STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145591	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Wesley	1415 West Foster Avenue Chicago, IL 60640

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review, the facility failed to promote proper staff/resident/representative communication by not ensuring all facility staff wear identification. This failure has the potential to affect all 72 residents that reside in the facilityFindings include:5/19/26, surveyor observed multiple staff members not wearing name tags or name tags being worn below the waist.5/19/26 at 11:40 AM, V14 (Therapy) stated their name tag was on their jacket downstairs. V14 stated they should be wearing a name tag.5/19/26 at 11:43 AM, V15 (Activity Aide) stated they forgot their name tag at home. V15 stated they should be wearing a name tag so residents and family can identify them.5/19/26 at 11:45 AM, V16 (Licensed Practical Nurse) was observed wearing their name tag below the waist. V16 stated they were not sure where to wear the name tag, but the name tag should be visible.5/19/26 at 11:46 AM, V18 (Certified Nursing Assistant) stated they have been at the facility for a month. V18 stated the facility never gave them a name tag. V18 stated they believe they should wear a name tag, so they are not mistaken for a resident.5/19/26 at 12:11 PM, V17 (Activity Aide) was observed wearing their name tag below the waist. V17 stated they were not told where to wear the name tag.5/19/26 at 12:12 PM, V19 (Certified Nursing Assistant) stated they have been at the facility for five days. V19 stated the facility had not given them a name tag. V19 stated they should be wearing a name tag so everyone can identify them.5/20/26 at 10:27 AM, V4 (Licensed Practical Nurse) stated we are supposed to wear name tags. The name tag identifies who I am and my position. The name tags should be worn where they can be visible.5/20/26 at 11:50 AM, V13 (Social Service Director) stated staff are supposed to wear name tags whenever they are on shift so residents and family can identify them.5/20/26 at 12:39 PM, V1 (Administrator) stated staff are supposed to be wearing name tags to be identified. The name tags should be worn in the shoulder area. Facility Employee Handbook, 1/2023, reads in part: Name Badge: All employees are issued name badges at the time of hire. Name badges must always be worn while on duty and should be worn in the shoulder area.

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