

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  02/09/2026
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure call light devices were placed within residents' reach. This failure affected two (R6 and R7) residents reviewed for call light devices in the total sample of seven residents. Findings include: R6's admission Record documented that R6's diagnoses (include but not limited to) pulmonary embolism, Type 2 Diabetes Mellitus, and COPD (Chronic Obstructive Pulmonary Disease). R6's (12/09/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 11. Indicating R6's mental status as moderately impaired. Section GG0130. C. Toileting hygiene, E. Shower/bathe self, F. Upper body dressing, G. Lower body dressing, H. putting on/taking off footwear: 2 - Substantial / maximal assistance. R6's (12/16/2025) care plan documented, in part Focus: I am at risk for falls and injury related to falls Risk factors: Requires assistance with ADL's, possible medication side effects, incontinence, Neuropathy, H/O (history of) Falls. Goal: I will have interventions in place and reviewed as needed to address risk for falls and injury related to falls. Interventions: Ensure a safe environment with even floors free from spills and/or clutter; adequate, glare-free light; a working and reachable call light. Ensure The resident's call light is within reach and encourage the resident to use it for assistance as needed. R7's admission Record documented that R7's diagnoses (include but not limited to) hypertension, Type 2 Diabetes Mellitus, and osteoarthritis. R7's (12/02/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 09. Indicating R7's mental status as moderately impaired. Section GG. 0130. Toileting hygiene and shower/bathe self: 03 - Partial/moderate assistance. R7's (12/09/2025) care plan documented, in part Focus: I am at risk for falls and injury related to falls. Risk factors: Requires assistance with ADL's, possible medication side effects, Dementia, CVA, OA (osteoarthritis). Goals: I will have interventions in place and reviewed as needed to address risk for falls and injury related to falls. Interventions: Ensure a safe environment with even floors free from spills and/or clutter; adequate, glare-free light; a working and reachable call light and personal items within reach. Ensure The resident's call light is within reach and encourage the resident to use it for assistance as needed. On 02/04/2026 at 11:01am, surveyor requested a copy of floor's list of residents on high risk for falls. Review of the list indicated R6's was on falling leaf program with intervention to educate on calling for assistance prior to transfer. On 02/04/2026 at 11:05am, this surveyor and V17 (Certified Nursing Assistant) went inside R6's and R7's room. Both R6 and R7 were lying on bed. Inquiring about his call device, (R6) stated he did not know where his call device was. V17 (Certified Nursing Assistant) checked for R6 call light and stated both (R6 and R7) call lights were on the floor, not within their reach. V17 stated their call lights should be within their reach so they could call for assistance when they needed assistance. On 02/04/2026 at 3:42pm, V2 (Director of Nursing) stated call device should be within reach of a resident, in case the resident needed to call the attention of staff. The purpose of ensuring the call light is within reach is to prevent falls. It</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145969
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>is part of fall intervention. So, resident who needed assistance would not do things on their own. The (undated) Certified Nursing Assistant Job Description documented, in part The Certified Nursing Assistant is responsible for providing resident care and support in all activities of daily living and ensures the health, welfare and safety of all residents. Essential Duties and responsibilities. Provide for resident comfort by utilizing resources and materials; answering call lights and requests. The (2/2/18) Call Light documented, in part To respond to residents' requests and needs in a timely and courteous manner. Guidelines: Resident call lights will be answered in timely manner. All residents with the ability to use a call device have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location. The (11/21/17) Fall Prevention Program documented, in part Purpose: To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Quality Assurance Programs will monitor the program to assure ongoing effectiveness. Fall/safety interventions may include but are not limited to: Direct care staff will be oriented and trained in the Fall Prevention Program. At the time of admission and in accordance with the plan of care the resident will be oriented to use the nurse call device. The nurse call device will be placed within the resident's reach at all times.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to update a resident's care plan after each fall. This failure affects one (R5) resident reviewed for care plan in the total sample of 7 residents. Findings include: R5's admission Record documented that R5's diagnoses (include but not limited to) hypertension, alcohol dependence, and osteoarthritis. R5's (01/14/2026) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 08. Indicating R5's mental status as moderately impaired. R5's (11/01/2025 - 12/31/2025) Progress notes documented that R5 had unwitnessed falls on 11/04/2025, 11/05/2025, 11/27/2025, 11/30/2025, 12/05/2025, and on 12/07/2025. R5's (01/21/2026) care plan documented, in part Focus: I am at risk for falls and injury related to falls. Risk factors: Requires assistance with ADL's, possible medication side effects, Chronic pain, OA. Goals: I will have interventions in place and reviewed as needed to address risk for fall and injury related to fall. 11/27/2025 Encourage the resident to rest during periods of fatigue. 11/4/2025 Obtain labs. Resident educated on asking staff for help and the importance of using call light and proper bed positioning. 11/5/2025 Encourage the resident to rest during times of fatigue. 12/5/2025 Labs to rule out UTI (urinary tract infection) and referred to therapy. 12/7/2025 Labs to rule out high ammonia levels. Of note, care plan was not updated when R5 had a fall incident on 11/30/2025. On 02/05/2026 at 11:24am, V18 (MDS Coordinator/LPN) stated with each fall, the care plan should be updated; to treat each fall needing a new intervention; to investigate to get to the root cause of the fall. The purpose of updating the careplan is to try to prevent resident from falling; if the intervention does not work, try new intervention. On 02/05/2026 at 11:32am, this surveyor showed V18 R5's care plan and R5 falls incidents and stated she (R5) fell on [DATE] and her care plan was not updated for the fall on 11/30/2025. The expectation is to update the care plan with each fall. On 02/05/2026 at 12:14pm, V12 (Restorative Director) stated care plan is updated annually, quarterly, and with any change in condition. If the fall happens on a Sunday, the care plan shall be updated the next day, Monday. The purpose of updating the care plan is to see what is working and what is not working. On 02/05/2026 at 12:28pm, this surveyor showed V12 R5's care plan and R5 fall incidents and stated she fell on [DATE] and care plan was not updated for the fall on 11/30/2025. V12 stated the care plan should be updated with the fall incident on 11/30/2025. On 02/05/2026 at 1:15pm, V2 (Director Of Nursing) stated careplan should be updated with each fall incident. IDT (Inter Departmental Team) should come up with new intervention. The purpose of updating the careplan is to see if the new intervention will work. The care plan should be updated with new intervention when she had a fall incident on 11/30/2025. The (1/4/19) Restorative Nursing Program documented, in part Purpose: to promote each resident's ability to maintain or regain the highest degree of independence as safely as possible. The (11/21/17) Fall Prevention Program documented, in part Purpose: To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Quality Assurance Programs will monitor the program to assure ongoing effectiveness. Guidelines: The Fall Prevention Program includes the following components: Care plan incorporates: Identification of all risk/issue. Addresses each fall. Interventions are changed with each fall, as appropriate.</p>		