STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 - Many	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. 33783 Based on observation, interview, and record review, the facility failed to ensure the facility is maintained in a clean and sanitary condition by failing to provide a clean, homelike environment. These failures have the potential to affect all 209 residents currently residing in the facility. Findings include: The facility census received upon survey entrance on 6/14/24, documents 209 residents in the building. The following observations were made while touring the facility on 6/14/24: At 4:30PM, on the fourth floor of the facility it was noted that the hallway floors were sticky, with black scuff marks. [NAME] color (appeared as dry liquid) was stained on the floor in front of the soiled utility/biohazard room. The fourth floor dining room walls were splattered with brown, dark spots; edges and corners of floor were noted to have dirt build up; dining room floors were sticky with dried up liquid spill stains on the floor; baseboards were dirty. At 5:03PM, elevator floor was noted to be sticky and dirty, with black marks on the floor. At approximately 5:20PM, the third floor nourishment room refrigerator was noted to have ice buildup in the freezer compartment to the extent that there is no room for items to fit in the freezer; a food container with rice and chicken, red vegetable soup, two open milk cartons, and salad were all noted to be in the refrigerator and not labeled with names and dates. At 5:44PM, third floor dining room floor had a large amount of black crumbs on the floor in front of the dining room sink; the cabinets were sticky and dirty, with dust; the wallpaper on divider was noted to be peeling off with crumbling dents in the drywall. On 6/15/24 at 12:56PM, third floor dining room was noted to be in the same dirty condition that it was noted to be on 6/14/24. V34 (Housekeeping) was in the nourishment room and was asked who is responsible for maintaining the room clear, said that the staff who normally works here keeps it clean but housekeeping and the CNAs are responsible for cleaning the refrigerator. V34 said that there are two staff from housekeeping on each floor and thinks there were three extra people today. (continued on next page)

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
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 - Many	On 6/15/24 at approximately 1PM, V1 (Administrator) and V2 (Assistant Administrator) were made aware of concerns related to facility cleanliness and lack of homelike environment by surveyor and V1 said that he would follow up with the individual who is taking over housekeeping; the previous housekeeping supervisor had just resigned the previous Monday. On 6/15/2024 at 1:00PM walking rounds of the nourishment rooms done with V19 (Dietary Manager). On the second floor there was an ice machine with a single push chute for ice dispensing. This ice machine had white stains and black debris attached to the dispenser, under the dispenser, and in the tray holding area. There was a microwave next to the ice machine with the inside noted to have food leftovers and grease splatters. V19 said, the ice machine and the microwave are very dirty; I am not responsible for cleaning them. I assume housekeeping needs to clean them. A kitchen counter in that same room had a greasy substance, black and dark brown residue, three small towels noted on top of the counter with yellow and black stains; the floor was observed to be dirty and run-down in appearance; the baseboards noted to be dusty and with black crumbs. V19 said the rooms need to be clean, it is not acceptable to have the rooms dirty. The third and fourth floor microwave located in the nourishment room, was noted to have crusty paper towels and food splatters inside upon V19 opening the door to the microwave. V19 said, this is so dirty, it should not be like this, it needs to be totally clean. The room floors were noted to have debris all over and the baseboards were noted to be discolored dirty, and dusty. V19 said, I do not know why the nourishment rooms are so dirty; it is not acceptable. 6/15/2024 at 3:45PM walking rounds were completed with V1 (Administrator). The ice-cream room was observed with piece of pizza on the floor, tomato paste, black and dark brown residue, and the tables and chairs were noted to be dirty with red, brown, and black marks. A kitchen counter in the same room had brown-black sticky areas, rust on the corners, and a sink with dry, dusty black areas. V1 (Administrator) said, the room is definitely dirty. I expect the area to be clean. I will call for housekeeping to take care of it. 6/16/2024 at 7:00AM, ice-cream room was noted to be dirty, in the same condition it was previously observed on the previous day (6/15/2024). 6/16/2024 at 8:15AM, R2 said, the housekeeping needs to clean the rooms and the entire building more because they are dirty. V1 (Administrator) presented an updated policy titled: Housekeeping Guidelines reads: provide guidelines to maintain a safe and sanitary environment for residents, facility staff, and visitors. 41692

