

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 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 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>45196</p> <p>Based on observation, interview, and record review, the facility failed to ensure an indwelling catheter drainage bag was covered in a privacy bag. This failure affected two residents (R56 and R101) reviewed for privacy and dignity in the sample of 84 residents.</p> <p>Findings include:</p> <p>1. On 02/03/2025 at 10:48 am, R101 was observed in bed resting, with R101's indwelling catheter hanging on the lower part of R101's bed, facing the entrance of the doorway, and without a drainage bag cover.</p> <p>R101's face sheet shows R101 has a diagnoses which includes, but not limited to, obstructive and reflux uropathy and unspecified hydronephrosis.</p> <p>R101's Brief Interview for Mental Status (BIMS), dated 1/1/25, shows R101 has a BIMS score of 11, which indicates that R11 has some cognitive impairments.</p> <p>R101's care plan, dated 01/30/25, documents: Focus: R101 has an indwelling catheter. Intervention: Catheter : R101 have a FR (French) 16 catheter. Position, catheter bag and tubing below the level of the bladder and away from entrance room door.</p> <p>2. On 02/03/2025 at 11:00 am, R56 was observed in a wheelchair sitting in the doorway of R56's room, with an indwelling catheter hanging on the lower part of R56's wheelchair, without a drainage bag cover.</p> <p>R56's face sheet shows R56 has a diagnoses which includes, but not limited to, displacement of indwelling ureteral stent, sequela.</p> <p>R56's Brief Interview for Mental Status (BIMS), dated 1/29/25, shows R56 has a BIMS score of 9, which indicates that R56 has some cognitive impairments.</p> <p>On 02/03/2025 at 11:05 am, V23 (Certified Nursing Assistant, CNA) was asked about R56's indwelling catheter drainage bag, and V23 stated, I have to look for one. He (R56) just came back from the hospital. I am still working on it. When V23 asked regarding the importance of residents indwelling catheters being in a privacy bag, V23 stated, It should be in a bag for dignity.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/03/2025 at 11:23 am, V14 (Licensed Practical Nurse, LPN) was asked about R101's indwelling catheter drainage bag. V14 stated, It should be in a drainage bag. When V14 asked regarding the importance of residents indwelling catheters being in a privacy bag, V14 stated, So the residents can have dignity.</p> <p>On 02/05/25 at 8:35 am, V2 (Director of Nursing, DON) stated the drainage bag should be covered with a dignity bag. V2 stated it is important to maintain dignity for the resident; it can bring infection if it (referring to the indwelling catheter bag) touches the floor, and it's to prevent the indwelling catheter bag from touching the floor.</p> <p>The facility's document, dated 04/23/18, and titled Dignity, documents: Guidelines: The facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. The facility shall consider the resident's life style and personal choices identified through the assessment processes to obtain a picture of his or her individual needs and preferences. Maintaining a resident's dignity should include but is not limited to the following: Refraining from practices demeaning to residents such as leaving urinary catheter bags uncovered, refusing to comply with a resident's request for bathroom assistance during meal times, and restricting residents from use of common areas open to the general public such as lobbies and restrooms, unless they are on transmission-based isolation precaution or are restricted according to their care planned needs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 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>41611</p> <p>Based on observation, interview, and record review, the facility failed to ensure the call light was within reach for two residents (R13, R41). This failure affects two residents (R13, R41) reviewed for call lights.</p> <p>Findings include:</p> <p>1. R13 has diagnoses of Cerebral Palsy, Contracture, Unspecified Hand, Gastrointestinal Hemorrhage, Peptic Ulcer, Gastro-Esophageal Reflux Disease Without Esophagitis, Type 2 Diabetes Mellitus, and Mild Intellectual Disabilities.</p> <p>R13 does not have a Brief Interview of Mental Status score, because R13 is rarely/never understood.</p> <p>R13's Minimum Data Sheet, section GG (12/18/2024), documents Functional Limitation in Range of Motion: Upper extremities: Impairments on both sides.</p> <p>R13's care plan focus for ADL (Activities of Daily Living), dated 9/10/2022, documents an intervention on 2/08/2022 encourage the resident to use bell to call for assistance.</p> <p>On 2/3/2025 at 11:02am, R13's call light device was wrapped around side rail on left side, and not within reach it. had a hand splint on her left hand.</p> <p>On 2/3/2025 at 11:05am, V11 (Licensed Practical Nurse-LPN), said, No, she (R13) cannot reach it (call light) and the call light should be within reach. V11 stated, No, (R13) cannot use it.</p> <p>2. R41 has a diagnoses of Cerebral Infarction, Hemiplegia, and Hemiparesis affecting Left Non-Dominant Side, Interstitial Pulmonary Disease, Hypertension, and Cognitive Communication Deficit.</p> <p>R41's Brief Interview of Mental Status score is 13.</p> <p>R41's Minimum Data Sheet, section GG (12/10/2024), documents Functional Limitation in Range of Motion: Upper extremities: No impairments.</p> <p>R41's care plan focus for ADL (Activities of Daily Living), dated 9/17/2024, documents an intervention on 1/09/2024 encourage the resident to use bell to call for assistance.</p> <p>On 2/03/2025 at 10:49am, R41's call light was on the floor behind the bed, not in reach of the resident.</p> <p>On 2/3/2025 at 11:13am, V12 (Certified Nursing Assistant-CNA) stated the call light should be within reach of the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/05/2025, V2 (Director of Nursing) stated, The call light should be within reach of the resident, and upon admission, we do an assessment to determine the appropriate call device for the resident. If a resident does not have use of a limb, we would provide a high touch call device, such as a pad that can be activated with the resident's cheek. V2 stated the purpose of the call light is to alert staff when assistance is needed.</p> <p>Call light policy, with a revised date of 02/02/2018, documents to respond to residents' requests and needs in a timely and courteous manner and 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.