STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145830	A. Building B. Wing	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care West Chicago	201 West North Avenue West Chicago, IL 60185

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410 Based on interview and record review, the facility failed to notify the facility Abuse Coordinator and the State Agency of an allegation of physical abuse. This applies to 2 of 4 residents (R2 and R3) reviewed for physical abuse in a sample of 4. The findings include: R3 is a [AGE] year-old-female admitted on [DATE], having cognition intact as per the MDS (Minimum Data Set), dated 4/7/25. On 4/22/25 at 12:30 PM, R3 stated, (R4) hit me on my head and face. But I don't remember the day exactly. It happened in my room, and nobody saw it. R2 is a [AGE] year-old female admitted on [DATE], with cognition intact, as per the MDS, dated [DATE]. On 4/22/25 at 11:40 AM, R2 stated, One of the residents (R4) hit me on my head four times last week. I had a headache after that for two days. The incident happened in front of the nurse's station and (V7, Certified Nursing Assistant/CNA) and (V8, CNA) witnessed the incident. I reported the incident directly to (V9, Psychiatric Rehabilitation Services Coordinator/PRSC) and (V10, PRSC). On 4/33/25 at 11:00 AM, V7 (Certified nursing assistant/CNA) stated, (R2) told me that (R4) hit her three times to her head. I am pretty sure I reported it to the nurse. I thought the nurse would inform the Abuse Coordinator (V1). On 4/22/25 at 12:20 PM, V8 (CNA) stated, I remember (R4) hit me on that day (4/16/25). (R2) told me that (R4) hit her, but I didn't see (R4) hit (R2). (R3) also told me that (R4) hit her. I didn't report it to the Abuse Coordinator. On 4/22/25 at 12:32 PM, V9 stated, I personally didn't see the incident that (R4) hits (R2) on her head. I know (R4) had a really bad day and was going off. I told the incident to my boss (V11, Psychiatric Rehabilitation Service Director/PRSD). Also, (R3's) daughter was here and told me that (R4) hit her mother. I told the Administrator about (R3's) daughter's concern. It happened on Wednesday (4/16/25), and it was my late day and I start at 11:00 AM on Wednesday. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145830	A. Building B. Wing	04/24/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/23/25 at 3:00 PM, V11 stated, The physical abuse allegation between (R2) and (R4) was not reported to me. As per the chain of command, (V9) was supposed to report the allegation to me or the Abuse Coordinator. We will provide in-service to staff to report the abuse allegation to the Abuse Coordinator. On 4/22/25 at 12:35 PM, V10 (PRSC) stated, I heard about the incident between (R3) and (R4) last Wednesday (4/16/25). I heard (R4) had behavior issues, and she hurt other residents. When (R3's) daughter reported that (R4) hit her mom, they moved (R4) to another room. I didn't report it to the Abuse Coordinator as I didn't see the incident. On 4/22/25 at 2:00 PM, V2 (Assistant Administrator) stated, Our staff are supposed to report any abuse allegation to our Administrator, who is our Abuse Coordinator. If our Administrator is unavailable, they can report the abuse allegations to me. The abuse allegations should have been reported to us for investigation. We are going to discipline (V8) for not reporting abuse allegations, and we will initiate an abuse investigation. On 4/23/25 at 11:30 AM, V1 stated, The abuse allegations from (R4) to (R2) and (R3) were not reported to me. I talked to my staff including (V8) to report any kind of abuse allegation to myself immediately. We started an in-service to educate staff to report abuse allegations immediately to the Abuse Coordinator. A review of the facility provided Abuse Prevention and Reporting Guidelines, revised on 10/24/22, documents: Employees are required to report any incident, allegation, or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, or to an immediate supervisor who must then immediately report it to the administrator.