because when you apply it to somebody it's spreading potential germs from one body to another. They must wait at least 5 mins after to air dry the disinfectant.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>At 1:28 PM, V3 (Director of Nursing / DON) said resident with indwelling urinary catheter should be on EBP, and signage should be placed by the resident's room door or by resident's bed so people or staff going in the room would be informed and proper PPE should be worn for high contact care activities. She stated multi use devices like blood pressure device / machine should be cleaned / disinfected in between resident's use. To prevent the spread of infection.</p> <p>Facility's policy for cleaning and sanitizing other medical equipment dated 1/25/18 documented in part:</p> <ul style="list-style-type: none"> - Devices / equipment used for more than one resident shall be cleaned between each resident. <p>Facility's policy for Enhanced Barrier Precautions dated 4/8/24 documented in part:</p> <ul style="list-style-type: none"> - EBP are indicated for residents with any of the following: wounds and / or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. - Indwelling medical device example includes: urinary catheter. <p>Enhanced Barrier Precautions signage documented in part: Everyone must clean their hands, including before entering and when leaving the room. Providers and staff must also: Wear gloves and a gown for the following high contact resident care activities. Device care or use: Urinary catheter.</p> <p>39779</p> <p>4. On 04/30/24 at 11:35 AM, V12 (Licensed Practical Nurse) entered R176's room to check her blood glucose with a green tray containing the blood glucose strips, lancets, alcohol wipes, and 2 disposable trays with gloves, glucometer, a sanitizing wipe and 4x4 gauze. V12 placed the trays on a dresser near the foot of R176's bed, checked R176's blood glucose with a result of 134. V12 wrapped the glucometer with one sanitizing wipe without wiping off the glucometer with a separate sanitizing wipe then placed it on one of the disposable trays.</p> <p>On 04/30/24 at 11:37 AM, V12 (Licensed Practical Nurse) returned to the medication cart placing the green tray and the disposable tray with the glucometer on top of the medication cart. V12 put one of the disposable trays in the garbage then went to the nurse station to obtain another disposable tray. V12 placed a second glucometer on the disposable tray removing and placing the first glucometer on top of the medication cart.</p> <p>On 04/30/24 at 11:43 AM, V12 (Licensed Practical Nurse) retrieved the green tray with the blood glucose supplies and a disposable tray, then entered R271's room placing the green and disposable tray on R271's overbed table. V12 checked R271's blood glucose with the result of 134.</p> <p>On 04/30/24 at 11:46 AM, V12 (Licensed Practical Nurse) returned to the medication cart, placed the green tray on top of the medication cart then wrapped the glucometer with one sanitizing wipe without wiping off the glucometer with a separate sanitizing wipe.</p> <p>On 04/30/24 at 11:50 AM, V12 (Licensed Practical Nurse) retrieved the green tray with the blood glucose supplies, a disposable tray and the glucometer then entered R183's room to check R183's blood glucose.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 04/30/24 at 11:55 AM, V12 stated, I wipe them off then wrap them with a sanitizing wipe. Surveyor asked V12 to demonstrate the procedure. V12 retrieved a sanitizing wipe and proceeded to wipe the glucometer with the sanitizing wipe. When asked if the glucometer is wrapped with the same sanitizing wipe, V12 responded, No, with this one I use 2 wipes.</p> <p>5. R47 has diagnoses not limited to Acquired Absence of Right Leg Above Knee, Hypo-Osmolality and Hyponatremia, Syndrome of Inappropriate Secretion of Antidiuretic Hormone, Osteoarthritis, Alcohol Abuse, Major Depressive Disorder, Gastro-Esophageal Reflux Disease, Acquired Absence of Left Leg Above Knee, Mild Intermittent Asthma, Aphasia, Atherosclerotic Heart Disease of Native Coronary Artery, Cerebral Infarction, Hemiplegia, Affecting Right Dominant Side, Chronic Obstructive Pulmonary Disease With (Acute) Exacerbation, Essential (Primary) Hypertension, Atrial Fibrillation, Dysphagia, Oral Phase, Dementia, Type 2 Diabetes Mellitus with Hyperglycemia, Hyperlipidemia, Pressure Ulcer of Sacral Region, Stage 3, Long Term (Current) Use of Insulin, and Dehydration.