

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145830 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/14/2025 |
| NAME OF PROVIDER OR SUPPLIER Aperion Care West Chicago | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
| <p>F 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing.</p> <p>(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 |
|---|-------|-----------|

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145830 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/14/2025 |
| NAME OF PROVIDER OR SUPPLIER Aperion Care West Chicago | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide visitation rights to 2 residents, both sisters, who reside at the facility. This applies to 2 of 6 residents (R1 and R2) reviewed for right to receive visitors in the sample of 6. The findings include: The EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE]. R1's diagnoses included but not limited to generalized anxiety, recurrent depressive disorder, schizophrenia, and suicidal ideation. The EMR also showed R1 has a twin sister (R2), who also resides in the facility. R1 resides on the third floor, a secured unit, and R2 resides on the first floor. R1's MDS (Minimum Data Set), dated January 7, 2025, shows R1 is cognitively intact. The assessment also showed R1 had not exhibited behavior issues. R1's current care plan, dated February 23, 2018, showed R1 was at risk for depression. R1's care plan shows multiple interventions, including, encourage participation in activities of choice and interest, and encourage socialization. R1's care plan also shows she is at risk for suicidal ideation. The care plan did not show any interventions regarding visitation rights between the twin sisters (R1 and R2). The EMR showed R2 was admitted to the facility on [DATE]. R2's diagnoses included but not limited to bipolar disorder and schizophrenia. R2's MDS, dated [DATE], shows no cognitive impairment, no mood or behavior issues. R2's current care plan, dated April 17, 2025, documents, I maintain a close bond with my twin sister (R1), who also resides at the facility. My sister has a h/o (history of) waking me and I have grown accustomed to relying on her to do so. The care plan also showed R2's social life includes My leisure interests include reading, listening to music, pet interaction, people interaction, going outside, and religious related activities., invite/encourage family or friends to participate in programs with resident. Further review of the care plan did not address visitation with R1. On July 10, 2025, at 11:50 A.M., R1 was in her room. R1 was ambulatory, pacing around, and was fidgety. R1 informed surveyors she was upset the facility does not allow her to visit R2. R1 verbalized, I am a blood relative; she is my twin sister. How come I cannot see and visit her, and yet they allowed boyfriend and girlfriend visit together here on the third floor? I kept mentioning this to (V12/Nurse) and (V11/Social Services Director). This has been ongoing for a while. I told (V12), and (V12) said talk to (V11), and (V11) just ignores me. I need help. R1 demanded to have a group meeting with surveyors and V11 and V12 right then and there. During the group meeting, R1 was adamant and informed both V11 and V12, why don't you allow me to visit my twin sister. V12 had no response. V11 said, You can visit (R2). V11 said, (R2) was asleep. However, V11 still accompanied R1 to first floor to visit R2. On July 10, 2025, at 3:15 P.M., R1 and R2 were in the first-floor dining room. They expressed they were happy visiting each other. They were caressing each other's arms and kept hugging. They shared a sandwich. They were very appreciative with the good outcome from the group meeting. Review of the facility's policy regarding visitation rights, dated November 20, 2017, states: To honor the resident's right to receive visitors of his or her choosing at the time of his or her choosing, subject to the facility and/or resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. Visitation should be person-centered, consider the residents' physical, mental and psychosocial well-being, and support their quality of life. In accordance with resident's rights, this facility provides 24-hour access to: Immediate family or other relatives.</p> | | |