

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 08/19/2025
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (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: 145830	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2025
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 0584</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 a comfortable, homelike environment for residents. This applies to 2 of 3 residents (R1 and R2) reviewed for inadequate cooling in the sample of 3. The findings include: Findings Include: R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE], with multiple diagnoses including major depressive disorder, hypertension, type 2 diabetes mellitus, peripheral vascular disease, and asthma. R1's MDS (Minimum Data Set), dated August 8, 2025, showed R1 was cognitively intact. R2's EMR showed R2 was admitted to the facility on [DATE], with multiple diagnoses including type 2 diabetes mellitus, hypertension, and major depressive disorder. R2's MDS, dated [DATE], showed R2 was cognitively intact. On August 18, 2025, at 11:24 AM, R1 and R2 were in their room. V3 (Maintenance Director) obtained temperatures of R1 and R2's room. V3's thermometer showed the room temperature was 77.5 degrees Fahrenheit, the humidity was 69% (percent), and the heat index was 84.4 degrees Fahrenheit. On August 18, 2025, at 11:34 AM, R1 was lying on his bed in his room. R1 said the room felt warm to him. R1 said he moved into this room on Friday August 15, 2025. R1 said since he moved into the room with R2, the air conditioning in the room did not work. R1 said he told someone on Friday, but the air conditioner had not been fixed. R1 said on Sunday morning, R1 went to the dining room around 4:00 AM because his room was so hot and he was angry, frustrated, and felt sick. R1 said they still have not fixed the air conditioner. On August 18, 2025, at 11:39 AM, R2 was standing in his room. R2 said the room felt warm to him. R2 said the air conditioning in their room had not been working for a long time. R2 said the air coming out of the air conditioner was not cold and R2 said his windows were closed. The air coming from the air conditioner in R1 and R2's room felt warm. On August 18, 2025, at 12:45 PM, V3 obtained temperatures from R1 and R2's room again. The thermometer showed the heat index in the room was 84.8 degrees Fahrenheit. V3 said the temperature in R1 and R2's room was too hot. On August 18, 2025, at 3:46 PM, V3 said maintenance attempted to fix R1 and R2's room air conditioner on Friday, but the repair only lasted a short while, and the air conditioner was not fully functional. V3 said the manager on duty over the weekend took temperatures in the facility hallways. V3 said the manager did not take temperatures in R1 and R2's room. On August 18, 2025, at 3:58 PM, V2 (DON/Director of Nursing) said R1 and R2's room is too warm since the heat index temperature is 84 degrees Fahrenheit. V2 said facility staff should have been following the facility's extreme weather policy. V2 said since the temperature outside was hot this weekend, facility staff should have checked temperatures in R1 and R2's room since their air conditioner was not fully functional. The National Weather Service (http://forecast.weather.gov) showed the heat index for the facility location on August 16, 2025, was 101 degrees Fahrenheit, and the heat index on August 17, 2025, was 91 degrees Fahrenheit. V3 provided the facility's air temperatures for one month. Temperatures were obtained in one location on each floor on July 18, July 21, August 4, August 8, August 11, and August 15, 2025. The facility does not have documentation to show temperatures were monitored in R1 and R2's room every two hours. The facility's policy titled Code White- Extreme Weather and Temperatures dated June 24, 2025, showed Purpose: To provide staff specific guidance and instruction on how to initiate an emergency code and steps to be taken to ensure the safety of residents and staff in the event of extreme weather/temperature related conditions. The facility will follow federal requirement to maintain facility temperatures between 71 to 81 degrees Fahrenheit. Heat and Humidity. Monitoring of Facility Temperatures During Extreme Hot Weather and/or Cooling Outage: It is recommended that the temperature and relative humidity levels be measured at least every two hours between 8:00 AM and 10:00 PM in all areas occupied by residents during periods of extreme heat. Temperatures in resident areas should be at 71 to 81 degrees Fahrenheit and relative humidity at 30-60%. The heat index should not exceed 80 degrees Fahrenheit. Note: The heat index, also known as apparent temperature, is determined by combining the actual air temperature and relative humidity to reflect how hot the conditions feel to the human body. It essentially represents the 'feels like' temperature. This is because high humidity reduces the body's ability to cool itself through sweat evaporation, making the air feel hotter than the actual temperature.</p>		