</p> <p>Job Description (05/02/2017) for Certified Nursing Assistant(CNA) the CNA is responsible for providing resident care and support in all activities of daily living and ensures the health, welfare and safety of all residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45644</p> <p>Based on observation, interview, and record review, the facility failed to obtain a doctor's order for an Advanced Directive, which affected two residents (R56 and R133) reviewed for Advanced Directives in the sample of 84 residents.</p> <p>Findings include:</p> <p>1. R133's admission record history documents CODP (Chronic Obstructive Pulmonary Disease), diabetes, end stage renal disease, and hypertensive heart disease.</p> <p>R133's Minimum Data Set (MDS), dated [DATE], documents Brief Interview for Mental Status (BIMS) score of 14, which indicates R133 is cognitively intact.</p> <p>R133's Order Summary Report active orders as of [DATE] has no physician order for an Advanced Directive (Full code or Do not Resuscitate) status for R133.</p> <p>R133's Admission Record Form for Advanced Directive section is blank. There are no Advanced Directives selected for this resident.</p> <p>On [DATE] at 1:00 pm, V26, LPN (License Practical Nurse), stated the nurse should get the Advanced Directive order on admission and enter it into the computer.</p> <p>On [DATE] at 1:10 pm, V15, LPN, stated there should be an order for an Advance Director. V15 was aksed if there is an order for an Advanced Directive for R133? V15 looked in the electronic medical records and stated, I do not see an order. V15 was asked how do staff know the Advanced Directive status of a resident? V15 stated it should be on the residents profile in the computer. V15 looked at R133's profile for the Advanced Directive status, and the Advanced Directive area was blank. V15 stated, It's not there.</p> <p>45196</p> <p>2. R56's face sheet shows R56 was admitted to the facility on [DATE], and has diagnoses which includes, but not limited to, displacement of indwelling ureteral stent, sequela.</p> <p>R56's Brief Interview for Mental Status (BIMS), dated [DATE], shows R56 has a BIMS score of 9, which indicates R56 has some cognitive impairments.</p> <p>On [DATE], R56's physician order sheet (POS) did not have active orders for a code status for R56.</p> <p>Upon request for R56 POS for R56's code status, R56 code status of Full Code was added to R56's POS.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 8:49 am, V2 (Director of Nursing, DON) stated when a resident is referred to the facility, the residents code status is reviewed and given from the hospital in report. V2 explained the admitting nurse should obtain/verify the residents Advanced Directives and code status and document them in the residents physicians orders upon admission. When V2 was asked regarding the importance of a residents code status being on the residents physicians orders, V2 stated, In case of an unexpected event to determine if cardiopulmonary resuscitation (CPR) is required or not. If Advanced Directives are not in the orders we (referring to staff) could potentially give CPR to a DNR (Do Not Resuscitation) resident. V2 further explained it is the admitting nurse's responsibility to put in the residents code status orders on the residents Physicians Orders Sheet (POS), and the supervisor should then follow up to ensure the residents have a code status on the residents POS. When V2 was asked regarding R56's code status, V2 stated R56's code status should have been documented in R56's POS upon R56 return to the facility on [DATE].</p> <p>R56's POS, dated [DATE], shows R56 has orders for full code entered on [DATE].</p> <p>Facility's policy titled Advance Directives (revision date [DATE]) documents, Guidelines: 22. A written physician's order is required in response to the resident's Advanced Directive (s). Physician orders shall be specific and address each Advance Directives.</p> <p>Facility's job description titled Registered Nurse RN and License Practical Nurse LPN (revised [DATE]) documents Essential Duties and Responsibilities: Complete and file required recordkeeping forms/charts upon the resident's admission, transfer and/or discharge. Receive and transcribe telephone orders from physician and record on the physician's order form.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</p> <p>Based on observation, interview, and record review, the facility failed to ensure one resident's (R589) bed was free from old food, condiments, and a meal tray. This failure affects R589 in the sample reviewed for a safe, clean, home-like environment.</p> <p>Findings include:</p> <p>R589 is an [AGE] year old, with diagnoses including but not limited to: Type 2 diabetes mellitus with hyperglycemia, hyperlipidemia, depression, unspecified convulsions and anemia.</p> <p>R589 has a BIMS (Brief Interview of Mental Status) score of 14, which indicates cognitively intact.</p> <p>On 2/3/25 at 11:20 am, R589 was observed in bed with a tray of food in her bed, bread and condiments on top of her bed sheet, and a slice of pizza in her bed near her pillow.</p> <p>At that time, R589 said she had the pizza in her bed since last Friday, and had forgot to throw it out. R589 also said she had been eating on the pizza whenever she gets hungry because she would sometimes get hungry in between meals, and never got a snack.</p> <p>On 2/3/25 at 11:24 am, V20 (CNA/ Certified Nurse Assistant) said she was assigned to R589, but did not see the food in R589's bed when she served her (R589) breakfast meal tray because the unit was short one CNA at the time. V20 said there were only 3 CNA's earlier, before the 4th CNA came in to work.</p> <p>On 2/3/25 at 11:24 am, V20 (CNA) said usually V20 just places R589's meal tray on her bed because she would have to find R589 a bedside table.</p> <p>On 2/3/25 at 11:24 am, V19 (LPN/ Licensd Practical Nurse) said the food shouldn't be in R589's bed because it is unsanitary.</p> <p>On 2/3/25 at 12:10 pm, V22 (Housekeeping Director) said each resident should have a bedside table for their food, and all old food should be removed from the resident's rooms by a CNA or Housekeeping staff.</p> <p>Facility Certified Nursing Assistant job description documents the Certified Nurse Assistant is responsible for providing resident care and support in all activities of daily living and ensures health, welfare and safety of all residents.