</p> <p>R47's Care plan documents in part: Focus: Enhanced barrier precautions r/t (related/to): Chronic Wounds. Interventions: Educate staff/resident/family on enhanced barrier precautions as needed. Date Initiated: 04/22/24. Gown and glove during high contact resident care activities (such as dressing, bathing, showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, device care/use, wound care (any chronic skin opening). Maintain enhanced barrier precautions for the duration of their stay or until resolution of the wound.</p> <p>On 04/30/24 at 11:03 AM, R47 is on EBP (Enhanced Barrier Precautions) and resides in the room with R2 and R82. R47 was observed lying in bed on a low air mattress. There was no bin with PPE (Personal Protective Equipment) near R47's entry door or within R47's room.</p> <p>On 04/30/24 at 11:47 AM, V12 (Licensed Practical Nurse) stated (R47) has a wound and is on Enhanced Barrier Precautions). I don't know if (R47's) wound is facility acquired.</p> <p>5. R39 has diagnoses not limited to Acute Conjunctivitis, Bilateral, Schizoaffective Disorder, Chronic Atrial Fibrillation, Generalized Idiopathic Epilepsy and Epileptic Syndromes, Essential (Primary) Hypertension, Hyperlipidemia, Gastro-Esophageal Reflux Disease, Asthma, Contracture, Left Foot, Type 2 Diabetes Mellitus, Benign Prostatic Hyperplasia, Bipolar Disorder, Acute Pain Due to Trauma, Manic Episode, Severe with Psychotic Symptoms, Schizophrenia, Chronic Diastolic (Congestive) Heart Failure, Pressure Ulcer of Left Heel, Unstageable, Open Wound, Left Ankle, Lack Of Coordination, Chronic Venous Hypertension (Idiopathic) with Ulcer of Left Lower Extremity, Acute Embolism, and Thrombosis.</p> <p>R39's Care plan documents: Focus: Focus: Enhanced barrier precautions. Interventions: Educate staff/resident/family on enhanced barrier precautions as needed. Gown and glove during high contact resident care activities (such as dressing, bathing, showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, device care/use, wound care (any chronic skin opening). Maintain enhanced barrier precautions for the duration of their stay or until resolution of the wound.</p> <p>On 04/30/24 at 11:52 AM, R39 is on EBP and resides in the room with R3, R46 and R183. Upon entering R39's room there was no bin with PPE located near the entry door or within R39 room.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 04/30/24 at 11:53 AM, V19 (Certified Nurse Assistant) stated, (R39) has wounds and is on bedrest.</p> <p>6. R23 has diagnoses not limited to Hyperlipidemia, Type 2 Diabetes Mellitus, Viral Hepatitis C, Anemia, Hypertensive Emergency, Mild Cognitive Impairment, Systolic (Congestive) Heart Failure, Atherosclerotic Heart Disease of Native Coronary Artery, Gastro-Esophageal Reflux Disease, Schizoaffective Disorder, Dependence on Renal Dialysis, Essential (Primary) Hypertension, End Stage Renal Disease, Convulsions, Schizoaffective Disorder, Bipolar Type, Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Cyst of Kidney, Restlessness and Agitation, Acute Pain Due To Trauma, Long Term (Current) use of Insulin, and Generalized Anxiety Disorder.</p> <p>R23's Care plan documents: Focus: Enhanced barrier precautions. Interventions: Educate staff/resident/family on enhanced barrier precautions as needed. Gown and glove during high contact resident care activities (such as dressing, bathing, showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, device care/use, wound care (any chronic skin opening). Maintain enhanced barrier precautions for the duration of their stay.</p> <p>On 04/30/24 at 12:14 PM, R23 is on EBP and resides in a room with R13 and R213. R23 stated R23 was observed with a left arm fistula with Enhanced Barrier Precaution signage over the head of the bed. There was no PPE (Personal Protective Equipment) located near R23 room entrance or within R23's room.</p> <p>On 04/30/24 at 12:20 PM, surveyor asked V12 (Licensed Practical Nurse) where were the isolation bins that contained the PPE (Personal Protective Equipment) was located for the three isolation rooms with the signage on the doors. V12 responded, I don't know who took the isolation bins out.