| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview, and record review, the facility failed to label opened foods in the refrigerator, freezer, and cooler with an open, use by, and expiration date. This failure has the potential to affect all residents in the facility. Findings Include:On 3/2/2026 at 9:34 am, surveyors observed large ice cream bucket dated 10/20/2025, and the freezer thermometer is 0 degrees. Pickles in the refrigerator have a received date for 1/29/26 and no open or expiration date, and refrigerator has a temperature tracking log with last temperature logged as 36 degrees. Nine (9) salads on a plastic plate covered in clear plastic wrap were observed in the refrigerator without use by date or expiration dates in the refrigerator by the ice machine. The refrigerator temperature was 36 degrees Fahrenheit. Observed six (6) bowls of cereal on a tray in the dry storage room without open or use by/expiration dates. On 3/2/2026 at 9:36 am, V4 (Dietary Supervisor) stated foods are labeled with open and expiration dates to make sure the kitchen is not serving expired foods, and the staff utilizes first in and first out using the dates with the closest expiration date to the current date. V4 stated residents can get sick with diarrhea and vomiting which can compromise a resident's immune system and can even lead to death.V5 (Dietary Aide) was seen walking around going in and out of the refrigerators and freezer with a black marker. On 3/2/2026 at 9:52 am, V5 (Dietary Aide) stated she was labeling the lemonade she prepared this morning. V5 stated she prepared the salads this morning, wrapped the salads with plastic, and placed them in the refrigerator. V5 stated everyone is responsible for labeling food with open and expiration dates. V4 and V5 verified a tray containing 9 salads had no use by or expiration dates. V5 stated residents can get sick from expired food. Facility Policy titled On Tray Dietary Policies and Procedures undated documents: All food not in original containers should be labeled, dated, and stored in NSF approved containers and Food should be labeled and dated to monitor food safety. |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>Based on observation, interview, and record review, the facility failed to ensure the narcotic accountability sheets were completed per facility protocol for two floors of four floors reviewed for medication storage and labelling. Findings include: On 3/4/26 at 9:50am, V34 (LPN-Licensed Practical Nurse) assisted with checking a medication cart on the 2nd floor. A narcotic accountability sheet titled, Shift Change Controlled Substance Inventory Count Sheet was in a 2 South red binder in the narcotic drawer. V34 explained that each date has three entries for day shift, evening shift and night shift and is signed by the oncoming nurse and the nurse going off shift. There was an inventory sheet, dated 3/1 and 3/2. No year is written on the sheet but V34 confirmed it is the current sheet used to count the narcotics. On the sheet, the same initials are written in the following boxes: 3/1 on nurse, 3/1 off nurse, 3/1 on nurse, 3/2 off nurse. V34 stated these initials were for 3/1 evening shift and 3/1 night shift. V34 pointed to the initials and stated the nurse worked a double shift. The four consecutive boxes were signed by V35 (RN-Registered Nurse). V34 stated, That's how it's done if we work a double. We sign out all (four) boxes.Another narcotic inventory sheet documented V35 signed in four consecutive boxes for 3/3 day shift in the on nurse/off nurse signature box and 3/3 evening shift on nurse/off nurse signature box. V34 indicated V35 did another double shift. On 3/4/26 at 10:32am, V35 assisted with checking a medication cart on the 1st floor. A narcotic accountability sheet titled, Shift Change Controlled Substance Inventory Count Sheet was in a 1 North red binder in the narcotic drawer. V35 confirmed a nurse did not initial in the off-shift signature box for 3/2 day shift. V35 was identified as the nurse that signed the narcotic sheets that were on the 2nd floor. V35 confirmed that 2nd floor is the floor that she is normally scheduled on. At 10:36am, V35 was asked why an inventory sheet on the 2nd floor had V35's initials in four consecutive boxes. V35 stated that 2nd floor is normally where V35 works. V35 stated, If I do a double (shift), I take responsibility for the whole 16 hour shift. So, I count by myself. I sign in the on shift and off shift box. I take the responsibility. I put (my initials) in all boxes because I count at the beginning and end of shift.A facility document titled, Daily Schedule confirmed V35 was scheduled on 3/1/26 for evening shift and night shift. V35 was also scheduled on 3/3/26 for day shift and evening shift. On 3/4/26 at 11:32am, V3 (DON-Director of Nursing) stated, Our policy is that even if you do a double shift, you