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 41692 Based on observation, interview, and record review the facility failed to provide showers to residents dependent on staff assist with bathing and failed to provide timely incontinence care to residents requiring staff assistance. These failures affect three of three (R4, R8, R10) residents reviewed for incontinence care. Findings include: 1. R4 is a [AGE] year-old female, originally admitted on [DATE] with medical diagnoses that include and are not limited to: diabetes, extramedullary plasmacytoma, hypertension, and major depressive disorder. R4's Minimum Data Set documents R4's Brief Interview for Mental Status (BIMS) score of 15/15, which R4 is cognitively intact. Section GG personal hygiene, shower and bathe indicate R4 requires substantial/maximal assistance from staff. R4's Care plan reads: Activities of Daily Living (ADL) self-care deficit, needs assistance in bathing and was initiated 2-9-2024, Bathe/shower two times weekly and as needed bases, rinse well, moisturize skin as needed. On 6-15-2024 at 9:35am V29 (R4's Family Member) said, R4 did not receive the twice a week showers. V14 (Director of Nursing) presented R4's shower sheets, according to task documentation it reads: Activity of Daily Living (ADL), bathing patient Tuesday and Friday Day shift. The documentation for February and March 2024 read: 2-16-2024, 2-23-2024, 2-27-2024, 3-5-2024 and 3-8-2024, no documentation, area observed to be blank on the shower sheet. On 6-15-2024 at 12:30pm V14, said on the shower sheets, B indicates a bed bad 8 activity did not occurred. R4 was receiving a shower twice a week Tuesday and Fridays on 7-3 shift, on 2-23-2024 is documented 8,8, 8 indicating that the shower did not occur. On 2-9-2024, 2-20-2024, 3-6-2024 and 3-12-2024 are documented B' R4 received a bed bath not a shower. On 2-16, 2-23-2024, 2-27-2024, 3-5-2024 and 3-8-2024 no documentation is indicated in the sheets. V14 said, I am unable to tell if R4 received the shower or not. My expectation is to have complete documentation, the staff needs to be charting. The nurse needs to be notified of any refusals. 2. R8 is a [AGE] year-old male, originally admitted on [DATE] with medical diagnoses including hemiplegia, diabetes, and major depressive disorder. R8's Minimum Data Set: Brief Interview for Mental Status (BIMS) documents a score of 14/15, which is cognitively intact. Section GG personal hygiene, shower and bath indicate R8 requires substantial/maximal assistance. On 6-16-2024 at 7:15 am R8 said, I do not get my showers twice a week because staff do not have time, they are busy, my showers are scheduled on Tuesdays and Fridays. V14 (Director of Nursing) provided R8's shower sheets. Task documentation sheets document Activity of Daily Living (ADL), bathing patient Tuesday and Friday Evening shift. The Documentation reads for April and May 2024 read:4-5-2024, 4-26-2024,5-3-2024,5-17-2024 and 5-24-2024 no documentation, area observed to be blank in the shower sheet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6-16-2024 at 11:00am, V14 (DON) said, on R8's shower form there is no documentation on the following days: 4-5, 4-16, 5-3, 5-17 and 24-20242 for the showers. I cannot tell you if the showers were given or not, my expectation is that the nursing staff documents according to the showers provided. If the patient refuses the nurse needs to be informed. 3. R10 is a [AGE] year-old female originally admitted on [DATE] with medical diagnoses including hemiplegia and hemiparesis following a cerebrovascular disease, diabetes and major depression. R10's Minimum Data Set documents R10's Brief Interview for Mental Status (BIMS) score of 15/15, cognitively intact. Section GG personal hygiene indicates R10 requires substantial/maximal assistance from facility staff. On 6-16-2024 at 7:45am R10 said, I do not get my showers on the days they are scheduled because the people do not have time. I am a clean person and do not like to miss my showers. My schedule days are Saturdays and Wednesdays. V14 (Director of Nursing) provided R10's shower sheets. R10's task documentation documents: Activity of Daily Living (ADL), bathing patient Tuesday and Friday Evening shift. The documentation for April and May 2024 read:4-6-2024, 4-13-2024,4-27-2024, and 5-4-2024 no documentation, area was observed to be blank on the shower sheet. On 6-16-2024 at 11:00am, V14 (DON) on R10 there is no documentation on the following days: 4-6, 4-13, 4-27-2024, and 5-4-2024 for the showers. I cannot tell you if the showers were given or not, my expectation is that the nursing staff documents according to the showers provided. If the patient refuses the nurse needs to be informed. V1 presented policy dated: 11-28-12 titled: Bathing-shower and Tub Bath reads: To ensure resident's cleanliness to maintain proper hygiene and dignity. Document bathing task and assistance provided in the electronic record, including pertinent observations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33783 Based on interview and record review, the facility failed to have a written policy to address the response to an opioid overdose and failed to ensure that staff were trained and competent in monitoring of a resident after administration of Narcan medication. The facility also failed to follow recommendations from SAMHSA (Substance Abuse and Mental Health Services Administration) for the administration and monitoring of a resident assessed to be at risk for substance abuse and who received Narcan medication for a suspected overdose. This failure affects one of one (R11) resident reviewed for overdose treatment. These failures resulted in R11 not being monitored in accordance with SAMHSA recommendations after receiving Narcan while in the facility for a suspected overdose. The Immediate Jeopardy began on [DATE] when R11 was administered Narcan for suspected overdose while in the facility and staff failed to provide continuous monitoring for potential recurrence of signs and symptoms of opioid toxicity for at least 4 hours after being administered Narcan. V1 (Administrator) was notified on [DATE] at 1:59PM of the Immediate Jeopardy. The immediacy was removed on [DATE] but noncompliance remains at Level 2 because additional time is needed to evaluate the implementation and effectiveness of the in-service training. Findings include: R11 is a [AGE] year-old female originally admitted to the facility on [DATE]. R11's medical diagnoses include Schizoaffective Disorder, Bipolar Type, Blindness One Eye, Anxiety Disorder, Personal