</p> <p>On 04/30/24 at 12:22 PM, V3 (Director of Nursing) entered the three rooms with the signage on the doors and was unable to locate the isolation bins with the PPE. V3 stated, It was right here. These rooms should have an isolation bin. I am going to check now.</p> <p>On 04/30/24 at 12:24 PM, the surveyor asked V19 (Certified Nurse Assistant) did she provide care to the residents that have the signage on the door. V19 stated, I provided care for the residents (R2, R3, R39, R46, R47, R82, R183) in two of the rooms with no PPE. I saw the signage on the door but thought it was over, because the isolation bins that are usually by the doors were not there.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 05/02/24 at 10:13 AM, V3 (Director of Nursing) stated, Cleaning of the glucometer is done with sanitizing wipe or bleach wipe that are kept on the medication cart clean. The glucometer is disinfected in between resident use and we follow manufacturer recommendations. The glucometer surface is wiped and wrap with a sanitizing wipe for the recommended time. The entire surface of the glucometer should be clean then wrapped with the sanitizing wipes then let it sit for the recommended amount of time. The purpose of disinfecting the glucometer is to make sure there is no cross contamination, for infection prevention. EBP (Enhance Barrier Precautions) the residents should have a bin with PPE. There need to be a bin accessible for the EBP rooms that has the enhanced barrier signs. On 04/30/24 on the third floor I was not able to locate any of the bins in the 3 EBP rooms. They moved it down the hall. PPE should be readily accessible for high contact activity so the staff can go to the bin to get PPE to perform that task. There are other residents that are not on EBP in the rooms with those that are on EBP but there is a sign on the door and over each resident bed that is on EBP. The person on EBP has a port of entry and there is a potential there can be a spread or sharing of bacteria with the roommates. The resident on EBP have some level of additional risk and that is the purpose of the EBP.</p> <p>Policy:</p> <p>Titled Glucometer Cleaning, revised 11/17/17, documents: Purpose: To prevent the growth and spread of microorganisms and blood borne pathogens. The blood glucose monitor should be cleaned and disinfected between each resident test. 3. To clean and disinfect the meter, use pre-moistened wipe/towel of 1 ml (milliliter) or 5-6% sodium hypochlorite solution (household bleach) and 9 ml water to achieve a 1:10 dilution. 4. Wipe meter with 1:10 solution bleach wipe/towel until all surfaces of the glucometer are visibly wet.</p> | | |

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| <p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure to ensure the residents medical records includes documentation if influenza and pneumococcal immunizations were received or did not received for 3 residents (R208, R205, R139); failed to ensure the residents medical records includes documentation education was provided to eligible residents and/or resident representatives regarding the benefits and potential side effects of all available pneumococcal and influenza immunizations for 5 residents (R208, R205, R58, R77, R139); failed to assess eligibility and offer influenza immunization to 1 resident (R208); and failed to assess eligibility and offer pneumococcal immunization to 1 (R208) out of 5 residents reviewed for pneumococcal and influenza immunizations in the final sample of 35.</p> <p>Findings Include:</p> <p>R208's face sheet shows R208 was admitted on [DATE] and is [AGE] years of age with diagnoses not limited to Dementia and Type 2 Diabetes Mellitus. R205's face sheet shows R205 is [AGE] years of age admitted on [DATE] with diagnoses not limited to Heart Failure, Hypertension, Type 2 Diabetes Mellitus, and Hyperlipidemia. R139's face sheet shows R139 was admitted on [DATE] and is [AGE] years of age with diagnoses not limited to Chronic Obstructive Pulmonary Disease, Hypertension, Atherosclerotic Heart Disease, and Type 2 Diabetes Mellitus. R58's face sheet shows R58 is [AGE] years of age admitted on [DATE] with listed diagnoses not limited to Chronic Obstructive Pulmonary Disease, Hypertension, and Hyperlipidemia. R77's face sheet shows R77 is [AGE] years of age admitted on [DATE] with diagnoses not limited to Dementia, Hypertension, and Atherosclerotic Heart Disease.