count with a second person. You need that second person to validate that count is correct. Nurses should not count by themselves. Supervisor is the back up person that can count with the nurses. V3 indicated all nurses on staff will be educated on the narcotic accountability protocol. The facility narcotic sheet titled, Shift Change Controlled Substance Inventory Count Sheet documents: 1. Nurse coming on to shift must verify count of all controlled substances with nursing coming off shift OR any time the medication cart keys are exchanged.A facility policy, with a revision date 11/26/17, and titled, Narcotic/Controlled Substances - Counting, documents: Purpose: 1. To count controlled substances with a partner and to verify the accuracy of the log sheets. General Procedure for Counting Controlled Substances: 3. Have a partner to assist in count. 16. Sign name, time and date of completed count. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.<br><br>Based on observation, interview, and record review, the facility failed to ensure the main entree for a pureed meal was the correct consistency. This failure had the potential to affect nine (R50, R90, R116, R150, R196, R200, R219, R274, R276) residents of nine residents reviewed for pureed diets in a sample of 72 residents. Findings include: On 3/2/26, V4 (Dietary Supervisor) provided a list of residents that receive pureed meals. R50, R90, R116, R150, R196, R200, R219, R274, R276 were listed. On 3/3/26 at 9:25am, V32 (Cook) started preparing the pureed meal. The facility menu documented the main entree for the pureed meal was Pureed Breaded Chicken. V32 indicated nine residents receive pureed meals. V32 placed 15 breaded chicken cutlets into the food processor with chicken broth. At 9:28am, V32 started pureeing the chicken but stopped when the food processor made a sharp noise. V32 stated, It's too much chicken. It's having a hard time. V32 poured more chicken broth into the blender. At 9:32am, four minutes later, V32 stopped the food processor and provided plastic spoons for a taste test and a consistency check. The consistency was not smooth, and pieces of chicken were visible. The texture was gritty with pieces of chicken, and the taste was dry. At 9:35am, V32 transferred the pureed chicken to a silver container, wrapped it and placed it in the oven. V32 indicated it was ready for service. At 9:40am, V4 (Dietary Supervisor) performed a taste test of the pureed chicken and confirmed the texture was not smooth. V4 confirmed when a food item is placed in the warmer it is ready to be served. V4 had to provide instructions for V32 to process the pureed chicken longer. On 3/4/26 at 1:30pm, V4 stated, It is important to make sure pureed foods are blended well because you do not want a choking hazard. If not, it could lead to swallowing issues that could lead to death. It also makes it more edible for them, especially for the ones that cannot chew, for easier swallowing. It should just go down the throat easily. We do not want the food getting stuck.A facility policy, dated 2020 and titled, Pureed Food Preparation, documents: 6) Pureed foods will be the consistency of applesauce or smooth, mashed potatoes. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>Based on observation, interview, and record review, the facility failed to ensure hand hygiene was performed during dining for 4 residents (R152, R179, R214, R256) on the 4th floor, failed to ensure proper Doffing of PPE (Personal Protective Equipment) for one resident (R223), and failure to follow Droplet Precautions for one resident (R274) on the 3rd floor. This failure has the potential to affect all residents residing on the 3rd and 4th floors.Findings include:<br><br>1.R274 has a diagnosis of but not limited to Cerebral Infarction, Asthma, Type 2 Diabetes Mellitus, Covid-19 (2/24/2026), and Pneumonia.<br><br>R274 has a Brief Interview of Mental Status score of 07, indicating severe cognition impairment.<br><br>R274's face sheet documents a diagnosis of Covid-19 Present at admission with an onset date of 2/24/2026.<br><br>R274's Order Summary Report dated 3/04/2026 documents Droplet Precautions for Covid every shift until 3/03/2026.<br><br>R274's care plan focus: Covid-19 dated 2/27/2026 documents, Follow Facility Protocol for Covid-19 Screening/Precautions. Strict Isolation -Droplet & Contact for Covid-19 positive.<br><br>On 3/02/2026 at 11:16am, R274's room had a Droplet Precaution sign with no PPE bin in the hallway near the room. PPE bin was inside of R274's room.<br><br>On 3/02/2026 at 11:17am, V7 (Licensed Practical Nurse-LPN) stated, I believe (R274) is on droplet precautions due to having Covid-19 and she should be off isolation tomorrow. The PPE bin should be outside of the room and PPE should be donned outside of the room.<br><br>On 3/02/2026 at 1:06pm, V15 (LPN) stated, We should done PPE in the doorway prior to entering the resident's room.