</p> <p>Facility document titled Housekeeping Cleaning Schedule documents, Purpose: to establish a schedule in which ensures the building and equipment is maintained in a clean and sanitary manner.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 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>41611</p> <p>Based on observation, interview, and record review, the facility failed to complete a new pre-admission screening and resident review (PASARR) when resident was admitted to the facility. This failure affects 1 resident (R137) out of a sample of 84.</p> <p>Findings include:</p> <p>R137 has [diagnos]es of Hemiplegia and Hemiparesis affecting Left Non-Dominant Side, Dementia with other Behavioral Disturbance, Major Depressive Disorder, Bipolar Disorder, and Mood Disorder due to Known Physiological Condition with Manic Features.</p> <p>R137 has a Brief Interview of Mental Status score of 10.</p> <p>R137's Order Summary Report ,with active orders as of 2/05/2025, document Quetiapine Fumarate Oral Tablet 100mg: Give 1 tablet by mouth at bedtime related to Bipolar Disorder.</p> <p>On 2/03/2025 at 1:23pm, there was no Level 1 or Level 2 PASARR for R137 in the facility's Point Click Care software.</p> <p>On 2/04/2025 at 10:15am, surveyor requested R137's Level 1 and Level 2 PASARR from V1 (Administrator).</p> <p>On 02/04/2025 at 12:03pm, V29 (Assistant Administrator) stated, I monitor the Maximus program and if a resident is due for an updated PASARR screening, I update it and the purpose of pre-admission screening is to make sure residents are suitable for Nursing Home placement.</p> <p>On 2/4/2025 at 2:12pm, V1 (Administrator) stated, We could not find a PASARR level 1 for R137. We will have to run a new one.</p> <p>On 02/04/2025 at 2:30pm, V29 stated, I have no record of the resident you requested a PASARR level II and the resident is not in the Maximus system yet. If residents are not in the Maximus system yet, there is no way of knowing if they are due for a new PAS screening, and no way of knowing if I have to update their PASARR.</p> <p>On 2/05/2025 at 1:00pm, V29 provided the surveyor with a printout showing R137 had been put into the Maximus system on 2/05/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/6/2025 at 9:49am, via phone, V37 (Admission Director) stated, When new residents come from the hospital, they should come with a Level 1 PASARR screening completed already, and if not, we can submit a request for screening on the day of admission to be completed immediately, and if the resident is coming from home, we are able to do a screening prior to admission. If a resident is coming from home, I will get the information from the family to upload into Maximus so that a level 1 screening can be completed, and based on the outcome of the Level 1 screening, a Level 2 screening will be triggered. This is done prior to the resident coming to the facility. V37 stated the purpose of the PASARR is to ensure a short-term stay and try not to keep the patient too long, and to ensure the facility is the appropriate facility for the resident. V37 stated a level 1 PASARR could not be found for R137, and he had not been put in the Maximus system because he was admitted prior to the start of the Maximus system being used.</p> <p>Preadmission Screening and Annual Resident Review (PASARR) Policy, with a revision date of 11/17/2017, documents, it is the policy to screen all potential admissions on an individualized basis. As part of the preadmission process, the facility participates in the Preadmission Screening and Resident Review (PASARR) screening process (Level 1) for all new and readmissions per requirement to determine if the individual meets the criterion for mental disorder and 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 facility will participate in or complete the Level 1 screen for all potential admissions.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</p> <p>Based on observation, interview, and record review, the facility failed to ensure one dependent resident (R74) received her scheduled showers. This failure affected one of three residents reviewed for ADL care (Activities of Daily Living).</p> <p>Findings include:</p> <p>R74 is a [AGE] year old, with diagnoses including Contracture of muscle, muscle spasm of back, cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting left side, and essential hypertension.</p> <p>R74 has a BIMS (Brief Interview of Mental Status) score of 13, which indicates cognitively intact.</p> <p>R74's Section GG- Functional Abilities assessment, dated 11/1/24, documents R74 is dependent with showers, baths, and transfers.</p> <p>R74's Care plan documents R74 has an ADL functional ability self-care and mobility deficit related to late effects of cerebral infarction.</p> <p>R74 has a bathing order for Sundays (AM) and Wednesdays (PM) entered on 6/24/23.</p> <p>On 2/3/25 at 12:05 pm, R74 said before 1/26/25, she had not had a shower in over a month. and she had complained to V1 (Administrator). R74 said staff always refused to shower her, and complained she R74 needed two- person assistance with showers.</p> <p>On 2/3/25 at 12:05 pm, R74 said, The bed baths are a joke. I am not cleaned and still feel dirty. All they (staff) do is wipe my private area and barely use enough soap and water. I want a shower, and every time I ask for a shower, I get an excuse about why I cannot have a shower. I went to (V1, Administrator) this past weekend and complained. That's the only reason I finally got a shower on 1/26/25.</p> <p>On 2/5/25 at 3:08 PM, V31 (Assistant Director of Nursing/ADON) said each resident should be showered or bathed on their two scheduled days of the week, and as needed. V31 (ADON) said, A blank spot on the documentation survey indicates that the activity did not occur, the S indicates that a shower was given, and a B indicates that a bed bath was given. If a resident refuses a shower, it would be documented and it should reflect on the POC (Point of Care/ documentation survey report).</p> <p>R74's Documentation Survey Report for the period of 1/1/25- 1/29/25 documents one AM shower received on 1/26/25; and one weekly bed bath received on 1/8/25, 1/15/25, 1/22/25 and 1/29/25.</p> <p>R74's Documentation Survey Report for the period of 1/1/25- 1/29/25 has no documentation of showers for the following dates: 1/5/25, 1/12/25 and 1/19/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility Certified Nursing Assistant job description documents, provide assistance in personal hygiene by giving bedpans, urinals, baths, backrubs, shampoos, and shaves; assisting with travel to the bathroom; helping with showers and baths.