</p> <p>On 4/30/2024 at 1:59 PM, the following residents were reviewed for their information regarding influenza and pneumococcal immunizations. V4 (Assistant Director of Nursing/Infection Preventionist) provided the facility's immunization tracker.</p> <p>R208 - No documentation of R208's immunization records, and no documentation if education was provided to R208 regarding the benefits and potential side effects of pneumococcal and influenza immunizations in R208's Electronic Health Record (EHR). No immunization records documented in the facility tracker. Tracker documents NO I-CARE under Pneum and no information about the influenza immunization.</p> <p>R205 - No documentation of R205's immunization records and no documentation if education was provided to R205 regarding the benefits and potential side effects of pneumococcal and influenza immunizations in R205's EHR. No immunization records documented in the facility tracker. Tracker documents NO I-CARE under Pneum and no information about the influenza immunization.</p> <p>R58 - Influenza and Prevnar 20 documents in EHR as Consent Refused. No documentation if education was provided to R58 regarding the benefits and potential side effects of pneumococcal and influenza immunizations in R58's EHR. Tracker documents R58 refused influenza immunization and no information about the pneumococcal immunization.</p> <p>(continued on next page)</p> | | |

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| NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore | | STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626 | |
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| <p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R77 - Influenza and Prevnar 20 documents in EHR as Consent Refused. No documentation if education was provided to R77 regarding the benefits and potential side effects of pneumococcal and influenza immunizations in R77's EHR. Tracker documents R77 refused influenza immunization and no information about the pneumococcal immunization.</p> <p>R139 - No documentation of R139's immunization records and no documentation if education was provided to R139 regarding the benefits and potential side effects of pneumococcal and influenza immunizations in R139's EHR. No immunization records documented in the facility tracker. Tracker documents NO I-CARE under Pneum and no information about the influenza immunization.</p> <p>Facility did not provide immunization consents for R208. R205's consents show R205 did not give consent to receive the influenza and pneumococcal immunizations, dated 1/19/24. R58's consents show R58 did not give consent to receive the influenza and pneumococcal immunizations, dated 12/9/23. R77's consents show R77 did not give consent to receive pneumococcal immunizations, dated 1/24/24 and 10/26/23 for the influenza immunization. R139's consents show R139 gave consent to receive the influenza and pneumococcal immunizations dated 3/1/24.</p> <p>On 5/1/24 at 10:06 AM, V4 (ADON/Infection Preventionist) stated NO I-CARE means V4 has no information regarding the resident's immunizations because V4 has no access to the database system to obtain information regarding the resident's immunization records. V4 stated V4's immunization tracker is not updated. V4 stated education about the influenza and pneumococcal immunizations are provided to the residents. V4 stated after education is provided, it should be documented in the resident's electronic health records under the immunization tab. However, V4 has been behind and has not done any documentation about some of the residents' education. When asked V4 if V4 has paper documentation education was provided to the residents, V4 stated V4 does not have anything in paper, and it's all electronic. V4 stated there is no documentation if education was provided to R205, R208, R77, R58 and R139 regarding the influenza and pneumococcal immunizations. When asked about R208's immunization consents, V4 stated R208 has no consents.