<br><br>On 3/04/2026 at 12:16pm, V3 (Director of Nursing) stated, For a resident who is on Droplet precautions, the PPE bin should be on the outside of the room, and PPE should be donned prior to entering the resident's room to prevent the spread of microorganisms throughout the facility.<br><br>Droplet signage states, Everyone Must: make sure their eyes, nose, and mouth are fully covered before room entry.<br><br>Infection Control-Interim Covid-19 policy, with a revision date of 7/24/2023, documents, For residents who are known or suspected of having Covid-19 HCP (Health care Provider) must wear an N95 respirator, eye protection, gown and gloves when entering the room.<br><br>Job description, dated 5/02/2017, titled Registered and Licensed Practical Nurse, documents, monitor your assigned personnel to ensure that they are following established safety regulations in the use of equipment and supplies.<br><br>Job description, dated 5/02/2017, titled Certified Nursing Assistant, documents, Adhere to professional standards, company policies and procedures, and all federal, state and local<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | requirements.<br><br>2.On 3/4/26 at 9:55am, V33 (CNA-Certified Nurse Assistant) was in a 2nd floor hallway outside of R223's room in a white jumpsuit and gloves. V33 then walked across the hallway and entered a shower room. V33 exited the shower room and walked back into R223's room. At 9:57am, V33 exited R223's room still in the same personal protective equipment (PPE).<br><br>On 3/4/26 at 9:59am, R223 was sitting in a wheelchair in the 2nd floor common hallway directly outside the shower room. V33 indicated they just transferred R223 to the wheelchair to bring R233 to the shower room. V33 stated \they just found out R223 had lice and needed a shower.<br><br>At 9:59am, V33 stated, I'm wearing this for my safety. We have to give (R223) a shower. (R233) has lice. V33 was asked if PPE was to be worn in a common hallway. V33 stated, No, I'm not supposed to wear it in the hallway. I should have taken it off.<br><br>At 10:16am, V34 (LPN – Licensed Practical Nurse) stated, (V33) needs to remove gown in room and get another one. It should not be worn in hallway.<br><br>On 3/4/26 at 2:37pm, V3 (DON – Director of Nursing) stated, The protocol is to take off PPE before you leave room so you don't take anything out of the room and contaminate others.<br><br>On 3/4/26, V3 (DON), V33 (CNA) and V34 (LPN) confirmed V223 had lice. However, when R223's Progress Notes were submitted on 3/5/26, they documented the opposite. On 3/4/26 at 12:21pm, R223's Progress Notes read, NOD (Nurse on Duty) observed a gray lice on resident bed, performed a head to toe assessment head check nothing noted.<br><br>A facility policy, with a revision date of 5/15/23, and titled, Infection Precaution Guidelines, documents: All personal protective equipment (disposable isolation gowns, mask, gloves, etc.) should be used once and discarded in either the trash or used linen receptacle before you leave the room.<br><br>3.On 3/2/2026 at 12:27 pm, V12 (Certified Nurse Assistant-(CNA) was seen removing a tray for the meal cart and walking to R256's room. V12 exited R256's room and no hand sanitizer was used before removing the next tray. V12 removed R179's tray from the cart and walked down the hallway opened a swing door with her hand and walked to the other side of the unit. V12 was observed exiting the swing door again touching it with her bare hands without using hand sanitizer, returning to the side of the hallway where R179's room was with tray in her (V12's) hands and walking to the dining room placing the tray in front of V179. No hand sanitizer was used. V12 removed another tray from the cart, walked down the hallway and placed it on R152's bedside table. V12 exited the room without using hand sanitizer and removed R214's tray from the meal cart, walked the tray down the hallway to R214's room and placed it on his bedside table. No hand sanitizer was used upon returning to the cart.<br><br>On 3/2/2026 at 12:34 pm, V12 (Certified Nurse Assistant) stated she washes her hands with soap and water, dries her hands, applies hand sanitizer, and then passes all the trays to the residents. V12 stated the reason she does not use hand sanitizer during meal tray pass is because she is taking the tray to the resident and not anyone else. V12 stated the purpose of hand washing and hand sanitizer during meal tray pass is to prevent a resident from getting sick.<br><br>On 3/2/2026 at 12:39 pm, V13 (Certified Nurse Assistant) stated she washes her hands with soap and water before passing meal trays and uses hand sanitizer between each passing of a meal tray to a<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | resident. V13 stated the purpose of using hand sanitizer is to prevent the spread of germs that can potentially make a resident sick.