

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 07/24/2025
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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based upon observation, interview, and record review the facility failed to ensure that sufficient nursing staff were available to meet the needs for 36 of 40 dependent residents (R2, -R6, R10, R12, R18, R20, R21, R28, R29, R32, R33, R34, R36, R38 - R40, R44, R51, R54, R56 - R59, R61, R67, R68, R74, R75, R80 - R82, R85, R96) in the sample reviewed for staffing. Findings include: The (7/20/25) facility census includes 87 residents. On 7/21/25 at 10:23am, long facial hair was observed on R6's face and his toenails were notably thick and long. Surveyor inquired if R6 prefers to be shaved R6 stated Yeah, I'm supposed to have shaves every day. On 7/21/25 at 10:26am, surveyor inquired about the appearance of R6's toenails V8 (LPN/Licensed Practical Nurse) responded I (V8) see long toenails, he (R6) could go for a good clipping. Surveyor inquired about R6's long facial hair V8 replied Do you (R6) wear a beard? R6 responded No, I never have one. Concerns were also identified with R6's LALM (Low Air Loss Mattress) on the incorrect setting (incorrect weight) while in use. On 7/21/25 at 10:58am, concerns were identified with R2's LALM on the incorrect settings (incorrect weight, static mode) while in use. On 7/21/25 at 11:07am, R56 stated the care of the workers (facility staff) close to shift change its ridiculous they (staff) rush you while going through their duties and affirmed he has concerns with ADL (Activities of Daily Living) care provided by the facility. On 7/21/25 at 11:16am, R4's nails were long with black debris beneath them. Surveyor inquired if R4 can cut and/or clean his own nails R4 stated No [R4's diagnoses include hemiplegia and hemiparesis]. Concerns were identified with R4's LALM on the incorrect setting (incorrect weight) while in use. R4's (infusing) IVPB (Intravenous Piggyback) label stated 250/83ml/hr (milliliters per hour) however the rate was set on 250ml/hr. Surveyor inquired what rate R4's IVPB rate was set on V11 (RN/Registered Nurse) inspected R4's dial-a -flow and stated 250 however the rate was supposed to be 83ml/hr. R4's indwelling urinary catheter contained cranberry colored urine. Surveyor inquired about the appearance of R4's urine V11 responded It's red. I (V11) see like dark red so there's blood. Surveyor inquired why there was blood in R4's urine V11 replied He has like this blood tinge urine, sometimes its lighter. He (R4) takes Eliquis and Plavix. When I talked with the Nurse Practitioner, she (Nurse Practitioner) said it could be from tension or the blood thinners. Surveyor inquired if R4's catheter was secured to his leg to prevent tension and/or trauma V11 stated No. Surveyor inspected R4's indwelling urinary catheter and there was notable tension noted due to bag placement and failing to secure the tubing to resident's leg. On 7/21/25 at 11:33pm, R67's bilateral hands and right arm were contracted however restorative devices were not in use. Surveyor inquired if R67 was able to move his right arm R67 was unable to do so. Surveyor inquired if R67 could open his right hand, minimal movement was noted. Surveyor inquired if R67 receives restorative therapy R67 stated I have MS (Multiple Sclerosis) my feet used to be like normal but because they never stretched my feet they got bent. The left foot is really curved. Even though they say they have therapy, no they don't. They just chit chat, they don't do nothing, they keep making excuses and it doesn't get done. R67's left foot was internally rotated and notably deformed. On 7/21/15 at 11:50am, surveyor inquired if R67 requires restorative devices V12 (Restorative Aide) stated No ma am, not that I know. He (R67) just have the heel protectors. Surveyor inquired about required restorative devices/splints for R67's hands V12 responded No ma (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 145947	If continuation sheet Page 1 of 23

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	am, he don't have any of those on his hands. Surveyor inquired if R67 receives PROM (Passive Range of Motion) due to inability to move the right hand and/or arm V12 replied I (V12) was doing the PROM on his right side (10 reps) and he (R67) would help me with the left side twice a day, that's on the days that they (facility) didn't send me (V12) out on the escorting, and that was discontinued. On 7/21/25 at 11:55am, surveyor inquired about concerns in the facility R44 stated My leg is so so. Surveyor inquired if R44 could move his lower extremities, R44 had difficulty lifting his left foot and was unable to lift the right. R44's (July 2025) documentation survey report includes AROM (Active Range of Motion) which states resident will be able to complete 15 repetitions of AROM flexion extension exercises to all extremities daily [PROM/Passive Range of Motion was excluded]. R44's (4/11/25) functional assessment affirms range of motion impairment (on 1 lower extremity). On 7/22/25, surveyor observed the facility's 9am medication administration and there were 6 medication errors out of 25 opportunities, resulting in a 24% medication error rate [excluding late medication administration - subsequently identified]. Three of four residents (R12, R80, R96) in the medication administration sample were affected. On 7/22/25 at 10:00am, five (5) of V8's (LPN) assigned residents (R32, R36, R38, R58, R74) were highlighted red on the EMAR (Electronic Medication Administration Record). Surveyor inquired what red highlighted residents indicates on the EMAR V8 stated Red means that I'm behind in my time. Surveyor inquired if all assigned resident medications (scheduled for 9am) were administered today V8 responded I'm behind and affirmed that the red highlighted residents did not receive their medications yet. Surveyor inquired about the regulatory requirement for medication administration V8 replied It's a 2-hour window a hour before and a hour after the scheduled time. Surveyor inquired how many residents V8 is currently assigned to V8 stated 22. On 7/22/25 at 10:08am, nineteen (19) of V11's (RN) assigned residents (R2, R4, R18, R20, R21, R28, R29, R33, R39, R40, R44, R51, R54, R56, R57, R59, R61, R67, R82) were highlighted red on the EMAR. Surveyor inquired why residents were highlighted red on the EMAR V11 stated Because of the timeframe and affirmed the highlighted residents had not yet received their 9am medications. Surveyor inquired how many residents V11 is currently assigned to V11 responded 32. On 7/22/25 at 10:15am, eight (8) of V20's (LPN) assigned residents (R3, R5, R10, R34, R68, R75, R81, R85) were highlighted red on the EMAR. Surveyor inquired what red highlighted residents indicates on the EMAR V20 stated It means that I'm late. Surveyor inquired if all assigned residents received their 9am medications V20 responded No. Surveyor inquired how many residents V20 is