</p> <p>Facility policy titled Activities of Daily Living documents, washing and drying the body, including full body sponge bath, planning the task, and gathering supplies, and transfer into and out of tub/shower.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>41611</p> <p>Based on observation, interview, and record review, the facility failed to ensure the low air loss mattress was not layered with multiple linens for 1 resident (R13). This failure affected 1 resident reviewed for pressure ulcer/injury prevention and treatment in a sample size of 84.</p> <p>R13 has diagnoses of Cerebral Palsy, Contracture, Unspecified Hand, Gastrointestinal Hemorrhage, Peptic Ulcer, Gastro-Esophageal Reflux Disease Without Esophagitis, Type 2 Diabetes Mellitus, and Mild Intellectual Disabilities.</p> <p>R13 does not have a Brief Interview of Mental Status score, because R13 is rarely/never understood.</p> <p>R13's Minimum Data Sheet, section GG (12/12/2024), documents Functional Limitation in Range of Motion: Upper and lower extremities: Impairments on both sides, and dependent (Helper does all the effort) for all self-care and mobility performance.</p> <p>R13's Braden Observation, dated 9/27/2024, documents R13's Braden scale score of 12 high risk, mobility: ability to change and control body position: Very limited.</p> <p>On 2/3/2025 at 11:01am, R13 was in bed with an incontinence brief, mattress pad, and a flat sheet underneath her while lying on a low air loss mattress.</p> <p>On 2/3/2025 at 11:05am, V11 (Licensed Practical Nurse-LPN) stated R13 is supposed to have only one sheet under her while since she has a low air loss mattress, and the purpose of mattress is to help prevent further breakdown.</p> <p>On 2/05/2025 at 8:43am, V2 (Director of Nursing) stated a resident on a low air loss mattress should have a flat sheet and a mattress pad or incontinence brief under them. The purpose is to promote healing and prevent skin breakdown.</p> <p>Manufacturer's guide for low air loss mattress documents pump and mattress system is indicated for the prevention and treatment of any and all stage pressure ulcers when used in conjunction with a comprehensive pressure ulcer management program, you may place a thin cotton sheet over the quilted mattress top cover and patients can directly lie on the mattress or cover with a sheet and tuck loosely to increase the comfort of the patient.</p> <p>Pressure Ulcer Prevention policy, with a revision date of 1/15/2018, documents to prevent and treat pressure sores/pressure injury.</p> <p>Job Description (05/02/2017) for Certified Nursing Assistant (CNA) documents the CNA is responsible for providing resident care and support in all activities of daily living and ensures the health, welfare and safety of all residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>43351</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents at risk for falls were supervised while at the dining room. This failure affected 2 (R82 and R88) residents reviewed for fall prevention program in the total sample of 84 residents.</p> <p>Findings include:</p> <p>1. R82's (Active Order as Of: 02/04/2025) Order Summary Report documented Diagnoses: (include but not limited to) hypertension, schizophrenia, schizoaffective disorder and type 2 diabetes mellitus.</p> <p>R82's (01/13/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 03., indicating R82's mental status as severely impaired.</p> <p>R82's (08/29/2024) Fall risk Assessment documented, Score: 13. Category: At Risk for Falls.</p> <p>R82's (02/04/2025) Fall risk Assessment documented, Score: 15. Category: At Risk for Fall.</p> <p>R82's (Revision on: 10/22/2024) care plan documented, I am at risk for falls r/t (related to) Gait/balance problems. I will not sustain injury. Anticipate and meet the resident's needs.</p> <p>2. R88's (Active Order as Of: 02/06/2025) Order Summary Report documented, Diagnoses: (include but not limited to) dementia with other behavioral disturbance and epilepsy and epileptic syndrome with seizures with status epilepticus.</p> <p>R88's (01/10/2025) Minimum Data Set documented, Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: no entry. C0700. Short-Term memory Ok: 1 memory problem. C0800. Long-Term Memory Ok: 1. Memory Problem. C1000. Cognitive Skills for daily decision making: 2 - moderately impaired.</p> <p>R88's (01/21/2025) Fall risk Assessment documented, Score: 10. Category: At Risk for Fall.</p> <p>R88's (Revision on: 12/24/2024) care plan documented, at risk for falls r/t (related to) dementia. Will not sustain serious injury. Anticipate and meet the resident's needs.</p> <p>On 02/03/2025 at 12:24pm, there were 4 residents, including R82 and R88, on the 4th floor dining room without staff supervision.</p> <p>On 02/03/2025 at 12:28pm, V9 (Wound Care Coordinator) brought food for R88. After setting up the tray, V9 left. V10 (Administrator in Training) entered the dining room. This surveyor inquired if anyone in the room at risk for fall. V10 stated R82 is at risk for fall. V10 stated, In my professional opinion, I believe someone should be here monitoring (R82). R88 was also identified as at risk for falls.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/05/2025 at 9:44am, V32 (Restorative Nurse) stated if a resident is at risk for fall, the expectation is the resident should be supervised while in the dining room to prevent the resident from falling.</p> <p>On 02/05/2025 at 9:45am, V2 (Director of Nursing) stated it is expected of staff to supervise resident at risk for falls. Residents at risk for fall should be within the sight of the staff to prevent falls.</p> <p>(02/05/2025) email correspondence with V2 documented, There is no policy on supervision but expectations are frequent monitoring/checking and keeping fall risk resident within sight of staff.</p> <p>(02/05/2025) email correspondence with V2 documented, The fall risk assessment on (EHR - Electronic Health Record) will only indicate a resident fall risks. (EHR) will compute total score: 0-9 - Not At Risk for falls. >10 - At risk for falls.</p> <p>The (undated) Residents' Rights for People in Long-Term Care Facilities documented, As a long-term care resident in the State, you are guaranteed certain rights, protections and privileges according to State and Federal laws. Your rights to safety. Your facility must provide services to keep your physical and mental health at their highest practicable levels. Your facility must be safe.