History of Traumatic Brain Injury, Tobacco Use, Bipolar Disorder, Current episode depressed, Severe w/out, psychotic features, Cannabis abuse, Drug Induced Subacute Dyskinesia, and hyperlipidemia. R11's MDS (Minimum Data Set) assessment dated [DATE], documents that R11 has a BIMS (Brief Interview of Mental Status) score of 09 (moderate cognitive impairment) and uses a wheelchair. R11's Abuse/Neglect Screening effective date [DATE] documents that R11 is at moderate risk for abuse/neglect, with a risk measure score of 3 - Screening indicators include: (yes) Factors that increase the resident's vulnerability (e.g., confusion, disorientation, poor insight/poor judgement, history of being exploited, etc .); (yes) history of substance abuse; (yes) diagnosis of depression and/or history of depressive illness. R11's current care plans document the following: - Abuse focus (initiated [DATE]) documents that R11 is observed/monitored to mitigate potential risk towards becoming a recipient or perpetrator of abuse/neglect or further trauma; given R11's poor and compromised health/mental health status, cognitive issues, physical decline and need for 24-hour care, the interdisciplinary team (IDT) recognizes that I am considered a vulnerable adult. - Supervised access to the community (initiated [DATE]). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	- History of substance abuse focus (cocaine, marijuana) (initiated [DATE]) related to rigid personality traits and ineffective coping and at risk for further episodes of illicit substance abuse as well as adverse side effects/complications that may result from it. - History of persistent substance use/abuse and resultant medical complications from this harmful behavior. I am now living in a skilled facility at a younger age. I have used: marijuana, tobacco, and cocaine (initiated [DATE]); intervention includes restricted independent pass privileges and requires supervision when accessing the community; there are no noted updates or revisions to R11's care plan after this incident on [DATE] until [DATE]. - Impaired cognition focus (initiated [DATE]) documents that R11 has impaired cognition/thought process related to diagnosis of mental illness and traumatic brain injury. Symptoms are manifested by poor temporal orientation & difficulty with recall. R11 Nurse Progress Note(s) written by V32 Licensed Practical Nurse (LPN) document: - [DATE] 22:03 Note Text: At around 9PM, resident observed sleeping on wheelchair in front of resident's room, resident was hard to arouse, VS (vital signs) are normal BP (blood pressure): ,d+[DATE] P (pulse): 78, o2 (Oxygen Saturation): 95% RA (room air), responded to chest rubs, Narcan (Opiate Antagonist) administered r/t (related to) unknown substance intoxication. Resident responded to stimuli after Narcan administration. Resident stated she is fine. NP (Nurse Practitioner) (V33). Awaiting for response. - [DATE] 22:23 Note Text: No new orders from (V33 - Nurse Practitioner). R11 was interviewed on [DATE] at approximately 6:30PM. R11 was asked if she remembered getting Narcan last month and she said that she had no memory of that event. R11 said the administrator told her about it but she didn't believe it ever happened because she had no memory of it. Surveyor asked if she ever remember getting a nasal spray (medication) and R11 said no, I don't remember that ever. Surveyor asked R11 if she ever took any illicit substances like opioids or marijuana and R11 denied any drug use and added that she only smokes cigarettes. Surveyor asked if she ever gets cigarettes from people outside and R11 said yes, she does and it's possible that someone put something in her cigarette without her permission. Surveyor asked if she remembered being very sleepy in the hall and hard to arouse. R11 denied any recollection of such event. R11 was asked if she is normally a heavy sleeper and difficult to wake up and she said she is a heavy sleeper but will usually wake up easily if someone tries to wake her up. R11 could not provide any other details or information about the incident on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE] at 4:44PM V32 (LPN) said, R11 is alert and knows what's going on. She goes down to smoke independently. She can transfer and eat independently and would say that she needs limited assistance. (On [DATE]) I remember that day, when I came back from break the other nurse working told me that R11 was difficult to arouse. She was in the hallway in her wheelchair. Vitals were within normal limits. I did a chest rub and she said it hurt. She had pinpoint pupils. I asked staff where she had been and they said her usual, outside. I used my judgement and administered Narcan. I gave her one dose and she became more responsive to stimuli .She looked high that night, but I've never seen that behavior with her. I asked her but she denied taking anything. I was checking on her all through that time. After 40 minutes she was back to herself. She then got annoyed and told me to remove the ice I had put behind her neck. We (other staff and I) stayed in the room for 15 minutes and then I went back and forth finishing med pass. I waited more than an hour and then I let her be. Her vitals and respiratory rate were fine. I notified the administrator and nurse practitioner, who gave no new orders, but the administrator told me to do the urine screen. The urine screen was not done during my shift because R11 said she didn't have to urinate, so I endorsed it to the next nurse. I don't know if they did the test. I didn't call 911 because she responded .I don't remember if the nurse practitioner told me to monitor her, but I would do it regardless because she is under my care .I guess I would monitor for at least an hour. There were no new orders and no restrictions afterwards. What I do now (on my own) is that I watch her when