</p> <p>On 5/01/24 at 1:28 PM, V3 (Director of Nursing) stated if services are not documented, that means it's not done.</p> <p>The facility's policy titled; Influenza and Pneumococcal Immunizations, dated 4/21/22, reads:</p> <p>The facility shall provide pertinent information about the significant risks and benefits of vaccines to residents (or resident's legal representative); for example, risk factors that have been identified for specific age groups or individuals with risk factors such as allergies or pregnancy.</p> <p>The resident's medical record includes documentation that indicates, at a minimum, that the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza and pneumococcal immunizations, and that the resident either received or did not receive the influenza and/or the pneumococcal immunization due to medical contraindications or refusal.</p> | | |

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| <p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure to ensure the residents medical records includes documentation if COVID-19 immunizations were received or not received for 3 residents (R208, R205, R139), and failed to ensure the residents medical records includes documentation education was provided to residents and/or resident representatives regarding the benefits and potential side effects of COVID-19 immunization for 5 (R208, R205, R58, R77, R139) out of 5 residents reviewed for COVID-19 immunization in the final sample of 35.</p> <p>Findings Include:</p> <p>R208's face sheet shows R208 was admitted on [DATE] and is [AGE] years of age with diagnoses not limited to Dementia and Type 2 Diabetes Mellitus. R205's face sheet shows R205 is [AGE] years of age admitted on [DATE] with diagnoses not limited to Heart Failure, Hypertension, Type 2 Diabetes Mellitus, and Hyperlipidemia. R139's face sheet shows R139 was admitted on [DATE] and is [AGE] years of age with diagnoses not limited to Chronic Obstructive Pulmonary Disease, Hypertension, Atherosclerotic Heart Disease, and Type 2 Diabetes Mellitus. R58's face sheet shows R58 is [AGE] years of age admitted on [DATE] with listed diagnoses not limited to Chronic Obstructive Pulmonary Disease, Hypertension, and Hyperlipidemia. R77's face sheet shows R77 is [AGE] years of age admitted on [DATE] with diagnoses not limited to Dementia, Hypertension, and Atherosclerotic Heart Disease.</p> <p>On 4/30/2024 at 1:59 PM the following residents were reviewed for their information regarding influenza and pneumococcal immunizations. V4 (Assistant Director of Nursing/Infection Preventionist) provided the facility's immunization tracker.</p> <p>R208 - No documentation of R208's COVID-19 immunization records and no documentation if education was provided to R208 regarding the benefits and potential side effects of COVID-19 immunization in R208's Electronic Health Record (EHR). No COVID-19 immunization records documented in the facility tracker.</p> <p>R205 - No documentation of R205's COVID-19 immunization records and no documentation if education was provided to R205 regarding the benefits and potential side effects of COVID-19 immunization in R205's EHR. No COVID-19 immunization records documented in the facility tracker.</p> <p>R58 - COVID-19 immunization documents in EHR as Consent Refused. No documentation if education was provided to R58 regarding the benefits and potential side effects of COVID-19 immunization in R58's EHR. No COVID-19 immunization records documented in the facility tracker.</p> <p>R77 - COVID-19 immunization documents in EHR as Consent Refused. No documentation if education was provided to R77 regarding the benefits and potential side effects of COVID-19 immunization in R77's EHR. No COVID-19 immunization records documented in the facility tracker.</p> <p>(continued on next page)</p> | | |