</p> <p>The (11/21/17) Fall Prevention Program documented, Purpose: To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk for falls and implementation of appropriate interventions to provide necessary supervision. Guidelines: Use and implementation of professional standards of practice. Safety interventions will be implemented for each resident identified at risk.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 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>45196</p> <p>Based on observation, interview, and record review, the facility failed to change oxygen equipment (nebulizer mask) per the facility policy. Thia failure affected one resident (R68) reviewed for oxygen equipment, in a total sample of 84 residents.</p> <p>Findings include:</p> <p>R68's face sheet shows R68 has diagnoses which includes asthma and hypertensive heart disease with heart failure.</p> <p>R68's Brief Interview for Mental Status (BIMS), dated 12/10/24, shows R68 has a BIMS score of 6, which indicates R68 has cognitive impairments.</p> <p>R68's Physicians Order Sheet (POS) active orders, dated 02/03/25, shows R68 has orders for Budesonide Suspension 0.25 MG (milligrams)/2ML (milliliter)1 vial inhale orally via nebulizer two times a day for asthma and Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 3 ml inhale every 6 hours as needed for SOB (shortness of breath or Wheezing via nebulizer. Record Pulse / O2 (oxygen) Saturation/ Breath Sounds Code: 0= Clear 1 = Crackles 2 = Wheezes 3 = Rales 4 = Rhonchi.</p> <p>On 02/03/25 at 10:35 am, R68 was observed in bed, resting with a nebulizer mask next to R68's bed, dated 06/17. V23 (Certified Nursing Assistant, CNA) stated, I don't change that. You have to ask the nurse.</p> <p>On 02/03/25 at 11:00 am, V26 (Licensd Practical Nurse, LPN) stated R68 receives nebulizer treatments daily. When V26 was asked how often nebulizer mask should be changed and V26 stated, That should be changed every week by the night shift nurse. When V26 was asked regarding the importance of changing the nebulizer mask per the facility policy, V26 stated, For infection control.</p> <p>On 02/05/25 at 8:32 am, V2 (Director of Nursing, DON) stated the nebulizer mask should be changed every week and prn (as needed) by the night nurses. When V2 was asked regarding the importance of changing the nebulizer mask per the facility's policy, V2 stated it is to ensure that it is hygienic to the resident and to prevent any other infections going into the residents lungs. V2 stated it is the expectation of the nebulizer mask to be changed and dated every week and monitored by the night nurses at the facility.</p> <p>The facility's document, dated 01/07/19, titled Oxygen and Respiratory Equipment - Changing/ Cleaning, documents, Guidelines: 1. To provide guidelines to employees for changing all disposable respiratory supplies. 2. To ensure the safety of residents by providing maintenance of all disposable respiratory supplies. 3. To minimize the risk of infection transmission. Procedure: 1. Handheld Nebulizer (HHN) and Mask if applicable. a. The handheld nebulizer mask should be changed weekly and prn (as needed).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>52136</p> <p>Based on observation, interview, and record review, the facility failed to ensure narcotic count was recorded on each shift; failed to record accurate narcotic medication counts; and failed to have a shift change controlled substance inventory count sheet available to ensure accurate count and review of narcotic medications are recorded and signed each shift by a nurse.</p> <p>These failures affected one resident (R46) out of one resident reviewed for controlled drug administration.</p> <p>Findings include:</p> <p>Facility presented a list of residents receiving narcotic medications on the first floor. Only R46 is on the list.</p> <p>Facility census documents a census of eight on the first-floor unit.</p> <p>On 2/3/25 at 11:45am, during first floor medication cart review, the narcotic binder was reviewed, and the Shift change controlled substance inventory count sheet was not observed in the narcotic binder. R46's Controlled drug administration record displayed 21 tablets of Tramadol 50 milligrams (mg), but the medication bingo card only has 20 tablets of Tramadol 50 mg in narcotic box. The Controlled Drug Administration record did not reflect the accurate amount of medication that was available on the medication bingo card.</p> <p>V14, Licensed Practical Nurse (LPN) stated, I don't know why we don't have a shift change controlled substance inventory count sheet in this narcotic book. The purpose of narcotic count is to make sure medication count is correct and witnessed by two nurses. V14 (LPN), also stated she administered the Tramadol 50mg tablet to R46 this morning, but did not sign the Controlled Drug Administration Record.</p> <p>On 2/5/25 at 1:33pm, V2 (Director of Nursing) was interviewed, and stated, They have a narcotic binder, and the nurse should document in the narcotic binder to verify how many pills are available, the nurse must sign off on controlled drug administration sheet at time of administration because it is a controlled medication. If the nurse observes a discrepancy with the narcotic count, they are responsible to report the concern to the Nursing Director for reconciliation of the concern. If there is no shift change controlled substance inventory count sheet in narcotic binder the nurse is responsible to notify the Nursing Director.</p> <p>V1 presented policy titled Narcotic/Controlled Substances-Counting with revision 11/2017 which documents: Purpose: To count controlled substances with a partner and to verify the accuracy of the log sheets.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Always participate in the counting of the controlled substances at the beginning and ending of your shift. Never say, go ahead without me and I'll sign later. Never leave it to someone else's discretion when you are the one on duty. If you do not observe the medications that you sign as being present, you may be implicated if the medications are later missing.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 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>52136</p> <p>Based on observation, interview, and record review, the facility failed to ensure two medication carts were free of loose tablets; failed to ensure multi-dose insulin vials and inhalers were labeled with an open date; failed to ensure expired house stock medications, insulin vials, and nebulizers were removed from medication carts and discarded; failed to ensure medication requiring refrigeration was properly stored; failed to ensure and maintain appropriate temperature recording for medication fridge; and failed to ensure medication for a discharge resident was removed from medication cart.