assigned to V20 replied 32. On 7/22/25 at 12:04pm, V11 was observed passing 9 am medications (2 hours after the required administration time). Surveyor affirmed with V11 that eight (8) of the assigned residents (R2, R21, R33, R56, R57, R59, R67, R82) had not yet received their medications. On 7/23/25 at 10:13am, surveyor inquired about the facility restorative staff V21 (Restorative Aide) stated We have 2 restorative aides and there's a restorative nurse. The restorative nurse has been off for a couple of months. Surveyor inquired about the facility restorative program V21 responded It's Monday through Friday for each resident basically on every unit. I'm assigned to unit 1 and (V12/Restorative Aide) is on unit 2. Survey inquired about R44's restorative care V21 replied From his (R44) waist down is paralyzed, we (staff) basically exercise the limbs 15 minutes a day. Surveyor inquired where restorative care is documented V21 stated It's in the POC's (electronic plan of care). Surveyor inquired about concerns with R44's (July 2025) restorative documentation V21 reviewed the documentation and responded I (V21) see there's nothing right there on the 1st, the 8th, the 11th, and 12th its missing, it wasn't documented in the POC. Surveyor inquired how frequent V21 gets pulled from restorative care - to work the floor as a CNA V21 replied On a 30-day basis, it could be 10 or 15 of those days. V21 reviewed the July 2025 schedules and stated, I was pulled on the floor July 7th and 8th. Surveyor inquired about R67's restorative care V21 stated He (R67) gets exercises on his arms and legs for 15 minutes every day. Surveyor inquired about R67's (July 2025) restorative documentation V21 reviewed the documentation and responded He's missing for this month the 5th, 7th, 8th, 11th, 12th, and 13th and affirmed the entries were blank. On 7/22/25 at 3:52pm, V1 (continued on next page)		

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	(Administrator) affirmed that the facility does not have a staffing policy therefore staffing is based on The acuity of the residents and the population, the actual number of them (residents).		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based upon observation, interview, and record review the facility failed to follow policy procedures, failed to ensure that IV (Intravenous) medication was labeled properly, failed to ensure that medication rooms are locked, failed to ensure that medication refrigerators are maintained within the required range, and failed to store refrigerated medications at required temperatures. These failures have the potential to affect 87 residents. Findings include: The (7/20/25) facility census includes 87 residents. On 7/21/25 at 11:16am, an IVPB (Intravenous Piggyback) was infusing through R4's IV (Intravenous) access however the residents name was not on the bag. Vitamin C, B complex, B7, zinc, and amino blend were listed (on the IVPB label) with check boxes next to each supplement however none of the boxes were checked. On 7/21/25 at 11:19am, surveyor inquired if any of the listed medications were checked on R4's IVPB V11 (RN/Registered Nurse) inspected the IVPB and responded, No checks. Surveyor inquired if staff know what's in R4's IVPB if nothing was checked V11 replied We don't and affirmed that she did not hang R4's IVPB. The July 2025 (unit 1) medication room refrigerator temperature log affirms freezer Ice was documented on 7/1, 7/2, 7/3, 7/4, 7/6, 7/7, 7/8, 7/12, 7/13, 7/14, 7/15, 7/16, 7/17, 7/18, 7/19, 7/20, 7/21, 7/22 and 7/23. On 7/23/25 at 11:11am, surveyor inspected the (unit 1) medication room with V20 (Licensed Practical Nurse). Several residents' medications (including Insulin, Ativan solution) were observed (on top of) a refrigerator labeled food. Surveyor inquired why the resident medications (that require refrigeration) were on top of the refrigerator V20 stated They're (pharmacy staff) switching out the refrigerator now, it just happened 10 minutes ago. Pharmacy is delivering one now. A melting piece of ice was observed in a clear locked box (containing Ativan solution) and a thermometer was hanging from the box, surveyor requested the current temperature on that thermometer V20 responded It's 79 degrees. Surveyor inspected the thermometer and affirmed it was 79F (Fahrenheit) therefore out of required range. On 7/23/25 at 11:19am, surveyor relayed concerns regarding the unrefrigerated medications observed on unit 1 (which require refrigeration). V1 (Administrator) stated Well just re-order everything then instructed V20 to contact the pharmacy and request replacement medications for each resident. On 7/23/25 at 11:30am, V23 (RN) entered the (unit 2) medication room (which was unlocked and unsupervised by authorized Nursing staff). Surveyor inquired why the (unit 2) medication room was unlocked V23 affirmed she was unsure. The medication refrigerator temperature was 67F and a buildup of ice was on the freezer (roughly 3 inches thick). Surveyor inquired what the (unit 2) medication refrigerator temperature should be V23 stated It should be under 70. The July 2025 (unit 2) medication room refrigerator temperature log affirms freezer Ice was documented on 7/9, 7/10, 7/18, 7/20, 7/21, 7/22, and the 7/23 temperature entry was blank. On 7/23/25 at 11:36am, (6 minutes later) surveyor relayed concerns regarding medication storage on unit 2. V2 (Director of Nursing) approached the (unit 2) medication room (as requested) and stated The door is ajar. The (unit 2) medication room was (again) unsupervised by authorized Nursing staff. Surveyor inquired what range the medication refrigerator temperature should be maintained at V2 responded I (V2) refer to this (referencing the temperature log) its 36 to 46 degrees (Fahrenheit). Surveyor inquired about the current temperature in (unit 2) medication refrigerator V2 replied Looks like it's about 68 so it's warm. Surveyor inquired about concerns with the (unit 2) medication refrigerator freezer V2 stated The freezer needs to be defrosted. Surveyor inquired what's currently in the (unit 2) medication refrigerator V2 removed each item and affirmed that insulins, olanzepine solution, haldol decanoate, zepbound, latanoprost, and aplisol were found. Surveyor inquired what V2 plans to do with the (unit 2) refrigerated medications V2 stated I'll have to re-order them and get them replaced since the refrigerator was warm. Surveyor inquired about the July 2025 (unit 2) medication room refrigerator log V2 reviewed the log and affirmed that freezer Ice was documented several times. The (undated) (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	storage of medications policy states medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations of those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members authorized to administer medications. Medications requiring refrigeration are kept in a refrigerator at temperatures between 36F and 46F with a thermometer to allow temperature monitoring.		