she comes up from smoking. I did get training on administering Narcan. They said only send the resident out if they are unresponsive; give another dose, if they wake up good, if not, then call 911. If they don't respond after two doses, call 911, doctor, administrator, and family. V32 said, I pulled the Narcan from the convenience box. I don't remember if I put it in her chart, but I should have put it in as a one-time order. Review of staffing for [DATE] documented that V23 (RN) was the oncoming nurse, after V32's shift. [DATE] at 10:40PM V23 Registered Nurse (RN) said, the (previous) nurse endorsed to me about the incident and she told me what happened with R11; she told me to monitor the resident's vitals. During my shift, the resident had good vitals and she asked me to give her some water. In the morning she asked me for an Ensure. I checked her vitals when I first arrived, then I came back about 30 minutes later and checked her again. She was responding. I asked her to press the call light if she needed anything and she agreed. I checked on her around 2am and she told me not to wake her again until the morning. I think it was around 4am when I was back in her room, and she told me she was okay. It's normal for her to fall asleep in the wheelchair and then I usually wake her up to tell her to sleep in her bed. Usually, she is in the morning in the bed. It usually takes her one to two minutes before she wakes up. The evening nurse had endorsed to me to do the drug test, but I was not able to do it during my shift. First, the kit was not in the nursing station or med room, and I didn't know where it was. I think it was somewhere in the office, so we had to wait for someone to arrive, so I just endorsed it to the oncoming morning nurse. I had training during orientation on how to respond to overdose. Procedure is to spray it in the nostril and if they are not responding then we call 911. After you give it, you wait ,d+[DATE] minutes and then call 911. I would give another dose while I am waiting for 911. If the person responds, then you monitor them closely. You have to check on them every 30 minutes until they come back to their normal self. If the person responds, then you don't have to send them to the hospital. This was new to me, and she never has this behavior. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	[DATE] at 5:37PM V33 (Nurse Practitioner) said, I don't recall the incident with R11. There's no general protocol; we go based off the nurse's judgement. If they take opioids for chronic pain and there is a change in status, then we would treat giving Narcan to see if that would improve the situation or not. I would have them sent to the hospital for the evaluation but again it depends on the nurse's assessment. Let's say you give the medicine, and the patient improves, then we also based the facility's judgment as well. If it is a medical emergency, then we would send to the hospital. I do recommend the rapid drug test if we suspect the patient is using something that they are not supposed too. Surveyor presented information provided from V1 (Administrator), that after administering Narcan, facility staff should do a rapid drug urine screen and send the resident to the hospital if the screen comes back positive but if the test comes back negative, they don't have to transfer resident to the hospital; surveyor then asked V33 if this seemed like a reasonable practice to follow. V33 said, assuming the patient is stable after getting Narcan and improves, I would say that that is reasonable to follow that protocol. I don't recall the nurse contacting me at all for the results. I may have ordered drug test (for R11). I have seen R11 and followed up with her in person after the incident and there should be Progress Notes. There are no specific guidelines that I follow. Monitoring is just nursing 101 for any clinical issue - any acute mental status change. You always monitor after applying treatment. There's nothing specific that I know that the facility does for suspected overdose. I am not aware of any protocol that the facility follows. [DATE] at 5:43PM, V36 (RN) was asked about facility protocol for administering and monitoring residents after being administered Narcan for suspected overdose. V36 said, call 911 five minutes after giving one dose, then give a second dose if resident doesn't respond after 15 minutes. Constantly stimulate and assess the resident. If the resident [NAME] up, then reassess, take vitals, call the doctor. If the doctor gives orders to send the resident to the hospital, then we will transfer them. If they do not give orders to transfer to the hospital, then we would just monitor them in the facility for 72 hours; taking vitals once a shift. If the doctor orders it, then we will do a drug test. [DATE] at 4:33PM V14 Director of Nursing (DON) was interviewed about the incident with R11 on [DATE]. V14 said, when a resident needs Narcan, we administer it, notify the physician, and wait for further orders. We may or may not send them out at the discretion of the provider. I would like to be notified so that we can investigate further as to what happened. It's a case-by-case basis on whether we do the rapid drug test or not, depending on the provider. It's all at the providers discretion. We do monitor as a standard given - for no specific amount of time, just monitor closely and make sure they're at their baseline. I was not the DON at that time, and I am not familiar with the situation. Surveyor asked if there is a written policy or protocol to follow after administering Narcan and V14 said, it's standard practice as a nurse to notify the provider for any change of condition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	[DATE] at 6:05PM V1 (Administrator) said, there is no specific monitoring (after overdose) because my nurses are not trained