

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145660	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2026
NAME OF PROVIDER OR SUPPLIER Aperion Care Westchester		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 South Wolf Road Westchester, IL 60154	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview, and record review the facility failed to ensure that call lights were placed/secured within reach, failed to ensure that essential equipment was functioning, and failed to supervise an at risk for falls resident while outside smoking. This failure affects three of three residents (R1, R3, R4) reviewed for falls on the sample of four. Findings include: 1. The (2/23/24-2/1/26) fall report affirms R1 fell on 3/18/24, 10/1/24, 12/8/24, 3/23/25, 8/12/25, 1/2/26, and 1/13/26 therefore seven (7) times within the last 24 months. R1's (3/18/24) fall occurrence note was requested, however was not received during the survey, on 3/5/26 at 1:40pm, V1 (Administrator) affirmed that the facility doesn't have it. R1's diagnoses include but not limited to dementia, bipolar disorder, end stage renal disease, dependence on renal dialysis, difficulty walking and unspecified fall. R1's (1/9/26) BIMS (Brief Interview Mental Status) determined a score of 7 (severe impairment). R1's (1/9/26) functional assessment affirms R1 requires substantial/maximal assistance with chair/bed to chair transfers. Walking was not attempted. R1's (9/28/21) care plan states the resident is at (high) risk for falls related to dementia, osteoarthritis of knee, poor safety awareness, impulsive behavior, and incontinence. Interventions: (1/7/22) Anticipate and meet the residents' needs. (1/7/22) Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. R1's (2/12/26) fall risk assessment determined a score of 22 (high risk). On 3/5/26 at 9:48am, R1 was lying in bed on a (bordered) mattress, the call light was on the floor (out of reach) and R1 was alone in the room. On 3/5/26 at 9:50am, V10 (CNA/Certified Nursing Assistant) affirmed that she (V10) is currently assigned to R1. Surveyor inquired about R1's fall prevention interventions V10 stated The floor mats then proceeded to enter the room and picked up R1's call light. Surveyor inquired about the location of R1's call light prior to entering room V10 responded, It was on the floor but to be honest when I (V10) was in here earlier it was on here (referring to the bed). Surveyor inquired if there was a clip on R1's call light to secure it to the bed V10 replied No. Surveyor inquired if R1 has any other fall prevention interventions V10 stated She's (R1) not left in the room by herself if she's up in the wheelchair. Normally she's up but she didn't feel good today and doesn't sleep at night. Surveyor inquired if R1 can transfer herself V10 responded Oh, no. 2. R3's diagnoses include hemiplegia and hemiparesis affecting the right side. R3's (1/9/26) functional assessment affirms resident requires partial/moderate assistance with chair/bed to chair transfer. R3's (2/19/25) fall risk assessment determined a score of 10 (at risk). R3's (2/19/25) care plan states the resident is moderate risk for falls related to gait imbalance problems and incontinence, interventions: (2/19/25) Be sure resident's call light is within reach. Bed height to be placed in low position when resident is in bed. On 2/24/26 at 11:35am, surveyor inquired about R3's (1/29/26) fall V3 (Restorative Nurse) stated He (R3) has intermittent confusion and needs assist during transfer, but he doesn't ask for assistance all the time. He thinks he can transfer by himself, but he can't. R3's (1/9/26) BIMS determined a score of 11 (moderate impairment). On 3/5/26 at 9:56am, R3 was lying in bed the call light was tied to the side rail however the button was dangling below the bed - out of sight. R3's bed was not in the lowest position; it was knee high. On 3/5/26 at 10:25am, V11 (CNA) affirmed that she's (V11) assigned to R3. (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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor inquired about R3's fall prevention interventions V11 stated The floor mats, call light, lower the bed to the floor and bed rails. Surveyor inquired about the location of R3's call light V11 entered the room and responded, 'It's hanging on the bed. Surveyor inquired if R3's bed was in low position V11 replied It's not all the way to the floor. Surveyor inquired how high R3's bed is V11 stated To your (surveyor) knee. V11 then attempted to lower R3's bed, however, was unable to do so. V11 inspected R3's bed and stated, The bed is unplugged. V11 then plugged R3's bed into the outlet and attempted to lower the bed again, however, was still unable to. Surveyor inquired if R3's bed was broken V11 responded It's not working, the bed not working.3. R4's diagnoses include dementia, neuralgia, neuritis, osteoarthritis (left hip) and weakness. R4's (12/6/25) functional assessment affirms resident requires partial/moderate assistance with chair/bed to chair transfer. R4's (1/20/25) fall risk assessment determined a score of 11 (at risk).R4's (1/20/25) care plan states resident is moderate risk for falls related to confusion, gait/balance problems, and poor safety awareness, interventions be sure the resident's call light is within reach and encourage resident to use it.R4's (1/23/26) fall occurrence note states (unwitnessed) fall. CNA reported that the resident had fallen while on smoke break - on patio. Resident stated I fell while turning. I lost my balance and fell in the bushes. I didn't hit my head or anything. My left hand broke my fall. I'm in no real pain. No injuries observed. On 2/24/26 at 11:47am, surveyor