

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 12/06/2025
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on observation, interviews and record review, the facility failed to ensure that dietary support staff completed a food handler's training course within thirty days of hire and failed to have a policy in place to ensure dietary staff complete this required training for safe food handling per Illinois Department of Public Health (IDPH) regulations. This failure affects all 80 residents who currently reside at the facility. The findings include: Facility data sheet completed by V1 (Administrator) and dated 12/06/2025 indicated 80 residents currently reside at the facility. On 12/06/2025 from 12:05 to 12:38 PM, main dining room and kitchen observations were conducted. During this time, V5, V6, V7 (Dietary Aides) and V8 (Cook) were all observed preparing lunch trays and handling resident's food in the kitchen. On 12/06/2025 at 01:55 PM, V5 (Dietary Aide) said she is food handler certified then added that the course is about three hours long and included a lot of information related to safety in food service. On 12/06/2025 at 01:57 PM, V6 (Dietary Aide) said she has been employed by the facility for three months but does not have her food handler's certificate. V6 indicated she is in the process of getting it. When asked when the course was started, V6 could not indicate a start date. On 12/06/2025 at 02:00 PM, V7 (Dietary Aide) said she has been employed by the facility for three months but does not have her food handler's certificate. V7 then indicated she was not made aware that she needed to complete the course. On 12/06/2025 at 02:02 PM, V8 (Cook) said there hasn't been a dietary manager for about a month then indicated that V1 (Administrator) has been overseeing the dietary staff. V8 then said dietary staff should complete the food handlers' course for safety and cross contamination purposes and indicated that all resident meals are prepared by the dietary staff. On 12/06/2025 at 2:34 PM, V1 said she had to let the previous food service director go so she is currently the acting food service manager. V1 was aware that two of the three dietary aides currently working do not have their food handler's certificate. At 02:56 PM, V1 said all dietary aides should have their food handler's certificate for sanitation and infection control purposes in the safe handling of resident's food. On 12/06/2025 at 03:50 PM, V1 initially said dietary staff should have their food handlers certified within thirty days of hire, then recanted and said she was unsure of the timeframe. V1 then indicated the facility does not have a food handler's policy but they follow IDPH regulations. On 12/06/2025, reviewed food handler's certificates provided by V1. No certificate was provided for V6 or V7 (Dietary Aides).</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
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