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview and record review, the facility failed to ensure that the outside dumpster was closed. These failures have the potential to affect all 87 residents residing at the facility. Findings include: Facility census, dated 7/21/2025, documents 87 residents residing at the facility. On 7/21/2025 at 9:39am, the outside facility dumpster was observed with V6 (Dietary Manager). The dumpster was observed opened at the outside facility dumpster area, with a swarm of flies flying inside and outside the dumpster. When asked about the opened dumpster, V6 replied, It (dumpster) should be kept closed to stop rodents and bugs. Housekeeping be dumping stuff too. Look at all those flies. On 7/22/2025 at 9:57am, the outside facility dumpster was observed with V22 (Housekeeping Director/Head of Laundry). The dumpster was observed opened at the outside facility dumpster area, with a swarm of flies flying inside and outside the dumpster. When asked about the opened dumpster, V22 replied, Yeah, the dumpster should be kept closed at all times. Gotta keep it closed to keep the smell and the flies down. Housekeeping and Dietary us this dumpster. Facility policy titled, Pest Control, revised date 9/01/2022, documents, in part, 1. The Environmental Services Director will be responsible for coordinating the facility pest control. 16. Outside dumpsters shall be of sufficient size that the lid can be tightly closed. 17. The dumpster shall be kept clean and maintained in good repair, and a lid shall be kept closed. Pamphlet titled, Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities, revised date 11/18, documents, in part, Your facility must provide services to keep your physical and mental health, at their highest practical levels. Your facility must be safe, clean, comfortable, and homelike. Facility job description titled, Housekeeper, date created 3/23/2017, documents, in part, Summary: The primary purpose of the Housekeeper is. assure that our facility is maintained in a clean, safe, and comfortable manner.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observation, interview, and record review the facility failed to follow policy procedures, failed to implement care plan interventions, and/or failed to ensure that ADL (Activities of Daily Living) care was provided to four of forty dependent residents (R3, R4, R6, R59) in the sample. Findings include: R6 is [AGE] years old with diagnoses which include arthritis and lack of coordination. R6's (6/18/25) BIMS (Brief Interview Mental Status) determined a score of 4 (severe impairment). R6's (6/18/25) functional assessment affirms resident is dependent on staff for personal hygiene. R6's (6/17/25) ADL care plan includes self-care performance deficit, personal hygiene & my usual performance is dependent. On 7/21/25 at 10:23am, long facial hair was observed on R6's face and his toenails were notably thick and long. Surveyor inquired if R6 prefers to be shaved R6 responded Yeah, I'm supposed to have shaves every day. On 7/21/25 at 10:26am, surveyor inquired about the appearance of R6's toenails V8 (Licensed Practical Nurse) replied I (V8) see long toenails, he (R6) could go for a good clipping. Surveyor inquired about R6's long facial hair V8 responded Do you (R6) wear a beard? R6 replied No, I never have one. R4's diagnoses include hemiplegia and hemiparesis following cerebral infarction. R4's (6/22/25) BIMS determined a score of 9 (moderate impairment). R4's (5/2/25) functional assessment affirms resident requires substantial/maximal assistance with personal hygiene. R4's (1/28/25) ADL care plan includes self-care performance deficit, monitor residents' abilities for ADLS and assist resident as needed. On 7/21/25 at 11:16am, R4's nails were long with black debris beneath them. Surveyor inquired if R4 can cut and/or clean his own nails R4 stated No. The (11/28/12) activities of daily living policy includes grooming: maintaining personal hygiene (shaving, nail care). On 7/21/25 at 10:19am, surveyor observed R3 lying on her right side with long fingernails on both hands and brown substances underneath the nail beds, and brown substances imbedded all along the sides of all 10 fingernails. When asked about R3's fingernails, R3 replied, Of course I (R3) want my nails cut. I (R3) ask all the time. They (nails) are filthy. I (R3) need help. R3's Face Sheet, documents medical diagnoses that include but are not limited to Parkinson's disease, general arthritis, rheumatoid arthritis, and depressive disorder. R3's BIMS (Brief Interview for Mental Status) Summary Score: 15, dated 4/23/25, suggests R3 is cognitively intact. (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R3's MDS (Minimum Data Set) section GG Functional Abilities, dated 5/16/25, documents, in part, Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene): Partial/Moderate Assistance. R3's Care plan, revised date 6/26/25, documents, in part, I (R3) require assistance with ADLS (activities of daily living) due to generalized weakness related to Dx. of Anemia Osteoarthritis Old Myocardial Infarction Rheumatoid Arthritis r/t (related to), with interventions that document, in part, Provide 1-person extensive assistance for bathing. Upon review of R3's care plan, there is no documentation that R3 refuses nailcare. On 7/23/25 at 3:13pm, V2 (Director of Nursing/DON/Infection Preventionist/IP) said, I (V2) expect nails to be trimmed and cleaned. Nail care is done with every shower for sure or can be on a as needed basis also. Facility policy titled, Nail Care, revised date 1/25/18, documents, in part, . 1. Observe condition of resident nails during each time of bathing. Not cleanliness, length uneven edges, hypertrophied nails. 4. After bathing, use orange stick, and clean debris from around and under finger and toenails. 5. Trim toenails carefully in a straight fashion and fingernails in an oval fashion avoiding tissue after bathing or when needed. R59 is [AGE] years old admitted to the facility on [DATE], past medical history includes: hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, acquired absence of other left toes, type 2 diabetes with diabetic neuropathy, acquired absence of right leg below knee, cardiomegaly, weakness, major depressive disorder, etc. 07/22/2025 9:38AM, R59 was observed in his room awake and alert and was noted with lots of facial hair, dry scaly rashes on his face and very long fingernails with brownish substances underneath. Surveyor also noted a large mattress on the floor beside the resident with lots of brownish stains. 07/23/2025 11:30AM, R59 was observed again in his room still with lots of facial hair, some whitish rashes were noted on resident's face and resident was asked if he would like to be shaved and he said yes. 59 said that he cannot shave himself, he needs staff assistance and some of them will do it and others do not. R59 was noted with long fingernails with brownish materials underneath, R59 said that he would like his fingernails trimmed but no one does it. R59 said that he requires staff assistance for activities of daily living, he had a stroke and cannot move his right side. Care plan initiated 9/20/2024 and revised 2/20/2025 states that R59 has an ADL care self-performance deficit related to disease process, interventions indicated that R59 is dependent on staff for all ADL care. On 7/23/2025 at 3:16PM, V2 (DON) said that the expectation is for resident's nails to be cleaned and trimmed when providing activities of daily living (ADL) care. V2 added that some residents will refuse but the C.N.A is supposed to report any refusal to the nurse who will document it in resident's medical record. Refusal of ADL care should also be care planned.