inquired about R4's (1/23/26) fall V3 (Restorative Nurse) stated She's (R4) alert, ambulatory, and uses a walker but has a gait imbalance. She requires supervision. She fell while turning and lost her balance in the bushes on the patio. Surveyor inquired if R4's fall was witnessed by staff V3 affirmed that it was not. R4's (12/6/25) BIMS determined a score of 14 (cognition intact). On 3/5/26 at 10:01am, R4 was sitting on the bed however the call light was tied to the side rail and dangling near the floor. On 3/5/26 at 10:32pm, V11 (CNA) affirmed that she's (V11) assigned to R4. Surveyor inquired about R4's fall prevention interventions V11 stated Her (R4) walker and the call light. Surveyor inquired about the location of R4's call light V11 entered the room and responded, Wrapped around on the bed rail, hanging down. Surveyor inquired where resident call lights should be located, V11 replied Across the bed in reach. Surveyor inquired if R4's call light has a clip to secure it within reach V11 stated No. Surveyor inquired if the facility call lights have clips V11 responded Some of them. The (11/28/12) fall prevention program states a fall risk assessment will be performed at least quarterly and after any fall incident. Safety interventions will be implemented for each resident identified at risk. All assigned nursing personnel are responsible for ensuring ongoing precautions are put in place and consistently maintained. Direct care staff will be oriented and trained in the fall prevention program. Malfunctioning equipment will be immediately reported to maintenance for repair or removed from service. The residents will be checked every two hours, or as according to the care plan, to assure they are in a safe position. The frequency of safety monitoring will be determined by the resident's risk factors and the plan of care.</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>Based on interviews and record review, the facility failed to follow policy procedures, failed to clarify physician orders, failed to ensure that the required rate for IV (Intravenous) infusion was ordered (prior to administration) and failed to document the rate of IV infusion for one of four residents (R2) reviewed for change in condition. Findings include:R2's care plan (revised 1/29/26) states the resident requires use of IV (Intravenous) fluids/medications related to hydration therapy. Interventions: Provide IV fluids as ordered. R2's (1/1/26) Physician Orders include Dextrose Intravenous Solution 5%. Use 2 liter intravenously one time only for dehydration for 2 days [infusion rate was excluded].R2's (January 2026) MAR (Medication Administration Record) includes Dextrose Intravenous Solution 5%. Use 2 liter intravenously one time only for dehydration for 2 days, which was documented as administered at 6:32pm, however the infusion rate was excluded.R2's (1/2/26) progress notes state, iv fluids d5 ns (normal saline) infusing and IV fluids continuous running however the infusion rate was excluded from both entries. On 3/4/26 at 9:32am, surveyor inquired why R2 was receiving IV fluids. V8 (Registered Nurse) responded, I (V8) follow the order. Surveyor inquired about R1's (1/2/26) IV fluid rate of infusion (prior to hospital transfer). V8 responded, Normally we (staff) run it 75 per hour at the facility. Surveyor inquired how much IV fluid R2 received V8 replied I cannot remember. On 3/4/26 at 10:20am, surveyor inquired why R2's IV fluids were administered on 1/1/26 without a prescribed rate of infusion. V2 (Director of Nursing) responded, That isn't possible. Surveyor requested evidence that orders (including rate of infusion) were received for R2's (1/1/26) IV fluids - prior to administration.On 3/4/26 at 10:54am, V2 affirmed that she spoke to the Pharmacist regarding IV fluid orders and stated It's based on the weight of the patient however provided no documentation at this time.R2's MAR affirms that V9 (LPN/Licensed Practical Nurse) administered the D5 IV fluid on 1/1/26. On 3/4/26 at 12:23pm, surveyor inquired about R2's (1/1/26) IV fluid rate of infusion when V9 (LPN) administered the D5. V9 stated, To be honest, I'm (V9) not sure of this exact order. Surveyor read R2's (1/1/26) D5 IV fluid orders aloud (via phone) and inquired again about the rate of infusion. V9 responded, You're (surveyor) asking me (V9) about a rate that the doctor gave me (V9)? I'm not sure of the order given by the doctor at that time. Surveyor inquired if V9 clarified R2's (1/1/26) IV fluid order (which excludes rate of infusion) prior to administration. V9 replied, Again, I (V9) don't remember anything from that date, it was a while ago. Surveyor inquired if a Physician order needs to be clarified, how is that carried out? V9 stated, I would have called the doctor if I had a question about an order that was given to make sure the order was correct. Surveyor inquired if V9 contacted the Physician to clarify R2's (1/1/26) IV fluid orders. V9 responded, I don't recall being in a situation to call the Physician when an order was wrong. Surveyor inquired if the facility has standing orders for administering IV fluids V9 replied No, I'm not aware of standing orders for IV.The physician orders policy and procedure (revised 1/31/18) states when receiving physician's orders by telephone: enter the order into the resident's chart under order tab and according to the instructions for the type of order received. Medication orders should include route, dose, time, frequency. Notify the resident's physician, (if not the prescribing physician) for verification if applicable. Verbal and telephone orders will be documented as such in the electronic medical record.</p>		