for that. They call me and I make the call; I take the decision making out of their hands at that point. If the rapid drug test comes back positive, they're going to the hospital. That's why we have them do the rapid drug test and if it comes back positive, they go out. The nurse did call me (for R11), and I told her to do the drug test. It was done and came back negative, so she didn't get sent out. Surveyor asked when and who completed the rapid drug test since it was not documented and both nurses that worked with R11 immediately after the incident confirmed that they did not conduct the drug test and V1 said, I will find out who did the drug test. Surveyor then asked if the drug test should be part of R11's medical record and V1 said, yes, I suppose the drug test should be part of the medical record. I ask R11 all the time to do a drug test for me and she agrees because she hangs out with the boys; some guys that live next door and they hang out by the side of the building. I don't know if I assume guilt by association. She always comes back negative. Reviewed R11's EMR (electronic medical record); there is no documentation that R11 was closely monitored after administration of Narcan; there is only one set of vitals documented in progress notes for [DATE] (during incident) and respiratory rate is not documented; no other vitals noted to be taken on [DATE] or [DATE]. Review of R11's MAR (medication administration record) does not show that R11 was administered any opioid type of medication or that R11 was administered Narcan on [DATE]. Review of physician orders does not include any orders or results of drug screen for R11. [DATE] at 4:27PM V37 (Pharmacist) was asked if they provide the facility with any instructions on monitoring after administration of Narcan and V37 said, We don't include the package insert or anything when we dispense it. The facility will have a specific policy. We only send it if they ask. I can provide the manufacturer insert. Review of Narcan Nasal Spray Package Insert (manufacturer) includes the following: - Risk of Cardiovascular (CV) Effects: .Monitor these patients closely in an appropriate healthcare setting after use of naloxone hydrochloride. - WARNINGS AND PRECAUTIONS - Risk of Recurrent Respiratory and Central Nervous System Depression, The duration of action of most opioids may exceed that of NARCAN Nasal Spray resulting in a return of respiratory and/or central nervous system depression after an initial improvement in symptoms. Therefore, it is necessary to seek emergency medical assistance immediately after administration of the first dose of NARCAN Nasal Spray and to keep the patient under continued surveillance. Administer additional doses of NARCAN Nasal Spray if the patient is not adequately responding or responds and then relapses back into respiratory depression, as necessary [see Dosage and Administration (2.2)]. Additional supportive and/or resuscitative measures may be helpful while awaiting emergency medical assistance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	- Precipitation of Severe Opioid Withdrawal - The use of NARCAN Nasal Spray in patients who are opioid-dependent may precipitate opioid withdrawal characterized by the following signs and symptoms: body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection, sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, and increased blood pressure .Abrupt postoperative reversal of opioid depression after using naloxone hydrochloride may result in nausea, vomiting, sweating, tremulousness, tachycardia, hypotension, hypertension, seizures, ventricular tachycardia and fibrillation, pulmonary edema, and cardiac arrest. - Administration Instructions . Monitor patients and re-administer NARCAN Nasal Spray using a new NARCAN Nasal Spray every 2 to 3 minutes, if the patient is not responding or responds and then relapses back into respiratory depression . Surveyor asked facility administration for written policy to address overdose several times throughout the course of this survey, and none was provided. Surveyor was provided with Narcan Instructions for Use (manufacturer) and with Physician-Family Notification-Change in Condition Policy; neither of which specified a protocol for the treatment/monitoring of overdose. On [DATE] at 2:45PM surveyor was provided facility Substance Use Disorder Guidelines (Reviewed: [DATE]) - it is to be noted that review of policy did not include specific written policy to address overdose. This concern was shared with facility administration at this time. SAMHSA Opioid Overdose Prevention Toolkit - Five Essential Steps for First Responders document includes: Step 5: Monitor The Person's Response . All people should be monitored for recurrence of signs and symptoms of opioid toxicity for at least 4 hours from the last dose of naloxone or discontinuation of the naloxone infusion. People who have overdosed on long-acting opioids should have more prolonged monitoring. [2,5,6] Most people respond by returning to spontaneous breathing. The response generally occurs within 2 to 3 minutes of naloxone administration. (Continue resuscitation while waiting for the naloxone to take effect.) [2, 5] Because naloxone has a relatively short duration of effect, overdose symptoms may return. [2,5,6] Therefore, it is essential to get the person to an emergency department or other source of medical care as quickly as possible, even if the person revives after the initial dose of naloxone and seems to feel better. CMS State Operations Manual under F689 Interpretive Guidelines, documents the following for skilled nursing facilities: According to the Substance Abuse and Mental Health Administration (SAMHSA), opioid overdose deaths can be prevented by administering naloxone, a medication approved by the Food and Drug Administration to reverse the effects of opioids. The