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| <p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R139 - No documentation of R139's COVID-19 immunization records and no documentation if education was provided to R139 regarding the benefits and potential side effects of COVID-19 immunization in R139's EHR. No COVID-19 immunization records documented in the facility tracker.</p> <p>Facility did not provide immunization consents for R208. R205's consent shows R205 did not give consent to receive the COVID-19 immunization, dated 1/19/24. R58's consent shows R58 did not give consent to receive the COVID-19 immunization, dated 12/9/23. R77's consent shows R77 refused to receive the COVID-19 immunization, dated 1/24/24 and 10/26/23 for the influenza immunization. R139's consent shows R139 gave consent to receive the COVID-19 immunization dated 3/1/24.</p> <p>On 5/1/24 at 10:06 AM, V4 (ADON/Infection Preventionist) stated NO I-CARE on the immunization facility tracker means V4 has no information regarding the resident's immunizations because V4 has no access to the database system to obtain information regarding the resident's immunization records. V4 stated V4's immunization tracker is not updated. V4 stated education about the COVID-19 immunization is provided to the residents. V4 stated t after education is provided, it should be documented in the resident's electronic health records under the immunization tab. However, V4 has been behind and has not done any documentation about some of the residents' education. When asked V4 if V4 has paper documentation education was provided to the residents, V4 stated V4 does not have anything in paper and it's all electronic. V4 stated there is no documentation if educations were provided to R205, R208, R77, R58 and R139 regarding the COVID-19 immunization. When asked about R208's immunization consents, V4 stated that R208 has no consents.</p> <p>On 5/01/24 at 1:28 PM, V3 (Director of Nursing) stated if services are not documented, that means it's not done.</p> <p>The facility's policy titled; COVID-19 Vaccination Guidelines - Residents and Employees, dated 6/6/23, reads:</p> <p>The facility shall provide pertinent information about the significant risks and benefits of vaccines to residents (or resident's legal representative); for example, risk factors that have been identified for specific age groups or individuals with risk factors such as allergies or pregnancy.</p> <p>The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; (B) Each dose of COVID-19 vaccine administered to the resident, or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal.</p> | | |

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| <p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39779</p> <p>Based on observation, interview, and record review, the facility failed to ensure the call light was within reach for 3 (R39, R82, R114) of 5 residents, and failed to ensure resident's room call lights were functioning for the residents to call for staff assistance when needed for 2 (R2, R82) of 3 residents reviewed for accommodation of needs in a sample of 35.</p> <p>Findings Include:</p> <p>1. R82 has diagnosis not limited to Cognitive Communication Deficit, Essential (Primary) Hypertension, History of Falling, Hypothyroidism, Obesity, Atrial Fibrillation, Transient Cerebral Ischemic Attack, Hyperlipidemia, Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Asthma with (Acute) Exacerbation, Dysphagia, Oropharyngeal Phase, Chronic Kidney Disease, Hypokalemia, Dementia, Major Depressive Disorder, Diabetes Mellitus Abnormalities of Gait And Mobility, Thyrotoxicosis, Osteoarthritis of Knee, and Chronic Diastolic (Congestive) Heart Failure.</p> <p>R82's Care plan documents: Focus: R82 have an ADL (Activities of Daily Living) and functional ability for self-care and mobility performance/deficit. Interventions: Encourage the resident to use bell to call for assistance. Focus: R82 is at risk for falls r/t (related/to) impaired mobility. Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Focus: I am incontinent of bladder and bowel r/t limited mobility. Interventions: Ensure call light is within reach and answer promptly.</p> <p>On 04/30/24 at 10:59 AM R82 was observed lying in bed with the call button hanging on the left side rail out of R82 reach. Surveyor pressed the call button, and it did not light up on the wall or outside of the door.</p> <p>2. R114 has diagnosis not limited to Essential (Primary) Hypertension, Insomnia, Chronic Obstructive Pulmonary Disease With (Acute) Exacerbation, Major Depressive Disorder, Atherosclerotic Heart Disease of Native Coronary Artery, Syncope and Collapse, Orthostatic Hypotension, Hyperlipidemia, Generalized Anxiety Disorder, Cognitive Communication Deficit, Multiple Fractures of Ribs, Left Side, Vitamin D Deficiency, Abnormalities of Gait and Mobility, and Psychosis.