

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Aperion Care Wilmington		STREET ADDRESS, CITY, STATE, ZIP CODE 555 West Kahler Wilmington, IL 60481	

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>Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by a resident. This applies to 1 resident (R2) reviewed for abuse in a sample of 3 residents. The findings include: On 4/29/26 at 10:49 AM, R2 said R1 attacked him. R2 said R1 kicked him in his left knee and R3 witnessed it. R2 said he wants to press charges against R1, but up front they are acting like nothing even happened. R2 said the police never interviewed him about the incident. On 4/29/26 at 10:59 AM, R3 said she witnessed the altercation between R1 and R2. R3 said R1 got aggressive with R2 and started grabbing R2's legs to try to push him down. R3 said when R2 didn't fall, R1 kicked R2 in his left knee and then R2 fell and landed on his left hip. On 4/29/26 at 11:07 AM, R1 said he kicked R2. On 4/29/26 at 1:25 PM, R2 said when R1 kicked him, it knocked him off his feet. R2 said he fell on his left hip and has continued to have pain in his hip since R1 knocked him down. R2 rates his hip pain as a 5/10 on a 0-10 scale. R2 said he has pain when he walks and when he lays on his back and it feels like a bruise to his left butt area. On 4/29/26 at 1:39 PM, V7 (LPN) said R1 kicking R2 is a reportable incident and that was why she reported it to V1 (Administrator) immediately. V7 said R1 called 911 after the incident, not a staff member. V7 said if a resident requests an ambulance or to go to the hospital, that is their right and it should be honored. On 4/29/26 at 2:05 PM, V8 (Certified Nursing Assistant/CNA) said he witnessed the altercation between R1 and R2 on 4/25/26. V8 said right before the 4PM smoke break, residents were lining up to go outside to smoke. V8 said R2 was standing in line and R1 aggressively grabbed R2's leg and started shaking it to try to get R2 to fall, but when R2 stayed upright, R1 kicked R2 in his left leg and R2 fell. V8 said R1 kicking R2 was physical abuse. On 4/29/26 at 2:34 PM, V9 (CNA) said she saw R1 trying to push R2 out of the way in line, and when R2 didn't budge, R1 kicked R2's left leg and R2 fell. V9 said after R2 fell she saw him with his left hand on his left knee, and he kept asking to call the police and the ambulance. V9 said she helped R2 stand up and walked him to the couch in the nearby lounge to sit down. V9 said V7 (Licensed Practical Nurse/LPN) was then notified of the incident and came to assess R2. V9 said R1 kicking R2 was physical abuse. On 4/30/26 at 11:12 AM, V1 (Administrator) said she is aware R1 kicked R2 and R2 fell. V1 said V7 (LPN) completed an assessment of R2 after the incident. V1 said R1 called 911 for himself, the facility did not call the police or an ambulance for R2, the victim. V1 said she is aware R2 had an Xray ordered of his hip because of hip pain. V1 said she did not report the incident to the state surveying agency after R1 kicked R2. On 4/30/26 at 12:45PM, V2 (Director of Nursing) said one resident kicking another resident is physical abuse, the incident should be reported to the state surveying agency, and the police should be called. On 4/30/26 at 12:57 PM, V3 (Assistant Director of Nursing) said R1 kicking R2 is physical abuse as it was deliberate contact. V3 said after physical abuse occurs in the facility, the police should be called by facility staff, and an ambulance should be called if the resident requests. R2's Behavior Note documented on 4/25/26 at 9:08 PM by V7 states she was informed by CNA that the residents were standing in line waiting to go out to smoke. R1 rolled up in his wheelchair stood up and kicked R2 in his leg for no reason and it was witnessed by residents and staff. Administrator in facility and talked with resident about what happened. R2's Nurses Note documented on 4/28/26 at 10:31AM by Restorative RN (Registered (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