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based upon observation, interview, and record review the facility failed to ensure that (R4's) IVPB (Intravenous Piggyback) was infusing at the correct rate and failed to ensure that prescribed medications were administered within regulatory requirements for 32 of 40 residents (R2, R3, R4, R5, R10, R18, R20, R21, R28, R29, R32, R33, R34, R36, R38, R39, R40, R44, R51, R54, R56, R57, R58, R59, R61, R67, R68, R74, R75, R81, R82, R85) in the sample. These failures have the potential to affect 87 residents. Findings include: On 7/21/25 at 11:16am, a 250 milliliter IVPB (Intravenous Piggyback) was infusing through R4's IV (Intravenous) access. R4's IVPB label stated 250/83ml/hr (milliliters per hour) however the rate was set on 250ml/hr. On 7/21/25 at 11:19am, surveyor inquired what rate R4's IVPB rate was set on V11 (Registered Nurse) inspected R4's dial-a-flow and stated 250 however the rate was supposed to be 83ml/hr. The (7/20/25) facility census includes 87 residents. On 7/22/25 at 10:00am, five (5) of V8's (LPN/Licensed Practical Nurse) assigned residents (R32, R36, R38, R58, R74) were highlighted red on the EMAR (Electronic Medication Administration Record). Surveyor inquired what red highlighted residents indicates on the EMAR V8 stated Red means that I'm behind in my time. Surveyor inquired if all assigned resident medications (scheduled for 9am) were administered today V8 responded I'm behind and affirmed that the red highlighted residents did not receive their medications yet. Surveyor inquired about the regulatory requirement for medication administration V8 replied It's a 2-hour window a hour before and a hour after the scheduled time. On 7/22/25 at 10:08am, nineteen (19) of V11's (Registered Nurse) assigned residents (R2, R4, R18, R20, R21, R28, R29, R33, R39, R40, R44, R51, R54, R56, R57, R59, R61, R67, R82) were highlighted red on the EMAR. Surveyor inquired why residents were highlighted red on the EMAR V11 stated Because of the timeframe and affirmed that the highlighted residents has not yet received their 9am medications. Surveyor inquired about the regulatory requirement for medication administration V11 responded It's usually an hour before and a hour after the scheduled time. On 7/22/25 at 10:15am, eight (8) of V20's (LPN) assigned residents (R3, R5, R10, R34, R68, R75, R81, R85) were highlighted red on the EMAR. Surveyor inquired what red highlighted residents indicates on the EMAR V20 stated It means that I'm late. Surveyor inquired if all assigned residents received their 9am medications V20 responded No. Surveyor inquired how many residents V20 is assigned to V20 stated 32. On 7/22/25 at 12:04pm, V11 was observed passing 9 am medications (2 hours after the required administration time). Surveyor affirmed with V11 that eight (8) of the assigned residents (R2, R21, R33, R56, R57, R59, R67, R82) had not yet received their medications. The (undated) medication administration policy states medications are administered in accordance with written orders of the prescriber. Medications are administered within 1 hour before or after scheduled time unless otherwise specified by the prescriber.		

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NAME OF PROVIDER OR SUPPLIER Aperion Care Midlothian		STREET ADDRESS, CITY, STATE, ZIP CODE 3249 West 147th Street Midlothian, IL 60445	
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to conduct hand hygiene prior to passing meal trays , and before providing meal time assistance. This affected 4 residents (R12, R22, R72 and R76) reviewed for hand hygiene in the sample of 40 residents. Findings include:On 7/21/25 at 12:54pm, surveyor observed V13 (certified nursing assistant/CNA) perform hand hygiene and wash her (V13) hands, retrieve a meal tray from the food cart, walk to the table R22 was sitting at, and serve R22 the meal tray. While serving R22 the meal tray, V13 was observed touching R22 while arranging the meal tray for R22. V13 then walked back to the food cart, did not perform hand hygiene, retrieved another meal tray from the food cart, walked to the table R72 was sitting at and served R72 the meal tray. After serving R72 the meal tray, V13 went back to the food cart, did not perform hand hygiene, retrieved another meal tray from the food cart, walked to the table R76 was sitting at and served R76 the meal tray. V13 then walked back to the food cart, did not perform hand hygiene, retrieved another meal tray from the food cart, walked to the table R12 was sitting at and served R12 the meal tray. On 7/21/25 at 1:03pm, V21 (Restorative Aide) was observed taking residents' meal trays who had finished eating and placing the, in the food cart to be taken back to the kitchen for cleaning. After placing a dirty meal tray in the food cart, V21 did not perform hand hygiene and was observed to go to the table R22 was sitting at and asked R22 Are you done eating? R22's meal tray was observed with approximately 80% of the food not eaten. V21 was then observed to pick up R22's spoon and assist R22 with eating is (R22) meal. On 7/21/2025 at 1:15pm, V13 said, You (staff) do not have to wear gloves while passing trays. You (staff) clean your hands before passing meal trays and when you (staff) are done passing meal trays to all the residents. On 7/21/2025 at 1:26pm, V2 (Director of Nursing/DON/Infection Preventionist/IP) said, Hand hygiene is done while passing trays to prevent transferring bacteria to other residents.Facility policy titled, Hand Hygiene/Handwashing, revised date 7/30/2024, documents, in part, Definition: Hand Hygiene means cleaning your hands by either using (washing hands with soap and water), antiseptic hand wash, or antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel) . Examples of when to perform hang hygiene (either alcohol based hand sanitizer or handwashing): before and after having direct contact with a patient's intact skin. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.Facility policy titled, Infection Prevention and Control Program, effective date 11/28/2012; revision date 11/28/2017; reviewed/approved by: IDT (interdisciplinary team) no date, documents, in part, Purpose: To comply with a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement. 1. The facility has established an Infection Control Program which addresses all phases of the organization's operation to reduce or prevent the risks of nosocomial infections in residents and health care workers. 2, The Infection Control Program meets the guidelines of the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention, HCFS, The Occupational Health and Safety Administration, local, state, and federal rules. 14. All facility personnel are required to routinely wash hands and use appropriate barrier precautions to prevent transmission of infections. 15. All facility personnel shall adhere to the Infection Control Program in the performance of their daily assignments.Pamphlet titled, Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities, revised date 11/18, documents, in part, Your facility must provide services to keep your physical and mental health, at their highest practical levels. Your facility must be safe, clean, comfortable, and homelike.		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to refer residents with possible serious mental disorders for Screening and Resident Review to the appropriate state-designated authority for further assessment as required. This failure affects 2 residents (R5 and R79) reviewed for pre-admission screening in the sample list of 54 residents. Findings include: R79 is [AGE] years old admitted to the facility on [DATE], medical history includes hemiplegia and hemiparesis following cerebral infraction affecting right dominant side, type 2 diabetes, essential primary hypertension, neuralgia, and neuritis unspecified, major depressive disorder severe without psychotic features, schizoaffective disorder bipolar type, etc. 07/22/2025 12:00 PM, R79 was observed in her room in bed, awake and alert and stated that she is doing okay. Resident said that she gets out of bed three times a week, will like to have more activities but does not want to get up more than three times. Per record review, R79 has diagnoses of major depressive disorder and schizoaffective disorder bipolar type. There is no evidence that R79 received PASARR level 1 or 11 screening while at the facility. 07/23/2025 at 9:30AM, requested PASARR information for R79 from the DON and none was provided. 