STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145877	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Dolton	14325 South Blackstone Dolton, IL 60419

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. Based on observation, interview, and record review the facility failed to keep residents free from misappropriation of funds. This deficiency affected three residents (R1, R2, R3) of eight residents reviewed for misappropriation of funds. This past noncompliance occurred from 3/23/2026 through 3/25/2026.Prior to the survey date of 3/31/26, the facility had taken the following actions to correct the noncompliance:On 3/24/26, the facility Compliance Assurance Committee developed a plan of correction for the 3/23/26 R1, R2, and R3 misappropriation of funds. On 3/24/26 All staff received an education in- service on Abuse Prevention Policy, Abuse reporting, resident rights, proper handling of funds and financial exploitation. On 3/24/26, the facility completed a facility wide audit of all resident trust fund accounts for the past 60 days to identify any additional discrepancies or unauthorized transactions. On 3/24/26, the facility conducted a facility wide audit to ensure abuse assessments are up to date and care plans/interventions reviewed. On 3/25/26, All affected residents and/or their responsible parties were notified of findings of investigation. There is no subsequent improper transfer determined by Quality Assurance Tool from 3/26/26, 3/27/26, 3/30/26, 3/31/26.

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
	145877	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Dolton	14325 South Blackstone Dolton, IL 60419

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. Based on interview and record review, the facility failed to follow physician order for anticoagulation medication. This deficiency affected one (R5) of nine residents reviewed for physician orders. This past noncompliance occurred on 2/11/2026.Prior to the survey date of 3/31/26, the facility had taken the following actions to correct the noncompliance:On 2/11/26, the facility Compliance Assurance Committee developed a plan of correction for the 2/11/26 R5's readmission physician orders. On 2/11/26 All staff received an education in- service on following and carrying out physician orders, 5 rights of medication administration, medication administration and verification of new admission/readmission orders. On 2/11/26, the facility completed a facility wide audit of the past 60 days to ensure physician orders have been carried out. On 2/11/26, the facility conducted an emergency QAPI meeting held with medical director. On 2/11/26, the facility completed an audit of the last 10 admissions/readmissions completed to ensure physician orders have been carried out. The facility has implemented a QA tool to audit 5 residents a week for 2 months and then 2 residents a week for 4 months to ensure physician orders are being followed. Audits on 2/12/26, 2/13, 2/16, 2/17, 2/18, 219, 2/20, 2/23, 2/24, 2/25, 2/26, 2/27, 3/2/26, 3/3, 3/4, 3/5, 3/6, 3/9, 3/10, 3/11, 3/12, 3/13, 3/16, 3/17, 3/18, 3/19, 3/20, 3/23, 3/24, 3/25, 3/26, 3/27, 3/30.