United States Surgeon General has recommended that naloxone be kept on hand where there is a risk for an opioid overdose. Facilities should have a written policy to address opioid overdoses. The SAMHSA website houses a number of resources related to opioid management including this document intended for prescribers which addresses appropriate prescribing, monitoring for adverse effects, and treating overdoses: SAMHSA Opioid Overdose Prevention Toolkit: Information for Prescribers, https://www.samhsa.gov/resource/ebp/opioid-overdose-prevention-toolkit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The Immediate Jeopardy that began on [DATE] was removed on [DATE] when the facility took the following actions to remove the immediacy. On [DATE] the survey team verified by observation, interview, and record review, that the facility implemented the following to remove the immediacy. Removal Plan: 1. R11 has been reassessed and shows no signs of active substance use. DON and ADON, Initiated Date [DATE], Completion Date [DATE] 2. R11's care plan reviewed. Administrator, Initiated Date [DATE], Completion Date [DATE] 3. All residents with a history of substance abuse have been reviewed by the Interdisciplinary Team (IDT) for care plans and interventions. Minimum Data Set (MDS) and Social Services, Initiated Date [DATE], Completion Date [DATE] 4. The facility has updated the substance use disorder policy to include post-Narcan administration monitoring, response to overdose, and when to indicate transfer. Chief Nursing Officer, Initiated Date [DATE], Completion Date [DATE] 5. Nurses are being retrained and competencied on how to respond to emergencies related to substance use including administration and monitoring after giving Naloxone, administering Cardiopulmonary Resuscitation (CPR) when appropriate, and hospital transfer as soon as possible before the start of their next shift. Nurses on vacation or Family Medical Leave (FMLA) will be inserviced and competencied before returning to work. New Nurses will be inserviced and competencied during New Employee Orientation, prior to working directly with residents. Agency Nurses will be provided inservice material in their Orientation Packet that they receive prior to their first scheduled shift at Aperion Care Forest Park. ADON and DON, Initiated Date [DATE], Completed date [DATE] and Ongoing 6. A Quality Assurance Performance Improvement (QAPI) meeting was held with the medical director to discuss the incident with R11, policy updates, and follow up. Administrator, Initiated Date [DATE], Completion Date [DATE] 7. During the monthly Quality Assurance (QA) Meeting, IDT will review ongoing training of nurses, review competencies and review any incidents of Narcan medication administration. QAPI Team, Initiated Date [DATE], Ongoing monthly until [DATE] 8. The facility will monitor the next 5 uses of Narcan, up until [DATE] to ensure staff follow the updated facility policy on substance use. DON and ADON, Initiated Date [DATE], Ongoing up until 5 Narcan uses or [DATE]. 9. The facility will randomly competency 3 nurses a week for the next 12 weeks to ensure they are aware of the proper protocol for Narcan administration and substance use. Competencies will be added to Annual Nursing Competencies. DON and ADON, Initiated Date [DATE], Completion Date [DATE] and Ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33783 Based on observation, interview, and record review, the facility failed to provide sufficient nursing staff to meet the needs of the residents on two different floors. This failure affects 147 residents who reside on the third and fourth floors and has the potential to affect all 209 residents currently residing in the facility. Findings include: Facility census received upon survey entrance on 6/14/24, documents 209 residents reside in the building. 6/14/24 at 4:30PM, V3, Registered Nurse (RN) was asked about scheduling on the unit. R3 said there are abut 74 residents and three nurses; the schedule said five certified nursing assistants (CNA's) but there are four; normally there are five to six CNA's. V3 added that she thinks someone called off. V3 said the fourth floor unit is busy because the residents on this floor have dementia, falls, and elopement risk. V3 said, management was told about this so they are trying to pull someone from another floor. 6/14/24 at 4:47PM, V4 (CNA) said, it's a short day. Normally we have six CNA's; when it's five, it isn't bad but four is short. 6/14/24 at 4:54PM, V5 (CNA) said, normally I work on the third floor but got pulled up to work on the fourth floor today from 3-11PM. I don't know about replacements. 6/14/24 at 4:57PM, V6, Licensed Practical Nurse (LPN)/Assistant Director of Nursing (DON) said, the scheduler is on vacation for two weeks and due back next week. We do use agency if needed and he usually sets it up. 6/14/24 at 5:25PM, V9 (CNA) said, we have four CNA's today; usually there are five, we should have five at least. Today each CNA has 18 residents a piece. We are each supposed to give three showers usually but when there's only four of us working it's not possible. There's only 15-20 people in here (eating in the dining room); the rest of the residents eat in their room, so the CNA's have to take their trays plus we have people who we have to help feed. No one is out there with the residents from CNA staff while we are in here fixing the trays. V10 (CNA) stated, V8 (CNA) and I are both working doubles today - indicating V8 and V10 had already completed a shift this morning (7AM-3PM) and will now work the 3-11PM shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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	The Facility Assessment with printed date of 01/16/24 did not include the overall number of facility staff needed to ensure sufficient number of qualified staff are available to meet each resident's needs. Under Staffing section of Facility Assessment, Overall Staffing Number is 00 and number of staff listed under ADL's (activities of daily living) is listed as Sufficient. Section B.1. Acuity - Sufficiency Analysis Summary includes Please document total #/average/range of staff required to ensure sufficient number of qualified staff are available to meet each resident's needs. Refer to the Staffing and Personnel Worksheet spreadsheet above for documentation assistance. It is to be noted that the referenced spreadsheet does not include number of staff needed; it only documents sufficient. 