07/23/2025 1:46 PM, V2 (DON) said that they do not have any PASARR for R79, they are going to submit a request today. R5's face sheet documents, in part, initial admission date 9/12/2016; admission reentry 12/06/2016. R5's face sheet documents R106's diagnoses that include but are not limited to schizophrenia (date diagnosed 12/04/2019) and schizoaffective disorder (date diagnosed 8/07/24). R5's care plan, revised date 10/12/2021, documents, in part, I (R5) use psychotropic medications (Abilify) r/t (related to) Disease process (schizophrenia). Review of R5's OBRA (Omnibus Budget Reconciliation Act) (-I Initial Screen, dated 9/08/2016, documents, in part, Based upon all information and data available to me for this person there is reasonable basis for suspecting DD (Developmental Disability) or MI (Mental Illness): No. On 7/22/25 at 1:20pm, V1 (Administrator) stated that R5's MDS (Minimum Data Set) did not have the correct information, so the MDS did not flag to have a PASARR II (Preadmission Screening and Annual Resident Review) done. V1 affirmed that schizophrenia and schizoaffective disorder require a level 2 PASARR, which could possibly approve R5 for special services. On 7/23/25, V1 (Administrator) provided R5's Notice of PASRR Level I Screen Outcome, dated 7/22/2025, that documents, in part, PASRR Level I Determination: Refer to Level II Onsite. Facility policy titled, Preadmission Screening and Annual Resident Review (PASARR), review/revised date 11/17/2017, documents, in part, Guidelines: It is the policy to screen all potential admissions on (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	an individual basis. As part of the preadmission process, the facility participates in the Preadmission Screening and Resident Review (PASRR) screening process (Level 1) for all new and readmissions per requirement to determine if the individual meets the criterion for mental disorder (SMI/SMD), intellectual disability (ID) or related condition. Based upon the Level 1 screen, the facility will not admit an individual with a mental disorder or intellectual disability until the Level II screening process has been completed and the recommendations allow for a nursing facility admission and the facility's ability to provide the specialized services determined in the level II screen. Objective PSASRR Policy: The objective of the PASARR policy is to ensure that individuals with mental illness and intellectual disabilities receive the care and services that they need in the most appropriate setting. The PASARR will be evaluated annually and upon significant change for those individuals identified. Procedure f. Coordination of Care. iv. The facility will refer all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or related condition for a level II review upon a significant change is status assessment to the State PASARR representative.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to have a pain management care plan with resident's goals and preferences for two residents who receive pain medications (R20 and R59) reviewed for care planning in a sample of 54 residents. Findings include: R59 is [AGE] years old admitted to the facility on [DATE], past medical history includes: hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, acquired absence of other left toes, type 2 diabetes with diabetic neuropathy, acquired absence of right leg below knee, cardiomegaly, weakness, major depressive disorder, etc. 07/22/2025 9:38 AM, R59 was observed in his room, awake and alert and stated that he is waiting for someone to change him. R59 added that the nurses ran out of his Norco, he received one tablet yesterday and they told him that was the last one. R59 added that he is in pain right now and rated his pain as 8 on a 1 to 10 scale. R59 said that he can get Tylenol, but it does not help with his pain, he had a stroke and cannot move his right side, does not want to sit up due to his pain. Review of active physician order for R59 shows an order for pain assessment Q shift, every shift. R59 also have the following orders: Hydrocodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen) *Controlled Drug*. Give 5 mg by mouth every 6 hours as needed for Pain. Acetaminophen Oral Tablet 325 MG (Acetaminophen) Give 650 mg by mouth every 6 hours as needed for Pain. Lidocaine Pain Relief 4 % Patch Apply to right shoulder topically every 12 hours for Pain. Review of resident's care plan did not show any care plan with measurable goals and interventions to manage resident's pain. R20 is [AGE] years old admitted to the facility on [DATE], past medical history includes but not limited to major depressive disorder, type 2 diabetes with hyperglycemia, unspecified psychosis not due to substance or known physiological condition, hyperlipidemia unspecified, hypotension, etc. 07/22/2025 9:28AM, R20 was observed in his room, awake and alert and stated that he is doing okay, R20 said that he has pain sometimes and gets medication when he needs it. 07/23/2025 10:00 AM Per record review, R20 receives medication for pain, physician order dated 7/23/2025 stated to assess pain every shift. R20 has an active order for Ibuprofen Oral Tablet 400 MG (Ibuprofen) Give 1 tablet by mouth every 8 hours as needed for mild pain. R20 does not have any care plan for pain management. On 07/23/2025 at 3:16 PM, V2 (DON) said that residents who are on pain management should have a care plan in place for it. The purpose of the care plan is to make sure that resident's pain is being managed effectively, ensure that there is a goal in place to help track resident's pain level and re-evaluate the effectiveness of every treatment. V2 added that the MDS nurse have been off for a week or two now, but she will follow up with whoever is covering. Comprehensive care plan policy revised 11/17/2017 states its purpose as to develop a comprehensive care plan that directs the care team and incorporates resident's goals, preferences and services that are to be furnished to attain or maintain resident's highest practicable physical, mental, and psycho-social wellbeing. Under guidelines, the policy states in part that the facility will develop and implement a person-centered care plan for each resident, consistent with resident's rights that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based upon observation, interview, and record review the facility failed to ensure they (facility) have a LALM (Low Air Loss Mattress) policy, failed to ensure that staff are aware of required LALM settings, failed to ensure that LALM settings were correct, and/or failed to ensure that the LALM was used correctly for three of 40 residents (R2, R4, R6) in the sample. Findings include: R6's diagnoses include pressure ulcer of left heel. On 7/21/25 at 10:23am, R6 was lying top of a LALM (Low Air Loss Mattress) wearing an incontinence brief, a flat sheet and thick pad were also beneath him. R6's mattress was set on 210 pounds however he (R6) appeared to be thin. Surveyor inquired about R6's weight V8 (LPN/Licensed Practical Nurse) stated I would put it at about 160. Surveyor inquired what setting R6's mattress is currently on V8 responded 210. [R6's 7/6/25 weight was 120.6 pounds - roughly 90 less than the LALM setting]. Surveyor inquired what's allowed on a LALM (while in use) V8 replied It's supposed to be just a pad, and we can have a sheet. R2's diagnoses include pressure ulcer of left buttock, unstageable. On 7/21/25 at 10:58am, MASD (Moisture Associated Skin Damage) was present on R2's left buttock. R2 was lying atop of a LALM set at 280 pounds and static mode (firm setting). Surveyor inquired about R2's current LALM settings V9 (LPN) stated, It's 280, on static. Surveyor inquired if V9 if knows what static mode indicates V9 responded I don't. Surveyor inquired if R2 appeared to weigh 280 pounds R56 (roommate) replied Absolutely not! V9 affirmed he (R2) did not. [R2's 7/6/25 weight was 179.2 pounds - roughly 100 pounds less than the LALM setting]. R4's diagnoses include pressure ulcer of left lower back (stage 3). On 7/21/25 at 11:16am, surveyor inquired if R4 has any wounds V11 (Registered Nurse) stated He does however resident refused an assessment. R4 was lying atop of a LALM with the setting on 350 pounds however he did not appear to weigh that much. [R4's 7/6/25 weight was 217 pounds - roughly 130 pounds less than the LALM setting]. On 7/22/25 at 3:54pm, V1 (Administrator) stated We do not have a policy for the low air loss mattresses, we (facility) base everything on the manufacturer's guidelines. Surveyor inquired what's allowed on a LALM (while in use) V1 responded A flat sheet with a disposable brief or a flat sheet with a pad.		