<br><br>Facility's Policy titled Hand Hygiene/Handwashing, dated 11/28/2012 revised on 7/30/2024, documents, hand hygiene means cleaning your hands by using either handwashing (washing hands with soap and water, antiseptic hand wash, or antiseptic hand rub, (i.e. alcohol-based hand sanitizer including foam or gel). Examples of when to perform hand hygiene (either alcohol-based hand sanitizer or handwashing):<br><br>-At room entry<br><br>-Before exiting room<br><br>-After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0914<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide bedrooms that don't allow residents to see each other when privacy is needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure privacy curtains were in place and failed to ensure a privacy curtain fully covered a resident's space. This deficient practice affected six residents (R132, R172, R183, R231, R255, R260) reviewed for privacy in a total sample of 72 residents.<br><br>Findings Include:<br><br>1.R255 is [AGE] years old.<br><br>R255's diagnosis includes but are not limited to atherosclerotic heart disease of native coronary artery with unspecified angina pectoris, hyperlipidemia, essential hypertension, malignant neoplasm of rectosigmoid junction, and gastrointestinal hemorrhage, unspecified.<br><br>R255's Brief Interview for Mental Status (BIMS), dated 02/11/2026, documents R255 has a BIMS score of 12, which indicates R255 has some moderate cognitive impairment.<br><br>On 03/02/2026 at 11:20am, R255 was seen coming out of the bathroom in his room and sitting on his bed. No privacy curtain observed hanging from the ceiling to cover around R255's bed. R255 has one roommate in a room with three beds. R255 stated, I did not notice that I did not have a curtain around my bed.<br><br>On 03/04/2026 at 12:06pm V27(Housekeeping Director) stated, The housekeeping staff are responsible for making sure each resident has a privacy curtain hanging in their room. The purpose of the privacy curtain is to provide privacy for the residents while they are in their room. I took the privacy curtain down to wash, and I did not put the privacy curtain back up.<br><br>On 03/04/2026 at 10:54am V3(DON/Director of Nursing) stated the housekeeping staff is responsible for ensuring privacy curtains are hanging and that the privacy curtain extends around the resident's bed. The purpose of the privacy curtain is to provide privacy for the resident.<br><br>On 03/04/2026 at 12:15pm, V13(LPN/Licensed Practical Nurse) stated the housekeeping staff places the privacy curtain up in the residents' rooms. The purpose of the privacy curtain being up and available is to provide dignity and privacy for the residents.<br><br>2.On 3/3/26, during initial tour of floors 3 and 4, the following was noted: At 11:51am, V17 (CNA-Certified Nurse Assistant) was providing incontinence care for R183, and the privacy curtain was not long enough to encompass R183's private space. V17 confirmed the privacy curtain was not long enough.<br><br>3.R172 and R231 share a room. There was no privacy curtain in place to separate the two living spaces. At 12:10pm, R231 stated, I wish that we had a curtain. Sometimes, you just need a little one on one time. Even the people from the hallway can see me when the door is open. I'm a pretty private person.<br><br>4.R132 and R260 share a room. There was no privacy curtain in place to separate the two living spaces. At 12:25pm, R132 expressed that R260 requires a lot of attention. R132 confirmed staff have (continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0914<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | to come in and provide personal care in R260's bed. R132 stated, Sometimes, I have to leave the room or just not look. R132 stated it does not bother him to the point of switching rooms but expressed that a curtain would be nice.<br><br>On 3/3/26 at 10:30am, V37 (LPN-Licensed Practical Assistant) stated, (R260) requires incontinence care all the time and receives it in the bed. (R260) cannot do anything on his own.<br><br>The absence of a privacy curtain for R132, R172, R231, R255 and R260 was noted on 3/2/26, 3/3/26 and 3/4/26.<br><br>On 3/4/26 at 10:09am, V28 (RN-Registered Nurse) confirmed R132, R172, R231 and R260 did not have a privacy curtain in place. V28 stated, The importance of the privacy curtain is if patient receiving personal care, need to have it. Each resident should have their own private space. They took them to wash it and there's no replacement.<br><br>On 3/4/26 at 11:56am, V27 (Housekeeping Director) stated, Short curtains or no curtain are because they are getting washed. I try to wash them every other week. I put them on rotation. 