6/17/24 at approximately 4PM, V1 (Administrator) was asked about the facility assessment in regards to how it is used for staffing. V1 said that it is the facility assessment they get from corporate and that is what they use. V1 did not elaborate on how facility assessment is used to determine staffing needs of the facility. 41692 On 6-16-2024 at 7:10am V20 (LPN) said, I am the nurse working on the fourth floor. I worked with only one Certified Nurse Assistant last night, it was a busy and rough night. Our current census is 76 patients; this is the dementia unit. R8 is a [AGE] year-old male with medical diagnoses including hemiplegia, diabetes, and major depressive disorder. According to Minimum Data Set: Brief Interview for Mental Status (BIMS) reads score of 14/15, indicating R8 is cognitively intact. Section GG personal hygiene, shower and bathe indicate R8 needs substantial/maximal assistance. On 6-16-2024 at 7:15am R8 said, I need to be changed as soon as possible. The night shift only had one CNA and I was not changed at all after I was placed in bed at 8:00pm. I have urine and poop in the brief. I cannot wait any longer, I do not like to feel dirty and with bad odor. On 6-16-2024 at 7:25am V23 (RN) said, I am a regular nurse on the 4th floor; working with one C.N.A is not acceptable. It is not enough help, we need at least three CNAs to provide the care the residents need. On 6-16-2024 at 7:30am incontinence care was completed by V21 and V22 (CNA's) for R8. V22 removed an undergarment that was visibly soiled with yellow and dark brown substance. V22 said, R8 was very soiled; this happens when the prior shift does not have enough people. It will affect the incoming shift; today is going to be a very busy day. R10 is a [AGE] year-old female originally admitted on [DATE] with medical diagnosis that include and are not limited to: hemiplegia and hemiparesis following a cerebrovascular disease, diabetes, and major depression. According to Minimum Data Set: Brief Interview for Mental Status (BIMS) reads score of 15/15, indicating R10 is cognitively intact. Section GG personal hygiene, shower and bathe indicates R10 needs substantial/maximal assistance. On 6-16-2024 at 7:45am R10 said, last night it was very bad, we had only one CNA and I needed to wait a very long time because it was only one CNA working on the floor. I am very upset because I needed help and they did not come to help me. The issue of not having enough staff happens very frequently. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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	On 6-16-2024 at 8:45am V6 Assistant Director of Nursing (ADON) said, I was not aware that we only have one CNA working on 11pm-7am shift on the 4th floor; having only one CNA is not enough on the floor. Having two CNAs on the 3rd floor is not enough help as they cannot provide the appropriate services. On 6-16-2024 at 10:00am V14 (DON) said, I was not aware that we only have one CNA on the fourth floor and two CNAs on the third floor, having one CNA to 75 patients is not ideal. It is not what we want as they cannot provide the care that the residents need; that is common sense. On 6-16-2024 at 10:55am V2 (Assistant Administrator) said, I am covering for the staffing coordinator since he is on vacation. One CNA on the fourth floor is not enough help to care for the residents, we usually have at least three CNAs. On 6-16-2024 at 11:17pm V30 (C.N.A) said, I worked by myself last night, it is very hard because I was not able to provide the care the patients needed. One CNA is on the floor for more than 75 patients. I can only do what I can do. I know some residents were not attended to last night. On 6-17-2024 at 12:46pm V1 (Administrator) said, we do not have any staffing policy. V1 presented document [NAME]: facility assessment dated : 1-16-2024 under staffing it reads: Overall staffing: 00 activities of daily living: sufficient.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33783 Based on observation, interview, and record review, the facility failed to ensure that their facility assessment included a thorough evaluation of the overall number of facility staff needed to ensure sufficient number of qualified staff are available to meet the day-to-day needs of the residents. This failure affects has the potential to affect all 209 residents currently residing in the facility. Findings include: Facility census received upon survey entrance on 6/14/24, documents 209 residents reside in the facility. On 6/14/24 at 4:30PM, V3 Registered Nurse (RN) was asked about scheduling on the unit. V3 said there are abut 74 residents and three nurses; the schedule said five certified nursing assistants (CNA's) but there are four; normally there are five to six CNA's. V3 stated she thinks someone called off. V3 said the fourth floor unit is busy because the residents on this floor have dementia, falls, and elopement risk. V3 said, management was told about this so they are trying to pull someone from another floor. 6/14/24 at 4:47PM, V4 (CNA) said, it's a short day. Normally we have six CNA's; when it's five, it isn't bad but four is short. 6/14/24 at 4:54PM, V5 (CNA) said, normally I work on the third floor but got pulled up to work on the fourth floor today from 3-11PM. I don't know about replacements. 