

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Dekalb		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 South Second Street Dekalb, IL 60115	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>45540</p> <p>Based on interview and record review the facility failed to ensure a resident was not verbally abused by staff. This applies to 1 of 4 (R1) reviewed for abuse in the sample of 4.</p> <p>The findings include:</p> <p>On 5/12/2025 at 9:55AM, V7 Certified Nursing Assistant (CNA) said she was working on 5/2/2025 on the evening shift with [V3 CNA]. V7 said [V3] seemed to be frustrated that day. V7 said [V3] was helping [R1] with her communication device and the device fell on to the resident's leg. V7 said [R1] was crying and [V3] was saying sorry to [R1]. V7 said [R1] wasn't communicating with staff and [V3] started mocking her with fake crying and copying what the resident was saying.</p> <p>On 5/12/2025 at 10:06AM, V3 said she was working on 5/2/2025 and was caring for [R1] that day. V3 said [R1] wanted her communication device, and she was trying to help her with that. V3 said the latch slipped and the monitor fell out on the resident's shin/foot area. V3 said [R1] was crying, and she went to get her an ice pack. V3 said the resident would not stop crying. V3 said she told [R1] you need to be quiet. V3 said she did not yell at the resident but did raise her voice at [R1] because she was crying and screaming. V3 said she was trying to see if [R1] would stop crying.</p> <p>On 5/12/2025 at 10:49AM, V10 Registered Nurse (RN) said he was working on the evening shift on 5/2/2025. V10 said he was in a room with another resident and heard [R1] crying. V10 said he couldn't make out everything that was being said but it was a little loud and it was a female's voice. V10 said when he talks to [R1] he doesn't need to speak up she has good hearing.</p> <p>On 5/12/2025 at 1:25PM, V9 RN said he was working on the unit on the evening shift on 5/2/2025. V9 said he heard a staff member mocking [R1] but didn't see it. V9 said he found out later it was [V3] who was mocking [R1].</p> <p>On 5/12/2025 at 1:33PM, V8 CNA said she was working on 5/2/2025. V8 said she did hear [R1] crying that day and a female voice telling her to be quiet. V8 said she didn't hear the specifics of the conversation because she was down the hallway in another room.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145261
		If continuation sheet Page 1 of 2

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/12/2025 at 11:37AM, V2 Director of Nursing (DON) said if staff begin to feel frustrated with a resident, they should excuse themselves, get someone else, or reapproach later. V2 said you should not yell at a resident because it can be seen as verbal abuse. V2 said you should not mock a resident because it can be seen as verbal abuse or a dignity concern. V2 said [R1] has trouble communicating with staff and the staff should not be mocking her condition.</p> <p>R1's current Care Plan dated 5/12/2025 shows . I have a communication device to help communicate my needs.</p> <p>The facility provided Abuse Prevention and Reporting - Illinois policy revised 10/24/2022, states . the facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment.</p>		