24 hours to put the privacy curtains back up. It was explained the absence of privacy curtains was for the last three days, 3/2/26 to 3/4/26. V27 indicated there are no back up or replacement privacy curtains in the facility. V27 confirmed while the privacy curtains were being washed, the residents had no curtain in place.<br><br>On 3/4/26 at 1:00pm, V1 (Administrator) stated the facility does not have a policy for Privacy. V1 stated, It is in the Resident rights packet that is given on admission.<br><br>A document, with a revision date of 11/18, and titled, Residents' Rights for People in Long term Care Facilities documents: Your rights to privacy and confidentiality: You have a right to privacy and confidentiality of your personal and medical records. Your medical and personal care are private. Facility staff must respect your privacy when you are being examined or given care. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep residents' personal and medical records private and confidential.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a dignified experience when performing incontinence care and failed to ensure a resident's confidential information was not displayed for two residents (R183, R255) reviewed for dignity in a total sample of 72 residents.Findings include:<br><br>1.R183's Face Sheet documents the following Medical Diagnoses: Unsteadiness on Feet, and Other Abnormalities of Gait and Mobility.<br><br>R183's ADL (Activities of Daily Living) Care Plan documents R183's ADL self-care/mobility performance (functional abilities) deficit that may fluctuate with activity throughout the day.<br><br>R183's Minimum Data Set, dated [DATE], documents: Section C-Cognitive Patterns: total score of 15 out of 15 which indicates R183 is Cognitively Intact without any Inattention, Disorganized Thinking and Altered Level of Consciousness. Section GG – Functional Abilities documents R183 requires substantial to maximal assistance for toileting hygiene, lower body dressing and personal hygiene. R183 also requires substantial to maximal assistance for mobility. Rolling left to right in bed requires partial/moderate assistance.<br><br>On 3/2/26 at 11:51am, V17 (CNA-Certified Nurse Assistant) was providing incontinence care for R183, and the privacy curtain was not long enough to encompass R183's private space and provide visual privacy. R183 was turned onto the right side and R183's backside was visually exposed. V17 attempted to pull the privacy curtain around R183's private space but was unable to fully cover the area. V17 stated, The curtain is too short. It does not go around the bed.<br><br>On 3/3/26 at 10:18m, R183 stated, I wear a diaper and they do have to change me. I cannot get up by myself to go to the bathroom. They try to close the curtain around my bed, but it doesn't go all the way around. It does bother me that I don't get the privacy for my body. If they cannot close it all the way, then they close the door. But both of my roommates do walk around, and other workers come in sometimes too. Most of the times they do not close the curtain.<br><br>On 3/4/26 at 11:56am, V27 (Housekeeping Director) stated the facility does not have back up or replacement curtains.<br><br>On 3/4/26 at 1:00pm, V1 (Administrator) stated the facility does not have a policy for Privacy. V1 stated, It is in the Resident rights packet that is given on admission.<br><br>A document, with a revision date of 11/18 and titled, Residents' Rights for People in Long term Care Facilities, documents: Your rights to privacy and confidentiality: You have a right to privacy and confidentiality of your personal and medical records. Your medical and personal care are private. Facility staff must respect your privacy when you are being examined or given care.<br><br>A facility policy, with a revision date of 1/16/18 and titled Incontinence Care, documents: Purpose: To prevent excoriation and skin breakdown, discomfort and maintain dignity. Procedure: 1. Explain procedure to resident and bring equipment to bedside. Provide privacy. Rationale/Amplification: Obtain second staff member, if needed. Avoid unnecessary exposure.<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A facility policy, with a revision date of 4/23/18 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. Staff shall carry out activities in a manner which assists the resident to maintain and enhance his/her self-esteem and self-worth.<br><br>2.R255 is a [AGE] year-old individual with a BIMS (Brief Interview for Mental Status) score of 12, indicating R255 has moderate cognitive impairment. BIMS dated 02/11/2026.<br><br>On 03/02/2026 at 11:33am, R255 was observed walking down the fourth-floor hallway. R255 was observed with a white wristband on his right wrist. R255 stated, I went to the hospital days ago. Nobody has asked me if I wanted to take this wristband off.<br><br>On 03/02/2026 at 11:35am, observed what was written on the wristband: R255's name, date of birth , gender (M)(male), age, and medical record number.