</p> <p>R114's Care plan documents: Focus: R114 have an ADL and functional ability for self-care and mobility deficit Date Initiated: 03/22/22. Interventions: Encourage the resident to use bell to call for assistance. Focus: R114 is at risk for falls r/t (related to) major depression, anxiety disorder, limited mobility and on psych meds. Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Focus: R114 have bladder and bowel incontinence r/t cognitive communication deficit Date Initiated: 05/16/23. Interventions: Ensure call light is within reach and answer promptly.</p> <p>(continued on next page)</p> | | |

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| <p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 04/30/24 at 11:22 AM, R114 was observed lying in bed on her right side, turned facing the window. R114's call light was observed located behind R114, hanging from the left side rail out of R114's reach. Surveyor asked R114 did she know where the call light was located. R114 responded, No I don't.</p> <p>3. R39 has diagnosis not limited to Acute Conjunctivitis, Bilateral, Schizoaffective Disorder, Chronic Atrial Fibrillation, Generalized Idiopathic Epilepsy and Epileptic Syndromes, Essential (Primary) Hypertension, Hyperlipidemia, Gastro-Esophageal Reflux Disease, Asthma, Contracture, Left Foot, Type 2 Diabetes Mellitus, Benign Prostatic Hyperplasia, Bipolar Disorder, Acute Pain Due to Trauma, Manic Episode, Severe with Psychotic Symptoms, Schizophrenia, Chronic Diastolic (Congestive) Heart Failure, Pressure Ulcer of Left Heel, Unstageable, Open Wound, Left Ankle, Lack Of Coordination, Chronic Venous Hypertension (Idiopathic) with Ulcer of Left Lower Extremity, Acute Embolism, and Thrombosis.</p> <p>R39's Care plan documents: Focus: R39 have an ADL and functional ability for self-care and mobility deficit. Interventions: Encourage the resident to use bell to call for assistance. Focus: I am at risk for falls. Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Focus: I have bladder and bowel incontinence. Interventions: Ensure call light is within reach and answer promptly.</p> <p>On 04/30/24 at 11:52 AM, the surveyor entered R39 room and asked R39 the location of his call light. R39 responded, The cord is over there (pointing to his left); I can't reach it. R39's call light was observed lying on the floor on the left side of the bed out of R39's reach.</p> <p>On 04/30/24 at 11:53 AM, R39 called out V19 (Certified Nurse Assistant) name, and V19 entered R39's room. Surveyor asked V19 the location of R39's call light. V19 went to the left side of R39's bed, then picked up the call light from the floor and said, That was my fault, I just changed (R39's) bed. The call light was on the floor.</p> <p>On 05/02/24 at 10:13 AM V3 (Director of Nursing) stated, The call light should be placed within reach of the patient, so they have easy access to call for help if needed. My expectation is that the call lights are working. If the call light is not working the staff can trouble shoot and if not able to immediately fix it, they should report it to maintenance.</p> <p>Policy:</p> <p>Titled Call Light, revised 02/02/18, documents: Purpose: To respond to residents' requests and needs in a timely and courteous manner. 1. All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location. 6. Call bell system defects will be reported promptly to the Maintenance Department for servicing.</p> <p>(continued on next page)</p> | | |

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| <p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>4. R2 was admitted to the facility on [DATE] with diagnoses not limited to Dry Eye Syndrome of Unspecified Lacrimal Gland, Osteoarthritis, Cocaine Abuse, Abnormal Posture, Dermatitis, Gastroduodenitis, Hemiplegia and Hemiparesis following Unspecified Cerebrovascular Disease Affecting Left Non-Dominant Side, Hyperlipidemia, Anemia, Atherosclerotic Heart Disease of Native Coronary Artery, Arthropathy, Seizures, Bipolar Disorder, Gastro-Esophageal Reflux Disease, and Essential (Primary) Hypertension.