

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145658	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Plum Grove		STREET ADDRESS, CITY, STATE, ZIP CODE 24 South Plum Grove Road Palatine, IL 60067	
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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 50036 Based on interview and record review, the facility failed to follow its policy on conducting background checks for one (V11) of 10 employees reviewed for background checks. This failure has the potential to affect 61 residents currently residing in the facility. Findings include: Per census report, there are 61 residents currently residing in the facility. On 07/16/24 at 2:00pm V3 (Human Resources) completed background screening check for 10 employees. V3 stated, I cannot find the background check reports for V11 (Certified Nursing Assistant). V11 has been working here since 03/18/2024. V11 is missing the Illinois Sex offender and Department of Correction (DOC) sex Offender, DOC Inmate search, DOC wanted fugitive report, National Sex Offender report and Office of Inspector General (OIG) report. On 07/16/2024 at approximately 3:00 pm surveyor was provided with Illinois Sex offender and Department of Correction (DOC) sex Offender, DOC Inmate search, DOC wanted fugitive report, National Sex Offender report and Office of Inspector General (OIG) reports with search dates of 07/16/2024. On 07/17/24 at 10:15 AM V3 stated, I think I (V3) forgot to run V11's background checks. I do not have any other explanation. I am not sure how I let that slide by. I (V3) ran the background checks yesterday and provided them to you. On 07/17/24 at 10:19 AM Administrator (V1) stated, my expectation regarding background checks is that they are all completed prior to start date. On 07/17/24 at 3:41 PM V5 (Former Administrator/Administrator trainer) and (V1) Administrator stated, we do not have a background check policy. We go off the regulations. When asked what regulations they were unsure and said that they would have to check and get back to us. On 07/18/2024 at 8:23 AM (V1) provided the following link: https://www.dhs.state.il.us/page.aspx?item=48125 as what they follow for background check guidelines. This link contains PROFESSIONS, OCCUPATIONS, AND BUSINESS OPERATIONS (225 ILCS 46/) Health Care Worker Background Check Act. (continued on next page)		

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 09/27/2024
Form Approved OMB
No. 0938-0391

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Which states in part: (d) On October 1, 2007 or as soon thereafter as is reasonably practical, in the discretion of the Director of Public Health, and thereafter, a health care employer who makes a conditional offer of employment to an applicant for a position as an employee shall initiate a fingerprint-based criminal history record check, requested by the Department of Public Health, on the applicant, if such a background check has not been previously conducted. Initiate means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health; conducting Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the List of Excluded Individuals and Entities database on the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or conducting similar searches as defined by rule; and having the student, applicant, or employee's fingerprints collected and transmitted electronically to the Illinois State Police. Health Care Worker Registry (HCWR) Clearance This clearance must be conducted at the time of hire and annually thereafter to confirm whether new hires or other employees have a criminal background check result reported to the HCWR. It will also confirm whether the person has a disqualifying criminal conviction, if criminal background check results are not reported on the HCWR for employees, they must immediately obtain a fingerprint criminal background check result using a livescan vendor approved by state agency.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50519 Based on observation, interview and record review the facility failed to: 1) follow their policy and procedures for ensuring food is prepared and served under sanitary conditions by not using PPE (personal protective equipment) properly when serving food, 2) Ensure food items were labeled and dated per facility policy, 3) Ensure no expired foods, and 4) Ensure Staff wear hair restraint in kitchen area. This applies to 61 residents that receive oral nutrition and food prepared in the facility kitchen. Findings include: On [DATE] at 10:30 AM surveyor observed two bags of two-pound toasted oats cereal with expiration date [DATE]. On [DATE] 10:40 AM surveyor observed seven loaves of sliced wheat bread dated [DATE] in the storage with two loaves of wheat bread molded and soggy, and one loaf of sliced wheat bread molded on the table by the kitchen. On [DATE] at 11:00 AM surveyor observed two opened half bags of shred lettuce dated [DATE] brown and wilted in the refrigerated. V12 (Dietary Manager) stated, [DATE] is the received dates, there is no sold, consumed, or discarded dated on the bread or lettuce. On [DATE] at 10:45 V19 (Cook) said, expired food needs to be removed and discarded, I did not see the mold on the bread. V12 stated, it is expected that staff will check the date and remove expired food. On [DATE] at 12:00PM surveyor observed V12 serving food from the tray line without wearing gloves touching trays, utensils and clean plates and adjusting eye faces on her face. On [DATE] at 12:30 PM surveyor observed V12 helping place tickets on the trays, and receiving plates and adding bread to trays without wearing gloves and fingers were inside the clean plate with food. V12 touched her eyeglasses and touched the inside of the plates. On [DATE] at 11:30 PM surveyor observed V12 using hair restraints on the top of the head and hair exposed below her shoulders serving lunch to residents. On [DATE] at 12:05 PM surveyor observed V12 serving food on the tray line and removed her gloves and donned clean gloves on without hand hygiene. V12 moved to ticket section and receiving plate with food not wearing gloves and placing tickets on the tray and getting bread to place on the plates. V12 touched eyeglasses and plates without providing hand hygiene during. (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] 02:00 PM V12 stated, I expect staff to wear hair restraints with all the hair inside, proper hand hygiene when changing gloves and wear glove when handling food. V12 said, I did not realize I touched my eyeglasses during food preparation and when I was getting the tickets. Hand hygiene needs to be done when gloves were removed. I expect the food to be dated and the cook to check dates prior to using any food and dispose any food that is expired. Food must be dated when they get to the facility and disposed when it is expired. On [DATE] at 01:00PM V20 (Infection Preventionist) stated, I expect staff to perform hand Hygiene before donning gloves and after removal of gloves and when hands are contaminated. Kitchen staff are expected to wear hair restraints in the kitchen. Hair is expected to be inside of the hair restraints. On [DATE] at 02:00 PM V2 (Director of Nursing) stated, I expect staff to do hand hygiene before donning gloves and after removing gloves, staff must wear hairnets when they are working in the kitchen, and food must be dated and expired food disposed. On [DATE] at 02:09 PM V5 (Former Administrator trainer) stated, I expect staff to wear hair restraints in the kitchen and, all food to be labeled with expiration dates and expired food to be discarded. Facility Policy Titled Labeling and Dating Foods (Date Marking) dated 2020. Which reads in part (but not limited to), 2- Date marking for refrigerated storage food items Unopened cases of refrigerated food items will be dated with the date the item was received into the facility and will be stored using the first in - first out method of rotation. Once a case is opened, the individual, refrigerated food items are dated with the date the item was received into the facility and placed in/on the proper storage location utilizing the first in - first out method of rotation. Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by the manufacturer's expiration date. Facility Policy Titled Food Storage (Dry, Refrigerated, and Frozen) dated 2020. Which reads in part (but not limited to), a. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded. b. Rotate products so the oldest are used first. Staff shall be instructed to use products with the earliest expiration date before those with a later expiration date. c. Discard food that has passed the expiration date, and discard food that has been prepared in the facility after seven days of storing under proper refrigeration. Facility Policy Titled Proper Hand Washing and Glove Use dated 2020. Which reads in part (but not limited to), 4- Employees will wash hands before and after handling foods, after touching any part of the uniform, face, or hair, and before and after working with an individual resident. 5. Gloves are to be used whenever direct food contact is required. 6. Hands are washed before donning gloves and after removing gloves. (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility Policy Hair Restraints Dated 2020. Which reads in part (but not limited to), Hair restraints shall be worn by all Dining Services staff when in food production areas, dishwashing areas, or when serving food. Procedure: 1. Staff shall wear hair restraints in all food production, dishwashing, and serving areas.		