</p> <p>These failures affected ten (R3, R44, R64, R66, R133, R149, R174, R228, R739, R740) residents reviewed for medication storage and labeling, and has the potential to affect all 158 residents residing on first, second, and third floor of the facility.</p> <p>Findings include:</p> <p>Facility census provided by V1, Administrator, documents the following: First floor nine residents, second floor 68 residents, third floor 81 residents for total of 158 residents.</p> <p>1. On 02/03/25 at 10:54 am, during observation of medication cart on the third floor southwest with V13, Licensed Practical Nurse (LPN), the following loose medication tablets were observed at the bottom of the cart outside of the bingo cards:</p> <ul style="list-style-type: none"> 6- white round pills 1 white oval 1 pink oval 1 bluish oval 2 yellow capsules 1 white capsule 1 green oval 1 yellow round 1 blue 1/2 round <p>V13, LPN, stated, When loose pills are at bottom of cart, it is the responsibility of all nurses to clean the cart and discard pills that are at bottom of cart. I will waste those pills in solution. V13 also stated she was not able to identify what the loose medications were.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The following medications were also observed: R174's opened Novolog 100unit/ml vial with an open date of 1/1/25 and no expiration date; R44's opened Humalog 100 unit/ml with an open date of 1/4/25 and expiration date of 2/1/25; R44's Tiotropium Bromide inhalation powder with no open date or expiration date; R3's Breo Elipta no open or expiration date.</p> <p>V13, LPN, stated expired medications should be discarded, and multi dose insulin vials and inhalers should be dated with an open date and expiration date.</p> <p>2. On 2/3/25 at 11:37 am, the third-floor refrigerator temperature was read by V13. The reading on the thermometer was 53 degrees Fahrenheit according to V13. V13 could not provide the temperature log for February 2025, but could only provide the temperature log for January 2025. V13 stated she does not know where the February temperature log was and she would contact the Maintenance department to have the refrigerator checked.</p> <p>On 2/4/25 at 10:30 am, the third floor medication refrigerator was checked by V21, Licensed Practical Nurse, who stated the temperature was 48 degrees Fahrenheit. V21 stated, The temperature should be up to 46 degrees Fahrenheit, but I don't know what to do. V21 presented February 2025 temperature log which excludes documentation of temperature reading for 2/4/2025. V13 stated she doesn't know where this February 2025 came from because it was not there yesterday.</p> <p>3. On 02/03/25 at 11:45 am, during observation of medication cart on the first floor with V14, Licensed Practical Nurse (LPN), the following loose medication tablets were observed at the bottom of the cart outside of the bingo cards:</p> <p>4-white round</p> <p>2-oval capsules</p> <p>1-brown/oval</p> <p>2 round off white</p> <p>2 pink round</p> <p>V14, LPN stated, We are supposed to discard these loose pills in discard liquid. V14 stated she was familiar with some of the tablets, but she was not 100% sure .</p> <p>The following were also observed on the first-floor medication cart: R739's, Fluticasone Propionate and Salmeterol inhaler with no open or expiration date. R228's, open bottle of Lactulose was still in medication cart. V14 stated that R228, was already discharged from the facility and that the medication should have been discarded from the cart.</p> <p>4. On 02/03/25 at 12:40 PM, during observation of medication cart on the second floor south with V15, Licensed Practical Nurse (LPN), the following were observed:</p> <p>House stock bottle of Aspirin 81 mg with expiration date 01/2025</p> <p>House stock box of Omeprazole 20 mg tables with expiration date 01/2025</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R149's, Albuterol HFA inhaler with open date of 12/30/2024</p> <p>R64 's Albuterol HFA inhaler with open date of 12/1/2024</p> <p>R740's, Fluticasone Propionate and Salmeterol inhaler with no open date or expiration date</p> <p>V15 stated the medications should have open and expiration dates and she would discard the medications that are expired and did not have open dates.</p> <p>5. On 02/03/25 at 2:24 PM, during observation of medication cart on the second-floor northeast with V16, Licensed Practical Nurse (LPN), the following were observed:</p> <p>R133's Humalog 100 unit/ml vial with no open or expiration date</p> <p>R66's Lantus 100 unit/ml unopened vial was left on the bottom of cart, enclosed in a zip brown bag with label that stated refrigerate.</p> <p>V16 stated he would discard the Lantus of R66 because the vial was not refrigerated.</p> <p>V1 presented policy titled Storage of Medications, with revision 08/2020, which documents in part:</p> <p>Medication storage areas are kept clean, well-lit, and free of clutter and extreme temperatures and humidity.</p> <p>All medications are maintained within the temperature ranges noticed in the United States Pharmacopeia (USP) and by the Centers for Disease control (CDC)</p> <p>Refrigerated:36F to 46 F (2C to 8 C) with a thermometer to allow temperature monitoring.</p> <p>Medications and biologicals are stored at their appropriate temperatures and humidity according to the USP guidelines for temperatures ranges.</p> <p>Medications requiring refrigeration are kept in a refrigerator at temperatures between 36F (2C) and 46F (8C) with a thermometer to allow temperature monitoring.</p> <p>When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated.</p> <p>The nurse shall place a date opened sticker on the medication and record the date opened and the new date of expiration.</p> <p>All expired medications will be removed from the active supply and destroyed in accordance with facility policy, regardless of amount remaining.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</p> <p>Based on observation, interview, and record review, the facility failed to provide bedtime snacks to residents who want to eat outside of scheduled meal service times. This failure has the potential to affect all 235 residents receiving oral diets in the facility.