

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145969	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care Forest Park		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0835</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>38796</p> <p>Based on interview and record review the facility failed to follow their policy to report the final written report of their abuse investigation to the state department within 5 working days of the reported incident for 9 of 11 residents (R1, R2, R3, R4, R5, R6, R7, R7, R9) reviewed for reporting final investigation.</p> <p>Findings include:</p> <p>12/7/24 1:30pm V3 (Assistant Administrator) said the final investigation for R1 and R2 was sent to the department on 10/8/24, V3 presents conformation page for R1 and R2. During a follow up interview V3 said he sent the final investigation to the wrong fax number, V3 said it was an error. V3 said he sent final reportable investigation for R3, R4, R5, R6, R7, R8, and R9 to the wrong fax number. V3 said sometimes he submit reports via email or fax, it depends on his location or if he's in the facility or not.</p> <p>Facility final investigation reviewed, for R1, R2, R3, R4, R5, R6, R7, R8, and R9 the confirmation page denotes the documents was faxed to 6xxxxx7320, fax was sent ok. V3 presents the siren notice with the fax number for reporting abuse to the State Agency, the fax number shows 6xxxxx3720. V3 sent the final report to the wrong fax number.</p> <p>Facility abuse prevention and reporting policy with last revision date of 10/24/22 denotes in part the administrator or designee is then responsible for forwarding final written report of the results of the investigation and of any corrective actions taken to the Department of Public health within 5 working days of the reported incident.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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