<br><br>On 03/04/2026 at 12:15pm, V13(LPN/Licensed Practical Nurse) stated, (R255) still has this white hospital wristband on his right wrist. I don't know off the top of my head when (R255) came back from the hospital. V13 observed R255's wristband and stated the following information is listed on the wrist band, R255's name, date of birth , age, sex, medical record number and the date of 01/31/2026. If I can see all this information listed about (R255), anybody can see this information about (R255). In my professional nursing opinion, this is a violation of (R255's) privacy.<br><br>On 03/04/2026 at 10:55am, V3(DON/Director of Nursing) stated, When a resident returns from the hospital and the resident has on a wristband from the hospital which contains the resident's personal information, the wristband should be removed when the resident returns to this facility. The wristband should be removed to protect the resident's privacy. The nurse is responsible for removing the resident's wristband from the hospital.<br><br>R255's hospital after visit summary documents R255 was admitted to the hospital on [DATE] and discharged from the hospital on [DATE]. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>Based on observation, interview, and record review, the facility failed to provide ADL (Activities of Daily Living) to one resident (R46). This failure affected one resident out of sample size of 72.Findings include:R46 has a diagnosis is Hemiplegia and Hemiparesis, Disorders of Muscle, Hypertension, History of Falling, and Vitamin D Deficiency.R46 has a Brief Interview of Mental Status score of 10, indicating moderate cognition impairment.R46's Minimum Data Set Section GG, dated 01/02/2026, documents, Toileting hygiene: the ability to maintain perineal hygiene indicates 01: Dependent-Helper does ALL of the effort.R46's Task for Toileting Hygiene for 3/03 documents a time of 12:14am. There is no time listed for the 7:00am-3:00pm shift for toileting hygiene.R46's care plan focus, dated 7/26/2023, documents, I have bladder and bowel incontinence related to impair mobility: Check and change Q2-3H (every 2-3 hours) and PRN (As needed).On 3/03/2026 at 10:55am, R46 stated he had not been changed since 8:30pm on 3/02/2026.On 3/03/2026 at 11:08am, R46's incontinence brief had a dark yellow liquid substance in the front and back of the brief.On 3/03/3036 at 11:09am, V7 (Licensed Practical Nurse-LPN) said, No, it does not look like (R46's) incontinence brief has been changed this shift, and the brief appears to be filled with urine (yellowish liquid substance).On 3/03/2026 at 11:12am, V38 (Certified Nursing Assistant) stated residents are checked every two hours or more frequently for incontinence care. V38 stated R46 is not in her set but R46 should have been changed at least once this shift and more often if necessary. On 3/04/2026 at 12:16pm, V3 (Director of Nursing) stated residents should be changed at least twice a shift, once at the beginning and once at the end of the shift and more frequently if necessary.Policy titled Incontinence Care, with a revised date of 1/16/2018, documents, to prevent excoriation and skin breakdown, discomfort and maintain dignity and incontinent resident will be checked periodically in accordance with the assessed with the assessed incontinent episodes or every two hours and provided perineal and genital care after each episode.Job description, dated 5/02/2017, titled Certified Nursing Assistant documents, provide assistance in personal hygiene and adhere to professional standards, company polices and procedures, and all federal, state and local requirements. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>Based on observation, interview, and record review, the facility failed to label and date oxygen equipment (tubing and humidifier bottle) and failed to contain suction tubing. These failures affected one resident (R59) reviewed for oxygen in a total sample of 72 residents.Findings include:R59's diagnosis includes but is not limited to paraplegia, tracheotomy, cerebral infarction, iron deficiency, hypoglycemia, anemia, and venous thrombosis and embolism.R59's Brief Interview of Mental Status (BIMS) score is 13. R59 is cognitively intact.R59's Physician Order Sheet (POS), dated 2/13/26, documents, Trach: Change out date and label trach tubing weekly. Every night shifts every Sunday.R59's care plan, dated 10/28/26, documents: Focus: Risk for ineffective airway clearance. Intervention: Perform nasotracheal/oropharyngeal suctioning as appropriate to maintain airway. Provide oxygen as indicated by resident conditions and or provider order. Suction as needed. Utilize humidity (humidified oxygen or humidifier). Focus: I have a tracheostomy r/t impaired breathing mechanics. Interventions: suction as necessary.On 3/2/26 at 10:50 am, R59 was lying in bed receiving oxygen through the trach collar