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based upon observation, interview, and record review the facility failed to ensure that residents are assessed properly for restorative care needs, failed to ensure that residents are assessed properly for restorative device needs, failed to ensure that required restorative care was provided to (R44, R67) as directed and failed to provide restorative devices to two of 40 residents (R59, R67) in the sample. Findings include: R67's diagnoses include MS (Multiple Sclerosis). R67's (July 2025) documentation survey report includes PROM (Passive Range of Motion) exercises 10 reps to all extremities 2 times daily however several entries were noted to be blank. The facility list of residents with orthotics or splints (excludes) R67's name. On 7/21/25 at 11:33pm, R67's bilateral hands and right arm were contracted however restorative devices were not in use. Surveyor inquired if R67 was able to move his right arm R67 was unable to do so. Surveyor inquired if R67 could open his right hand, minimal movement was noted. Surveyor inquired if R67 receives restorative therapy R67 stated I have MS my feet used to be like normal but because they never stretched my feet they got bent. The left foot is really curved. Even though they say they have therapy, no they don't. They just chit chat, they don't do nothing, they keep making excuses and it doesn't get done. R67's left foot was internally rotated and notably deformed. At 11:50am, V12 (Restorative Aide) entered R67's room, surveyor inquired if R67 requires restorative devices V12 stated No ma am, not that I know. He (R67) just have the heel protectors. Surveyor inquired about required restorative devices/splints for R67's hands V12 responded No ma am, he don't have any of those on his hands. Surveyor inquired if R67 receives PROM due to inability to move the right hand and/or arm V12 replied I was doing the PROM on his right side (10 reps) and he would help me with the left side twice a day, that's on the days that they (facility) didn't send me out on the escorting, and that was discontinued. The (July 21, 2025) restorative intervention/task schedule report with required nursing rehab/restorative care (excludes) R67's name. R44's diagnoses include dementia and osteoarthritis of hip. On 7/21/25 at 11:55am, R44 was seated in a wheelchair. Surveyor inquired about concerns in the facility R44 stated My leg is so so. Surveyor inquired if R44 could lift either leg from the foot pedal. R44 had difficulty lifting his left foot and was unable to lift the right. Surveyor inquired if R44 receives restorative therapy V11 (Registered Nurse) stated, I'm not 100% sure who's on their (restorative staff) list. The July 21, 2025, restorative intervention/task schedule report with required nursing rehab/restorative care (excludes) R44's name. R44's (July 2025) documentation survey report includes AROM (Active Range of Motion) resident will be able to complete 15 repetitions of AROM flexion extension exercises to all extremities daily. [PROM was excluded]. (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/22/25 at 2:32pm, V1 (Administrator) affirmed the facility employs (1) restorative nurse and (2) restorative aides. On 7/23/25 at 10:13am, surveyor inquired about the facility restorative staff V21 (Restorative Aide) stated We have 2 restorative aides and there's a restorative nurse. The restorative nurse has been off for a couple of months. Surveyor inquired about the facility restorative program V21 responded It's Monday through Friday for each resident basically on every unit. I'm assigned to unit 1 and (V12/Restorative Aide) is on unit 2. Survey inquired about R44's restorative care V21 replied From his (R44) waist down is paralyzed, we (staff) basically exercise the limbs 15 minutes a day. Surveyor inquired where restorative care is documented V21 stated It's in the POC's (electronic plan of care). Surveyor inquired about concerns with R44's (July 2025) restorative documentation V21 reviewed the documentation and responded I (V21) see there's nothing right there on the 1st, the 8th, the 11th, and 12th its missing, it wasn't documented in the POC. Surveyor inquired how frequent V21 gets pulled from restorative care - to work the floor as a CNA V21 replied On a 30-day basis, it could be 10 or 15 of those days. V21 reviewed the July 2025 schedules and stated, I was pulled on the floor July 7th and 8th. Surveyor inquired about R67's restorative care V21 stated He (R67) gets exercises on his arms and legs for 15 minutes every day. Surveyor inquired about R67's (July 2025) restorative documentation V21 reviewed the documentation and responded He's missing for this month the 5th, 7th, 8th, 11th, 12th, and 13th and affirmed the entries were blank. The (undated) passive range of motion policy states residents will be assessed for their need of passive range of motion per the functional limitation range of motion assessment. If the resident is recommended for a PROM program, trained nursing staff will provide the range of motion exercises. PROM is provided by the staff will no assist from the resident. 07/22/2025 9:38AM, R59 was observed in his room awake and alert and was complaining of pain, stated that he had a stroke and cannot move his right side. R59 was noted with contracture to his right hand but did not have any device or splint. 07/23/2025 11:30AM, R59 was observed again in his room, R59 said that he was supposed to wear a splint on his right hand, but staff put it on him sometimes. Surveyor asked R59 where his splint is, and he said that it should be in his top drawer. At 11:45AM, V14 (LPN) walked into the room and said that she is the assigned nurse for the resident. surveyor asked her to see if she can locate resident's splint, she looked in all 3 drawers and could not find it. V14 said that she could not find it but maybe it was lost when the resident moved, she will search the room further. R59 has an active physician order for right hand splint every shift to prevent contraction. Care plan dated 11/15/2024 states that R59 requires the use of splint related to decrease range of motion. Goal: Resident will tolerate wearing right hand splint daily. Interventions: assess daily for skin breakdown, report to the nurse if sign of skin breakdown, staff applies right hand splint daily. On 7/23/2025 at 3:16PM, V2 (DON) said that staff fond resident's splint in the closet after surveyor left the room. V2 was asked if the splint was supposed to be in the closet and she said, not during wearing time.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based upon observation, interview, and record review the facility failed to implement required care plan interventions and failed to provide a urinary catheter leg strap to prevent tension/trauma for one of 40 residents (R4) in the sample reviewed indwelling urinary catheters. Findings include: R4's diagnoses include hydronephrosis with renal and ureteral calculous obstruction. R4's (5/2/25) physician orders include indwelling urinary catheter care every shift. R4's (5/2/25) indwelling urinary catheter care plan states the following intervention: monitor for blood-tinged urine. On 7/21/25 at 11:16am, R4's indwelling urinary catheter contained cranberry colored urine. Surveyor inquired about the appearance of R4's urine V11 (Registered Nurse) responded It's red. I (V11) see like dark red so there's blood. Surveyor inquired why there was blood in R4's urine V11 replied He has like this blood tinge urine, sometimes its lighter. He (R4) takes Eliquis and Plavix. When I talked with the Nurse Practitioner, she (Nurse Practitioner) said it could be from tension or the blood thinners. Surveyor inquired if R4's catheter was secured to his leg to prevent tension and/or trauma V11 stated No. Surveyor inspected R4's indwelling urinary catheter and there was notable tension noted due to bag placement and failing to secure the tubing to resident's leg. The urinary catheter care policy (revised 2/14/19) states indwelling catheters may be secured to prevent trauma and tension.		