6/14/24 at 4:57PM, V6 Licensed Practical Nurse (LPN)/Assistant Director of Nursing (ADON) said, the scheduler is on vacation for two weeks and due back next week. We do use agency if needed and he usually sets it up. 6/14/24 at 5:25PM, V9 (CNA) said, we have four CNA's today; usually there are five, we should have five at least. Today each CNA has 18 residents a piece. We are each supposed to give three showers usually but when there's only four of us working it's not possible. There's only 15-20 people in here (eating in the dining room); the rest of the residents eat in their room, so the CNA's have to take their trays plus we have people who we have to help feed. No one is out there with the residents from CNA staff while we are in here fixing the trays. V10 (CNA) added a comment and said, V8 (CNA) and I are both working doubles today - indicating V8 and V10 already completed a shift this morning (7AM-3PM) and will now work the 3-11PM shift. On 6-16-2024 at 7:10am V20 (LPN) said, I am the nurse working on the fourth floor. I worked with only one Certified Nurse Assistant last night, it was a busy and rough night. Our current census is 76 patients; this is the dementia unit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R8 is a [AGE] year-old male with medical diagnosis including hemiplegia, diabetes, and major depressive disorder. R8's Minimum Data Set: Brief Interview for Mental Status (BIMS) reads score of 14/15, indicating R8 is cognitively intact. Section GG personal hygiene, shower and bathe indicate R8 requires substantial/maximal assistance. On 6-16-2024 at 7:15am R8 said, I need to be changed as soon as possible. The night shift only had one CNA and I was not changed at all after I was placed in bed at 8:00pm. I have urine and poop in the brief. I cannot wait any longer, I do not like to feel dirty and with bad odor. On 6-16-2024 at 7:25am V23 (RN) said, I am a regular nurse on the 4th floor; working with one CNA is not acceptable. It is not enough help, we need at least 3 C.N.A's to provide the care the residents need. On 6-16-2024 at 7:30am incontinence care observation was made for R8 and was completed by V21 and V22 (CNA's). V22 removed an undergarment that was visibly soiled with yellow and dark brown substance. V22 said, R8 was very soiled; this happens when the prior shift does not have enough people. It will affect the incoming shift; today is going to be a very busy day. R10 is a [AGE] year-old female with medical diagnoses including hemiplegia and hemiparesis following cerebrovascular disease, diabetes, and major depression. According to Minimum Data Set: Brief Interview for Mental Status (BIMS) reads score of 15/15, indicating R10 is cognitively intact. Section GG personal hygiene, shower and bathe indicates R10 requires substantial/maximal assistance. On 6-16-2024 at 7:45am R10 said, last night it was very bad, we had only one CNA. I needed to wait a very long time because it was only one CNA working on the floor. I am very upset because I needed help and they did not come to help me. The issue of not having enough staff happens very frequently. On 6-16-2024 at 11:17pm V30 (C.N.A) said, I worked by myself last night, it is very hard because I was not able to provide the care the residents needed. One CNA is on the floor for more than 75 patients. I can only do what I can do. I know some residents were not attended to last night. On 6-16-2024 at 8:45am V6 (ADON) said, I was not aware that we only have one CNA working on 11pm-7am shift on the 4th floor; having only one CNA is not enough in the floor. Having two CNAs on the 3rd floor is not enough help, they cannot provide the appropriate services. On 6-16-2024 at 10:00am V14 (DON) said, I was not aware that we only have one CNA on the fourth floor and two CNAs on the third floor, having one CNA to 75 patients is not ideal. It is not what we want as they cannot provide the care the residents need; that is common sense. On 6-16-2024 at 10:55am V2 (Assistant Administrator) said, I am covering for the staffing coordinator since he is on vacation. One CNA on the fourth floor is not enough help to care for the residents, we usually have at least three CNAs. On 6-17-2024 at 12:46pm V1 (Administrator) said, we do not have any staffing policy. V1 presented document [NAME]: facility assessment dated : 1-16-2024 under staffing it reads: Overall staffing: 00 activities of daily living: sufficient. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145969	A. Building B. Wing	06/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Forest Park	8200 West Roosevelt Road Forest Park, IL 60130

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	6/17/24 at approximately 4PM, V1 (Administrator) was asked about the facility assessment in regard to how it is used for staffing. V1 said that it is the facility assessment they get from corporate and that is what they use. V1 did not elaborate on how facility assessment is used to determine staffing needs of the facility. Review of Facility Assessment with printed date of 01/16/24 did not include the overall number of facility staff needed to ensure sufficient number of qualified staff are available to meet each resident's needs. Under Staffing section of Facility Assessment, Overall Staffing Number is 00 and number of staff listed under ADL's (activities of daily living) is listed as Sufficient. Section B.1. Acuity - Sufficiency Analysis Summary includes Please document total #/average/range of staff required to ensure sufficient number of qualified staff are available to meet each resident's needs. Refer to the Staffing and Personnel Worksheet spreadsheet above for documentation assistance. It is to be noted that the referenced spreadsheet does not include number of staff needed; it only documents sufficient.