</p> <p>Findings include:</p> <p>R200 is [AGE] year old, with diagnoses including but not limited to: Type 2 diabetes mellitus, hypomagnesemia, hypo- osmolality and hyponatremia and major depressive disorder.</p> <p>R200's BIMS (Brief Interview of Mental Status) score is 15, which indicates cognitively intact.</p> <p>R589 is an [AGE] year old, with diagnoses including but not limited to: Type 2 diabetes mellitus with hyperglycemia, hyperlipidemia, depression, unspecified convulsions and anemia.</p> <p>R589 has a BIMS (Brief Interview of Mental Status) score of 14, which indicates cognitively intact.</p> <p>On 2/3/25 at 11:20 am, R589 was observed in bed with a slice of pizza in her bed near her pillow.</p> <p>R589 said she had the pizza in her bed since last Friday, and had forgotten to throw it out. R589 also said she had been eating on the pizza whenever she gets hungry, because she would sometimes get hungry in between meals and never got a snack.</p> <p>On 2/3/25 at 1:34 pm, R200 said, We don't get snacks. They only send up a small tray of snacks and we have to basically fight for a snack. If you don't go to the nurse's station when the few snacks arrive and practically beg for a snack, you won't get one. I was told that I have to be on the snack list to get a snack every night. People steal other resident's food from their meal trays because everyone is so hungry. When we finally get breakfast, we sometimes get a boiled egg and a slice of toast. That is not enough even for a child. The meals are small, especially breakfast, and the meals are always late. Most of us are on psychiatric medication, which makes us even hungrier.</p> <p>On 2/4/25 11:30am, V17 (Food Service Director) was asked about resident's snacks at bedtime and if all residents were provided with a snack. V17 said, The snack list consists of residents who are diabetic, residents who have personally requested a snack, and residents added to the list by request of a nurse or the Dietician. Snacks are usually prepared for just the residents on the snack list, but most of the time, I try sending up a few extra snacks for other residents.</p> <p>Facility document titled Mealtimes for Carts documents a 14.5 hours gap between dinner and breakfast.</p> <p>Facility Snack list documents 44 resident's names listed for snacks.</p> <p>Facility Diet report, dated 2/5/25, documents, 235 residents with oral diets.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility policy titled Dining Options for Meal Service documents, there should be no more than 14 hours between the time the evening meal is offered and the breakfast meal is offered, or 16 hours if a substantial evening snack is provided. A substantial evening snack includes a protein source and a fruit or bread source.</p> <p>Facility policy titled Dining Options for Meal Service documents, an HS (bedtime) snack must be offered to all residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of five residents (R79, R141) did not have expired milk in their personal refrigerators; failed to ensure four of five residents (R51 R79, R141 and R216) personal refrigerators had both thermometers and temperature logs; and failed to ensure one of five residents (R61) personal refrigerator temperature log was completed daily. These failures has the potential to affect all residents with personal refrigerators in the facility.</p> <p>Findings include:</p> <p>1.R141 is a [AGE] year old, with diagnoses including Type 2 diabetes mellitus without complications, mild protein-calorie malnutrition, hyperlipidemia, essential hypertension, and unspecified convulsions.</p> <p>R79 is [AGE] year old, with diagnoses including Type 2 diabetes mellitus without complications, hyperlipidemia, vitamin D deficiency, gastro-esophageal reflux disease, and essential hypertension.</p> <p>On [DATE] at 11:50 am, R141's personal refrigerator had no thermometer, no temperature log, and a brown frozen substance at the bottom inside of the refrigerator. There were five, half pint cartoons of milk with the following expiration dates: two cartons expired on [DATE]; two cartons expired on [DATE] and one carton expired on [DATE].</p> <p>On [DATE] at 12:10 pm, V22 (Housekeeping Director) said she had been off of work for the past week, but expected for the housekeeping staff to maintain the temperatures and cleanliness of the resident's refrigerators.</p> <p>V22 said was the Housekeeping department's duty to clean the refrigerators, keep a thermometer in the refrigerators and record the temperatures on a refrigerator temperature log (placed on the refrigerator) daily in order to ensure the resident's personal food items are kept safe to consume.</p> <p>On [DATE] at 1:25 pm, R79's refrigerator no thermometer, no temperature log, and a brown liquid substance on the inside at the bottom. R79's refrigerator had five, half pint cartoons of milk with the following expiration dates: two cartons expired on [DATE]; two cartons expired on [DATE], and one carton expired on [DATE].</p> <p>On [DATE] at 1:27 pm, V19 (LPN/ Licensed Practical Nurse) removed and discarded the expired milk from R79's refrigerator. V19 (LPN) said expired milk should be discarded because if the expired mild is consumed, it can cause a person to get sick.</p> <p>Facility policy titled, Refrigerators in Resident Rooms documents, each refrigerator shall have a temperature log with daily entry. Each refrigerator will have an inside thermometer. The refrigerator temperatures will be maintained at or below 41 degrees F (Fahrenheit); all food will be monitored when daily temperature check is performed. Any food item past its use by date will be discarded by staff or resident; the housekeeping department will clean and sanitize the refrigerators at least once a month or as required.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>43351</p> <p>2. On [DATE] at 10:49am, there was a small refrigerator inside R51's room. R51 stated, My family brings food for me. V5 (Certified Nursing Assistant) checked the small refrigerator. V5 stated, There's chicken and beans in the refrigerator. There is no thermometer and there is no temperature log sheet. R51 stated, I have had the refrigerator for about ,d+[DATE] months now, and nobody checks the refrigerator.</p> <p>On [DATE] at 12:20pm, V8 (Floor Tech) translating for V7 (Housekeeping). V7 stated Housekeeping is responsible in checking the refrigerator inside the resident's room once daily. There should be a thermometer inside the refrigerator and a log for the temperature.