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NAME OF PROVIDER OR SUPPLIER Aperion Care Midlothian		STREET ADDRESS, CITY, STATE, ZIP CODE 3249 West 147th Street Midlothian, IL 60445	
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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based upon observation, interview, and record review the facility failed to follow physician orders, failed to ensure that enteral feed orders include required total volume with start/stop times, and failed to ensure that one of 40 residents (R6) in the sample received prescribed enteral nutrition. Findings include: R6's Physician Orders include (6/13/25) Diet: nothing by mouth. (6/27/25) Enteral feed orders: Jevity 1.5cal at 45ml (milliliters) per hour for 20 hours (total volume and start/stop times are excluded). R6's (July 2025) Medication Administration Record affirms enteral feed orders include (1:00pm) start time however a stop time is excluded. On 7/21/25 at 10:26am, surveyor inquired about R6's gastrostomy tube feeding (Jevity 1.5 cal) hung at 1pm, 7/20 @ 45 ml/hr (hour) per container (which was not infusing). V8 (Licensed Practical Nurse) stated It goes back up at 1pm, I (V8) discontinue it at 9am. Surveyor inquired how much tube feeding was left in R6's Jevity (1,000ml) container V8 replied about 350 therefore R6 received only 650ml. [45ml infused over 20 hours = 900ml and the Jevity container was 1,000ml therefore R6 did not receive 250ml of required enteral feeding]. On 7/23/25 at 3:17pm, surveyor inquired about requirements for tube feeding orders V2 (Director of Nursing) stated The amount, the formula you're using and for how long the hours. Surveyor inquired if R6's tube feeding rate is 45ml/hr infused over 20 hours how many milliliters should be infused? V2 responded 900. R6's weights are as follows: (6/13/25) 125.8 pounds and (7/6/25) 120.6 pounds therefore -4.13% weight loss (within roughly 3 weeks). The (11/28/12) gastrostomy tube feeding policy states prescribed formula volume is given continuously over 16-24 hours. Licensed nurse will review physician's order for type of formula, concentration, rate of flow, and method of administration. Label container with resident's name, flow rate, date, and time.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, interviews, and record reviews, the facility failed to ensure the oxygen humidifier was changed weekly and failed to label with date the nasal cannula and failed to contain respiratory equipment for a resident. This affected one of forty (R7) residents reviewed for Respiratory care. Findings include: On 7/21/2025 at 10:28am, R7's nasal cannula oxygen tubing that was not currently in use, was observed not labeled and hanging over the oxygen concentrator not contained. R7's oxygen humidifier was dated 7/7/25 (14 days earlier). R7's CPAP (continuous positive airway pressure) mask was observed not contained laying on top of R7's white storage bin. On 7/21/25 at 1:09pm, R7 said, I've (R7) been here a couple years. Yes, I (R7) use oxygen. I'm (R7) not sure when and if the nurses change my oxygen equipment. R7's diagnoses includes but are not limited to asthma, sleep apnea, acute and chronic respiratory failure, and pneumonia. R7's BIMS (Brief Interview for Mental Status) Summary Score: 15, dated 3/20/25, suggests R7 is cognitively intact. R7's Order Summary Report, dated 7/22/25, documents in part, Rinse CPAP/BiPAP water reservoir, dry thoroughly, and refill with distilled or sterile water before use daily; Oxygen Equipment Management--change out, date & label all tubing/bags/set ups .clean filter and wipe down machine; Oxygen at 2lpm as needed. Maintain Saturations above 90%. R7's Care Plan, date revised 12/20/21, documents, in part, I (R7) have altered respiratory status/difficulty breathing r/t Sleep Apnea, Obesity, OSA (obstructive sleep apnea) with interventions that documents, in part, OXYGEN SETTINGS: O2 as ordered per MD (medical doctor). Check O2 (oxygen) sat every shift for sob (shortness of breath). R7's Care Plan, date revised 5/24/24, documents, in part, I (R7) use a C-pap/bi-pap machine while sleeping r/t (related to) sleep apnea. On 7/23/25 at 3:13pm, V2 (Director of Nursing/DON/Infection Preventionist/IP) said, We (staff) put the oxygen mask and tubing in a bag when the resident isn't using it. On Sunday we change out tubing (oxygen). Every 7 days we change tubing (oxygen) and humidifiers. Biggest thing for changing the oxygen equipment is we (staff) use water and avoid Legionnaires and diminish likelihood of infection and help breath better at night and decrease the microorganisms. Facility policy titled, Oxygen and Respiratory Equipment - Changing/Cleaning, reviewed/revised date 1/17/2019, documents, in part, Purpose: 1. To provide guidelines to employees for changing all disposable respiratory supplies. 2. To ensure the safety of residents by providing maintenance of all disposable respiratory supplies. 3. To minimize the risk of infection transmission. Procedure: . 2. Nasal Cannula a. Nasal cannulas are to be changed once a week and PRN (as needed). B. Whenever possible, residents using a portable oxygen tank, will be switched to a room oxygen concentrator while in their room. c. A clean plastic bag with a zip loc or draw string, etc. will be provided to store the cannula when not in use. It will be dated with the date the tubing was changed. 4. Oxygen Humidifiers: a. Oxygen humidifiers should be changed weekly or as needed and will be dated when changed.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based upon observation, interview, and record review the facility failed to follow policy procedures, failed to re-order prescribed medications, and failed to ensure that prescribed medications were available for one of four residents (R12) reviewed for medication administration. Findings include: R12's (July 2025) POS (Physician Order Sheets) include Citalopram20mg (milligrams) daily, Mirtazapine 7.5mg daily, and Oxybutynin Chloride ER (Extended Release) 5mg daily (scheduled for 9am administration). On 7/22 at 8:34am, while dispensing R12's prescribed (9am) medications V20 (LPN/Licensed Practical Nurse) affirmed that 3 medications (Citalopram, Mirtazapine, Oxybutynin) were unavailable. Surveyor inquired about R12's unavailable medications V20 stated I don't have it. Surveyor inquired if R12's unavailable medications were reordered V20 reviewed R12's EMAR (Electronic Medication Administration Record) and affirmed the record states On 7/19/25 The pharmacy has indicated that the order has been rejected. Patient status is leave of absence for each of R12's unavailable medications. V20 advised that the facility has additional medications available in the (electronic medication storage) and V2 (Director of Nursing) was searching for R12's unavailable medications. On 7/22/25 at 9:01am, surveyor inquired if Citalopram, Mirtazapine, or Oxybutynin were found in the facility electronic medication storage (for R12) V2 stated I (V2) looked up all the meds and they're not here. Surveyor requested a list of medications contained in the facility electronic medication storage V2 affirmed I don't have one. The (9/2018) ordering and receiving non-controlled medications policy states medications are received from the pharmacy on a timely basis. Refills are written on a medication reorder form or by peeling the reorder tab from the prescription label and placing it on the appropriate area on the medication reorder form provided by the pharmacy for that purpose or requested via the facility's EHR system and ordered as follows: at least 3 days in advance, to ensure adequate supply is on hand.		