</p> <p>R2's Care plan documents: Focus: Focus: R2 have an ADL and functional ability for self-care and mobility performance/deficit. Interventions: Encourage the resident to use bell to call for assistance. Focus: am at risk for falls r/t impaired mobility. Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Focus: I am incontinent of B & B (bowel & bladder). Interventions: Ensure call light is within reach and answer promptly.</p> <p>On 04/30/24 at 10:56 AM, R2 was observed lying in bed with the call light wrapped around the right-side rail. R2's left upper extremity was observed to be contracted. R2 stated, The light is for emergencies, but it doesn't work. Surveyor asked R2 to push the call button. R2 pulled the call light cord from around the right-side rail, pressed the call button and it did not light up on the wall or outside of the door.</p> <p>5. R82 has diagnosis not limited to Cognitive Communication Deficit, Essential (Primary) Hypertension, History of Falling, Hypothyroidism, Obesity, Atrial Fibrillation, Transient Cerebral Ischemic Attack, Hyperlipidemia, Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Asthma with (Acute) Exacerbation, Dysphagia, Oropharyngeal Phase, Chronic Kidney Disease, Hypokalemia, Dementia, Major Depressive Disorder, Diabetes Mellitus Abnormalities of Gait And Mobility, Thyrotoxicosis, Osteoarthritis of Knee, and Chronic Diastolic (Congestive) Heart Failure.</p> <p>R82's Care plan documents: Focus: R82 have an ADL (Activities of Daily Living) and functional ability for self-care and mobility performance/deficit. Interventions: Encourage the resident to use bell to call for assistance. Focus: R82 is at risk for falls r/t impaired mobility. Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Focus: I am incontinent of bladder and bowel r/t limited mobility. Interventions: Ensure call light is within reach and answer promptly.</p> <p>On 04/30/24 at 10:59 AM, R82 was lying in bed with the call button hanging on left side rail out of R82's reach. Surveyor pressed the call button, and it did not light up on the wall or outside of the door.</p> <p>On 04/30/24 at 11:03 AM, V19, Certified Nursing Assistant, pushed R2's and R82's call light buttons then stated, I wasn't aware that the call lights were not working. They are not lighting up outside of the door.</p> <p>On 04/30/24 at 11:17 AM V14 (Housekeeper) was walking pass the 3rd floor nursing station and the was informed the call light in R2's and R8's2 room was not working and V13 (Maintenance) stated he only speaks a little English. V14 said he (V14) will speak to V13, then proceeded down the hallway in the direction of V13.</p> <p>(continued on next page)</p> | | |

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| <p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 05/01/24 at 1:59 PM , V29, Maintenance Director, stated, No one brought the call light to my attention yesterday. I will go and check the call light right now. If anything is not working the staff is supposed to fill out a maintenance request. If they call the front desk the receptionist will page me, and I or the maintenance assistant will go take of it.</p> <p>On 05/02/24 at 10:13 AM, V3 (Director of Nursing) stated, The call light should be placed within reach of the patient, so they have easy access to call for help if needed. My expectation is that the call lights are working. If the call light is not working the staff can trouble shoot and if not able to immediately fix it, they should report it to maintenance.</p> <p>Policy:</p> <p>Titled Call Light, revised 02/02/18, documents: Purpose: To respond to residents' requests and needs in a timely and courteous manner. 1. All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location. 6. Call bell system defects will be reported promptly to the Maintenance Department for servicing.</p> <p>Titled Preventive Maintenance and Inspections, undated, documents: In order to provide a safe environment for residents, employees, and visitors, a preventative maintenance program has been implemented to promote the maintenance of fixtures and equipment in a state of good repair and condition. Inspections: A schedule is developed to delineate all inspections that are to be completed on a regular basis. Inspections verify that all equipment and furnishings are in working order, esthetically pleasant, clean, and free from safety hazards.</p> |