

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145947	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2025
NAME OF PROVIDER OR SUPPLIER Aperion Care Midlothian		STREET ADDRESS, CITY, STATE, ZIP CODE 3249 West 147th Street Midlothian, IL 60445	

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow the medical patient rights act which requires staff members to wear a visible name badge that discloses the employee's first name, licensure status, if any, and staff position of the person examining or treating the patient or resident. This has the potential to affect all 43 residents residing on Unit 1 at the facility. Findings include: Facility census dated 11/14/2025 documents 43 residents residing on Unit 1 at the facility. R1's face sheet documents diagnoses that include but are not limited to depression, acute kidney failure, type 2 diabetes, and chronic obstructive pulmonary disease. R1's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 15 which indicates that R1 is cognitively intact. On 11/14/2025 at 12:27pm, R1 said, No, there are very few staff that wear ID badges. It's a problem. I (R1) didn't even know who the guy was trying to get me to sign consents. I (R1) want to know who I (R1) am talking to and who is caring for me. How do I (R1) know if it's not just someone off the street. Am I (R1) just supposed to believe the person coming in my room that they are staff here? I (R1) don't want to be taken advantage of. R3's face sheet documents diagnoses that include but are not limited to asthma, diabetes and congestive heart failure. R3's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 15 which indicates that R3 is cognitively intact. On 11/14/2025 at 12:33pm, R3 said, That's a joke. The staff hardly ever have ID badges on. Sometimes, they (staff) slap a sticker on their shirt with their name. I (R3) know most of them though. When there's a new face, I'm (R3) like who is this? Don't touch me if you can't prove who you are. It would be nice if they (staff) wore badges. R4's face sheet documents diagnoses that include but are not limited to diabetes, chronic kidney disease, and anxiety disorder. R4's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 15 which indicates that R4 is cognitively intact. On 11/14/2025 at 12:38pm, R4 said, No, most staff don't wear ID badges. I (R4) know most of them (staff). The staff is good. I (R4) don't want to get any of them in trouble. On 11/14/2025 at 11:12am, during tour of the facility with V2 (Director of Nursing/DON), V3 (Licensed Practical Nurse/LPN) was observed with an ID badge that was not visibly displaying V3's name and staff position. V3 said, Oh, it's here. Let me fix it. V2 proceeded to take apart V3's ID badge so V3's name and staff position was visible. On 11/14/2025 at 11:15am, during tour of the facility with V2 (Director of Nursing/DON), V4 (Certified Nursing Assistant/CNA) was observed without an ID badge, V4 said, It's (ID badge) getting made. I (V4) lost it about a week ago. On 11/14/2025 at 11:26am, during tour of the facility with V2 (Director of Nursing/DON), V6 (Restorative Aide) was observed without an ID badge. V6 said, I've (V6) never had a real badge. I've (V6) been here like a year. On 11/14/25 at 11:28am, during tour of the facility with V2 (Director of Nursing/DON), V5 (Certified Nursing Assistant/CNA) was observed without an ID badge. V5 said, I (V5) wasn't given a badge. Been here about 3 months. Facility's daily schedule, dated 11/14/2025, documents the following: V3 (Licensed Practical Nurse/LPN) assigned to Unit 1; V4 (Certified Nursing Assistant/CNA) assigned to Unit 1; V6 (Restorative Aide) assigned to Unit 1; and V5 (Certified Nursing Assistant/CNA) assigned to Unit 1. V2's (Director of Nursing/DON) e-mail, dated 1/14/2025 at 2:50pm, documents the hire dates for the following employees: V3 (Licensed Practical Nurse/LPN) hire date of 11/3/2025; V4 (Certified Nursing Assistant/CNA) hire date of 12/2/2024; V5 (Certified Nursing Assistant/CNA) hire date 7/31/2025; and V6 (Restorative Aide) hire date 1/11/2024. On 11/14/2025 at 11:30am, V9 (RN/Registered Nurse/Regional [NAME] President of Operations) said that it's preferred for staff to wear ID badges. V9 stated that it doesn't take a minute to obtain the employees' ID badges. V9 said that V9 is unaware if there is a policy on employees wearing ID badges, but V9 will check to see if there is a policy. On 11/14/2025 at 2:53pm, V2 (Director of Nursing/DON) said I (V2) was told there is no policy for employee ID badges. No one could find it. I (V2) know that the students that come here have ID badges. All employees should have ID badges so the residents can identify who is caring for them. We (facility) do have different colored scrubs to differentiate between different job positions. V2 stated that the facility has stickers to put the required information on if an employee does not have a badge. V2 affirmed that employees should wear ID badges when working. Record review of The Public Health (410 ILCS 50/) Medical Patient Rights Act, Sec. 6. Identification badges, documents, in part, A health care facility that provides treatment or care to a patient in this State shall require each employee of or volunteer for the facility, including a student, who examines or treats a patient or resident of the facility to wear an identification badge that readily discloses the first name, licensure status, if</p>		