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based upon observation, interview, and record review the facility failed to follow policy procedures, failed to ensure that prescribed medications were available, and failed to ensure that extended-release medications were not crushed therefore failed to maintain a medication error rate below 5%. There were 6 medication errors out of 25 opportunities, resulting in a 24% medication error rate. Three of four residents (R12, R80, R96) in the medication administration sample were affected. Findings include: R12's (July 2025) POS (Physician Order Sheets) include but not limited to Citalopram 20mg (milligrams) daily, Mirtazapine 7.5mg daily, and Oxybutynin Chloride ER (Extended Release) 5mg daily (scheduled for 9am administration). On 7/22 at 8:34am, while dispensing R12's prescribed (9am) medications V20 (LPN/Licensed Practical Nurse) affirmed that 3 medications (Citalopram, Mirtazapine, Oxybutynin) were unavailable. Surveyor inquired about R12's unavailable medications V20 stated I don't have it. V20 advised that the facility has additional medications available in the (electronic medication storage) and V2 (Director of Nursing) was searching for R12's unavailable medications. On 7/22/25 at 9:01am, surveyor inquired if Citalopram, Mirtazapine, or Oxybutynin were found in the facility electronic medication storage (for R12) V2 stated I (V2) looked up all the meds and they're not here. R96's POS includes Lisinopril 10mg, give 40 mg in the morning (start date 7/12/25). On 7/22/25 at 9:08am, V11 (LPN) dispensed R96's prescribed medications (scheduled for 9am administration) and affirmed she was prepared to administer them however only (1) tablet of Lisinopril (10mg) was dispensed. Surveyor inquired about R96's Lisinopril orders V11 accessed the EMAR and stated, Give 40 milligrams, we need more pills. Surveyor inquired how many Lisinopril tablets should have been dispensed V11 responded 4. On 7/22/25 at 9:20am, V11 (Registered Nurse) dispensed R80's Oxybutynin Chloride ER (Extended Release) tablet and crushed it prior to administration. Surveyor inquired what the ER indicates on R80's Oxybutynin Chloride orders V11 stated Extended release. Surveyor inquired if staff are allowed to crush extended-release medications V11 responded I don't think so. The (undated) medication administration policy includes the 5 rights: right resident, right drug, right dose, right route, and right time. Triple check of these 5 rights is recommended. 1) when the medication is selected, 2) when the dose is removed from the container, and 3) just after the dose is prepared and the medication is put away. Label, container, and contents are compared against the MAR (Medication Administration Record) by reviewing the 5 rights. The dose is removed from the container and verified against the label and the MAR by reviewing the 5 rights. Complete the preparation of the dose and re-verify the label against the MAR by reviewing the 5 rights.		

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based upon observation, interview, and record review the facility failed to follow policy procedures and failed to ensure residents were free from a significant medication error. This affected three of four residents (R12, R80, R96) reviewed for medication. Findings include: R12's (July 2025) POS (Physician Order Sheets) include but not limited to Citalopram (Antidepressant) scheduled for 9am administration, Mirtazapine (Antidepressant) scheduled for 9am administration, and Oxybutynin Chloride (Antispasmodic) scheduled for 9am administration. On 7/22 at 8:34am, while dispensing R12's prescribed (9am) medications V20 (LPN/Licensed Practical Nurse) affirmed that 3 medications (Citalopram, Mirtazapine, Oxybutynin) were unavailable. V20 advised that the facility has additional medications available in the (electronic medication storage) and V2 (Director of Nursing) was searching for R12's unavailable medications. On 7/22/25 at 9:01am, surveyor inquired if Citalopram, Mirtazapine, or Oxybutynin were found in the facility electronic medication storage (for R12) V2 stated I (V2) looked up all the meds and they're not here. R96's (July 2025) POS states Lisinopril (Antihypertensive) 10mg, give 40 mg in the morning (scheduled for 9am administration). On 7/22/25 at 9:08am, V11 (LPN) dispensed R96's prescribed (9am) medications and affirmed she was prepared to administer them however only (1) tablet of Lisinopril (10mg) was dispensed. Surveyor inquired about R96's Lisinopril orders V11 accessed the EMAR and stated, Give 40 milligrams, we need more pills. Surveyor inquired how many Lisinopril tablets should have been dispensed V11 responded 4. On 7/22/25 at 9:20am, V11 (Registered Nurse) dispensed R80's Oxybutynin Chloride ER (Extended Release) tablet and crushed it prior to administration. Surveyor inquired what the ER indicates on R80's Oxybutynin Chloride orders V11 stated Extended release. Surveyor inquired if staff are allowed to crush extended-release medications V11 responded I don't think so. The (undated) medication administration policy includes the 5 rights: right resident, right drug, right dose, right route, and right time. Triple check of these 5 rights is recommended.		

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. Based upon observation, interview, and record review the facility failed to follow policy procedures and failed to ensure that dental services for abnormalities of the teeth were provided to one of 40 residents (R67) reviewed for dental care. Findings include: On 7/21/25 at 11:33pm, R67's upper teeth were notably broken and discolored. Surveyor inquired when R67 was last seen by a dentist R67 stated I don't even remember, it's been over 2 years. On 7/22/25 and 7/23/25, R67's recent dental consults were requested however the facility provided only one (1) dental consult dated 4/20/24 (roughly 15 months ago). The facility dental service log was also requested however was not received during this survey. On 7/23/25 at 11:23am, surveyor inquired about dental services provided by the facility V2 (Director of Nursing) stated We have a dental hygienist that comes in every month, and we refer residents to the dentist if there's an issue. R67's (4/20/25) dental consult affirms patient has a mix of fully intact and fractured teeth therefore an issue (ie: fractured teeth) was identified at that time. The oral-dental assessment policy (revised 1/16/18) states the purpose is to assess for the presence or absence of teeth; for obvious abnormalities of the teeth, gums; state or oral hygiene: need for referral to dentist. Notify Social Service if dental referral is needed.		