at 5 liters. R59 was pointing at his trach collar, then the humidifier bottle, shaking his head no. The humidifier bottle was almost empty and not dated. The trach collar was not dated. A suction machine was sitting on the nightstand with the suction tubing hanging down touching the side of the nightstand, not contained and not dated. On 3/2/26 at 11:00 am, V9, Licensed Practical Nurse (LPN), stated, The humidifier bottle and trach tubing should have been dated when it was hung. The humidifier bottle should have been replaced. I will get another one. The suction tubing should not be hanging. It should be contained and labeled with a date because of infection control. I am not sure how often the tubing should be changed, I think weekly. On 3/3/26 at 10:30 am, R59's humidifier bottle was noted to be empty. V7, LPN, stated, The humidifier bottle should have been replaced last night. I will get another one.On 3/4/26 at 2:02 pm, V3, Director of Nursing (DON), stated that oxygen tubing's are changed weekly on Sundays and should be dated when it is changed. Suction and oxygen tubing's should be contained and dated if not in use because it can get dirty and to prevent microorganisms. Facility issued document titled, Oxygen Therapy undated, documents, General Guidelines: Check the water level in the humidifier bottle often. If it is near or below the refill line, pour out any remaining water and refill it with sterile or distilled water.Facility's job description titled License Practical Nurse documents: Summary: The LPN is responsible for providing direct nursing care to the residents, and to supervise the day-to-day nursing activities performed by the nursing assistants. Such supervision must be in accordance with current federal state, and local standards, guidelines, and regulations that govern our facility, and as may be required by the Director of Nursing to ensure that the highest degree of quality of care is always maintained. Essential Duties and Responsibilities: Monitor your assisted personal to ensure that they are following established safety regulations in the use of equipment and supplies. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145244 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Aperion Care Lakeshore | 7200 North Sheridan Road<br>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) |
|---|---|
| F 0813<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Have a policy regarding use and storage of foods brought to residents by family and other visitors.<br><br>Based on observation, interview, and record review, the facility failed to ensure the residents' personal refrigerator temperature logs were monitored. This failure affected three residents (R59, R167, and R197), reviewed for personal refrigerators in a sample of 72 residents. Findings include:R59's diagnosis includes but is not limited to paraplegia, tracheotomy, cerebral infarction, iron deficiency, hypoglycemia, anemia, and venous thrombosis and embolism.R167's diagnosis includes but is not limited to Chronic Obstructive Pulmonary Disease (COPD), Glaucoma, benign prostatic hyperplasia, gastritis, and arthritis.R197's diagnosis includes but is not limited to fracture of shaft of left femur, chronic kidney disease, quadriplegia, disorders of muscle, multiple sclerosis, hyperlipidemia, hypertensive heart disease, and obstructive reflux uropathy.On 3/2/26, R59, R167 and R197's personal refrigerator temperature log sheet had multiple days of missing temperature checks in February 2026. The month of March R197 had a missing temperature check on 3/3/26. On 3/4/26 at 10:36 am, V36, Housekeeper, stated housekeeping is supposed to check the resident's refrigerator daily, to make sure it's clean, the temperature is at a safe range, and no old or spoiled foods are in it.On 3/4/26 at 12:00 pm, V27, Houskeeper Director, stated the housekeeping department checks the resident's personal refrigerators daily. The refrigerators are checked daily to make sure there are no spoiled foods in the refrigerators. On 3/4/26 at 2:02 pm, V3, Director of Nursing (DON), stated the resident's refrigerator should be checked daily by the housekeeping department to make sure the temperature is at a safe level. If it is to low, the food can spoil.Facility's policy titled, Refrigerators in Resident Rooms documents: Procedure: 2. Each refrigerator shall have a temperature log with daily entry. 3. The housekeeper will enter the temperature once daily. 6. All food will be monitored when daily temperature check is performed.Facility's job description titled Housekeeper documents: Summary: The primary purpose of the Housekeeper is performed the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility and as may be directed by the Administered, and /or the Director of Environment Services, to assure that our facility is maintained in a clean, safe, and comfortable manner. |