</p> <p>On [DATE] at 12:23pm, inside R51's room, V7 stated there is no thermometer and there is no log.</p> <p>R51's (Active Order as Of: [DATE]) Order Summary Report documented, Diagnoses: (include but not limited to) hemiplegia, hypertension, and pain in unspecified joint.</p> <p>R51's ([DATE]) Minimum Data Set documented, Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 13. Indicating R51's mental status as cognitively intact.</p> <p>45196</p> <p>3. On [DATE] at 10:38 am, R216's personal room refrigerator had a refrigerator temperature log sheet dated for [DATE].</p> <p>On [DATE] at 10:41 am, V7 (Housekeeper) stated, I don't check that.</p> <p>On [DATE] at 10:41 am, V24 (Certified Nursing Assistant, CNA) stated, I don't check that. I don't know who checks it.</p> <p>On [DATE] at 8:37 am, V2 (Director of Nursing, DON) stated, The personal refrigerators are being monitored by housekeeping on a regular basis. The nursing department does not monitor personal refrigerators.</p> <p>R216 has a diagnosis which includes but not limited to type 2 diabetes mellitus with hyperglycemia.</p> <p>R216 Brief Interview for Mental Status (BIMS) dated [DATE] documents that R216 has a BIMS score of 15 which indicates that R216 is cognitively intact.</p> <p>45644</p> <p>4. R61's admission record history documents COPD (Chronic Obstructive Pulmonary Disease) diabetes, hypertension, heart failure, hypothyroidism, and gastro-esophageal reflux disease.</p> <p>R61's Minimum Data Set (MDS), dated [DATE], documents Brief Interview for Mental Status (BIMS) score of 14 which indicates that R61 is cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 11:10 am, a [DATE] refrigerator temperature log was on R61's personal refrigerator. Last date checked on the temperature log was [DATE]. R61 stated no one really comes in and checks the refrigerator.</p> <p>On [DATE] at 11:35 am, a February 2025 refrigerator temperature log sheet was on R61's personal refrigerator, with missing dates for February 1st, 2nd, and 5th.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 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>45196</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff don appropriate PPE (Personal Protective Equipment) while providing high contact care for a resident (R80) with Enhanced Barrier Precautions (EBP). This failure has the potential to affect all 69 residents on the second floor.</p> <p>Findings include:</p> <p>On 02/03/25 at 9:50 am, V1 (Administrator) presented a facility census of 69 residents on the second floor.</p> <p>R80's face sheet shows R80's has diagnosis including disruption of wound.</p> <p>R80's Brief Interview for Mental Status (BIMS), dated 01/20/25, shows R80 has a BIMS score of 15, which indicates R80 is cognitively intact.</p> <p>R80's Physician Order Sheet (POS) active orders, dated 02/03/25, shows R80 has orders for Wound: Right Heel: Cleanse with 1/4 Dakin's, pat dry, apply Santyl and dry dressing daily. Every day shift for wound care. Santyl Ointment 250 unit/gram (GM) (Collagenase) Apply to right heel topically every shift for Wound.</p> <p>On 02/03/25 at 10:39 am, observed a sign on R80's door that read, Enhanced Barrier Precautions and a Personal Protective Equipment (PPE) bin next to R80's bed. R80 was awake, alert, in bed, with a dressing to R80's right foot in place, and V24 (Certified Nursing Assistant, CNA) providing Activities of Daily Care (ADL) care (perineal peri care) to R80 without PPE (gown and gloves). V24 was asked about wearing PPE during peri care with R80. V24 stated, Well, I wasn't going towards that area (referring to R80's wound) so I didn't wear PPE.</p> <p>On 02/05/25 at 8:38 am, V2 (Director of Nursing, DON) stated V30 (Infection Preventionist, IP, Assistant Director of Nursing, ADON) is the Infection Preventionist nurse for the facility, and could explain regarding residents requiring EBP. V2 then stated if a resident has an indwelling catheter, ostomy, and tubing devices, the resident should be placed on EBP. When V2 was asked regarding residents with wounds being placed on EBP, V2 stated V2 was not sure if residents with chronic wounds require EBP. When V2 was questioned regarding the importance of residents being placed on EBP and V2 stated, To prevent from introducing infection to the resident. It protects the resident and the caregiver. Staff should be wearing gown and gloves when providing care to residents on EBP and if potential for splashing they should wear a face shield. When V2 was asked regarding the importance of staff wearing proper PPE when providing high contact care to residents who require EBP, V2 stated, There is potential to introduce infection if staff is not wearing PPE when providing care to EBP residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 North Sheridan Road Chicago, IL 60626	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/25 at 11:16 am, V30 (Infection Preventionist, IP, Assistant Director of Nursing, ADON) stated EBP are residents who have a port of entry such as Gastrostomy tube (G-tube), indwelling catheter, Intravenous lines (IV's) and chronic wounds. V2 explained when staff are providing care such as peri care, changing linens, administering IV's, handling G- tubes, emptying indwelling catheter bags, or wound care, the staff should be wearing gown, gloves, and mask. When V30 was asked regarding what could happen if staff is not wearing proper PPE with residents who require EBP, V30 stated it could expose the resident to germs. V30 also stated EBP is to protect both staff and the resident from outside microbes. When V30 was asked regarding R80's EBP, V30 stated R80 has a chronic wound and is on EBP precautions. V30 also stated staff should be wearing gown, gloves, and mask when providing peri care to R80. V30 explained R80 was not on V30's list for residents with EBP, did not have orders in R80's chart for EBP, and R80's EBP was not care planned. V30 stated, I added her (R80) today. I didn't get to her until today. I was not aware of chronic wound and me and (V9, Wound Care Coordinator) worked out a system where I am alerted.</p> <p>The facility document, dated 05/07/24, titled Enhanced Barrier Precautions documents, Purpose: To reduce risk of transmitting multidrug-resistant organisms (MDRO) and targeted MDRO when contact precautions do not apply for residents identified as higher risk. Guidelines: Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP are indicated for residents with any of the following . Chronic Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.</p>