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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>Nurse) states R2 voicing complaint of left hip pain. Restorative Nurse documented notifying the Nurse Practitioner who then ordered a hip Xray. R2's POS (Physician Order Sheet) shows order dated 4/28/26 for left hip with pelvis 3 view Xray.R1's Care Plan last revised 9/11/25 states R1 regularly exhibits antagonistic, verbally, and physically aggressive behavior toward staff and peers related to delusional thoughts, poor impulse control, delusional disorders, and paranoid schizophrenia.The facility's policy effective 1/8/26 titled Abuse and Retaliation Prevention and Reporting-Illinois states, Policy: This facility affirms the right of our residents to be free from abuse.Definitions: The following definitions are based on federal and state laws, regulations, and interpretive guidelines. Abuse: Abuse means any physical or mental injury.infllicted upon a resident other than by accidental means.Abuse is the willful infliction of injury.with resulting physical harm, pain, or mental anguish to a resident.The term willful in the definition of abuse means the individual must have acted deliberately; not that the individual must have intended to inflict injury or harm.Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means, and that requires medical attention.Physical abuse includes hitting, slapping, pinching, kicking.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to report a resident to resident abuse allegation to the state surveying agency and to the police. This applies to 2 of 2 residents (R1,R2) reviewed for abuse in a sample of 3 residents.The findings include:On 4/29/26 at 10:49 AM, R2 said R1 attacked him. R2 said R1 kicked him in his left knee and R3 witnessed it.On 4/29/26 at 10:59 AM, R3 said she witnessed the altercation between R1 and R2. R3 said R1 got aggressive with R2 and started grabbing R2's legs to try to push him down. R3 said when R2 didn't fall, R1 kicked R2 in his left knee and then R2 fell and landed on his left hip.On 4/29/26 at 11:07 AM, R1 said he kicked R2.On 4/29/26 at 1:39 PM, V7 (Licensed Practical Nurse/LPN) said R1 kicking R2 is a reportable incident and that was why she reported it to V1 (Administrator) immediately.On 4/29/26 at 2:05 PM, V8 (Certified Nursing Assistant/CNA) said he witnessed on 4/25/26 R1 aggressively grabbing R2's leg and shaking it to try to get R2 to fall, but when R2 stayed upright, R1 kicked R2 in his left leg and R2 fell. V8 said R1 kicking R2 was physical abuse.On 4/29/26 at 2:34 PM, V9 (CNA) said she saw R1 trying to push R2 out of the way in line, and when R2 didn't budge, R1 kicked R2's left leg and R2 fell. V9 said V7 (LPN) was then notified of the incident and came to assess R2. V9 said R1 kicking R2 was physical abuse.On 4/30/25 at 11:12 AM, V1(Administrator) said she is aware R1 kicked R2 and R2 fell. V1 said V7 (LPN) completed an assessment of R2 after the incident. V1 said R1 called 911 for himself, the facility did not call the police or an ambulance for R2, the victim. V1 said she is aware R2 had an Xray ordered of his hip because of hip pain. V1 said R1 kicking R2 was not reported to the state surveying agency.On 4/30/26 at 12:45PM, V2 (Director of Nursing) said one resident kicking another resident is physical abuse, the incident should be reported to the state surveying agency.On 4/30/26 at 12:57 PM, V3 (Assistant Director of Nursing) said R1 kicking R2 is physical abuse as it was deliberate contact.The facility's policy effective 1/8/26 titled Abuse and Retaliation Prevention and Reporting-Illinois states, Policy: This facility affirms the right of our residents to be free from abuse.Definitions: The following definitions are based on federal and state laws, regulations, and interpretive guidelines. Abuse: Abuse means any physical or mental injury.infllicted upon a resident other than by accidental means.Abuse is the willful infliction of injury.with resulting physical harm, pain, or mental anguish to a resident.The term willful in the definition of abuse means the individual must have acted deliberately; not that the individual must have intended to inflict injury or harm.Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means, and that requires medical attention.Physical abuse includes hitting, slapping, pinching, kicking.Procedures: V. Internal Reporting Requirements and Identification of Allegations: Employees are required to report any incident, allegation, or suspicion of potential abuse.they observe, hear about, or suspect to the administrator immediately, or to an immediate supervisor who must then immediately report it to the administrator.Upon learning of the report, the administrator.shall initiate an incident investigation. Any allegation of abuse.or any incident that results in.injury will be reported to the Illinois Department of Public Health Immediately, but not more than two hours after the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours.</p>		