STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145740	A. Building B. Wing	11/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Elgin	134 North McLean Boulevard Elgin, IL 60121

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the resident attended infectious disease (ID) follow-up appointments, documenting and notify the attending the ID specialist of the missed appointment, resident refusal of care and the resident's discharge from the facility. This applies to 1 of 3 (R6) residents reviewed for care regarding active infections. The findings include:Review of the Electronic Medical Record (EMR) showed that R6, a [AGE] year-old resident, was admitted to the facility from the hospital on September 5, 2025. R6's multiple diagnoses included non-traumatic spinal cord injury, acute paraplegia, surgical site infection, sepsis, lumbar radiculitis, diabetic amyotrophy, diabetes mellitus type 2, and multilevel lumbar spinal stenosis.Hospital records dated September 5, 2025, documented that R6 had undergone extensive lumbar spinal surgery on July 31, 2025. His postoperative course was complicated on August 8, 2025, by fever, severe sepsis, and a postoperative lumbar infection. R6 was under the care of an ID specialist and prescribed Unasyn 3 g IV every six hours via PICC line, with a treatment end date of September 24, 2025. Hospital documentation indicated that the ID specialist required a follow-up appointment in approximately three weeks, due September 23, 2025.The Physician Order Sheet (POS) for September 2025 confirmed the order for Unasyn 3 g IV every six hours via PICC line.Progress notes dated September 8, 2025, documented that the ID office contacted the facility and provided R6's follow-up appointment dates for September 19 and September 30, 2025. Record review showed no documentation that R6 went to his appointment for the September 19,2025. Progress notes dated September 25, 2025, indicated that R6 was discharged home. The EMR contained no documentation that: -R6 attended the scheduled ID appointment on September 19, 2025, or had refused the appointment, or the ID specialist was notified of the missed appointment or the discharge to ensure continuity of infection treatment.On November 28, 2025, at 1:15 p.m., V3 (Licensed Practical Nurse) stated that R6 had refused the September 19 ID appointment. However, there was no record of refusal in the EMR, nor evidence of notification to the ID specialist to modify treatment or reschedule follow-up.On November 30, 2025, at 11:00 a.m., V2 (Director of Nursing) stated that facility's practice requires staff to notify the ID specialist when a resident refuses a scheduled follow-up appointment, as the specialist may need to adjust antibiotic therapy or provide an earlier appointment. No such notification occurred.

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