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	05/22/2026

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. Based on observation and interview, the facility failed to provide care and maintain hygiene for resident's nails for two of three residents (R3 and R8) reviewed for ADL care.Findings include:On 5/19/26 at 12:30PM, R3 had long, dirty fingernails, R3 said he would like is fingernails to be cleaned. On 5/19/26 at 12:33PM, V11 (Certified Nurse Aide) said that she does nail care every two weeks only when the facility is staffed with two certified nurse aides on each hallway. V11 said she has not performed any nail care for R3. On 5/19/26 at 12:39PM, V2 (Director of Nursing) said that nail care should be performed as needed and when nails are visibly dirty. On 5/20/26 at 11:35AM, R8 with long, dirty fingernails, exposed incontinence brief, and exposed gastrostomy tube. R8 said he would like staff to clean and cut fingernails, but staff does not do it.On 5/20/25 at 11:35AM, V17 (Certified Nurse Aide) said he is assigned to R8, and said they do not provide any nail care for residents.On 5/20/26 at 11:39AM, V2 made aware of above findings and said that her expectations are for staff to provide nail care/grooming/dressing to residents that need it, and it is part of the certified nurse aide duties as part of ADL (Activities of Daily Living) care. Facility Policy on Activities of Daily Living (ADLs)Dressing - obtaining putting on fastening (buttons, snaps, zippers, Velcro laces) and taking off all items of clothing and putting on and removing braces and artificial braces, socks and shoes, accessories (belt, jewelry, scarf tying, and knotting a tie.Grooming. Maintaining personal hygiene, including planning the task and gathering supplies, Combing and or styling hair, face and hands, brushing teeth, shaving or applying makeup, oral hygiene, self-manicure (safety awareness with nail care), and or application of deodorant or powder.

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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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 on observation, interview and record review, the facility failed to ensure medications were administered as ordered by the physician for one of three residents (R7) reviewed for medication administration. Findings include:On 5/20/26 at 11:30AM, Observed V13 (Registered Nurse), passing morning medications due at 9:00AM. On 5/20/26 at 11:30 AM, V13 said he was still passing morning medications due at 9:00AM, because he was behind, said R7 has not received his insulin yet. On 5/20/26 at 11:32AM, R7 said that he had not received his insulin due at 9:00AM, R7 said he has been waiting, and no nurse has come to give him any medications, R7 said he has to wait long periods all the time to receive medication. On 5/20/26 at 11:39AM, V2 (Director of Nursing) made aware of above findings and said medications due at 9:00AM are to be given one hour before and one hour after the administration time, V2 said insulin should be administered following physician orders. On 5/21/26 at 10:47AM, V2 said that as a nursing standard if insulin is missed or given at a different time other than the physician order, physician should be notified. V2 said the physician was not notified on 5/20/26. V2 said facility has no Insulin policy, they follow Medication Administration Policy.An order summary report indicates that R7 has a physician order for Admelog SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Lispro), Inject 14 units subcutaneously two times a day for Diabetes Mellitus at Breakfast (8AM) and Lunch (12PM). Check Blood Sugar prior to meals and ensure patient eats before giving insulin. Medication Administration Record for May 2026 indicates on 5/20/26 Admelog SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Lispro), Inject 14 units subcutaneously two times a day was administered at 11:58AM. A Care Plan Report for R7 documents R7 has potential for complications related to Diabetes Mellitus, use of hypoglycemic medication. Intervention includes: Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Facility Policy for Medication Administration General GuidelinesPolicy:Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personal authorized to administer medications to so only after they have been properly orientated to the facilities medication distribution system (Procurement., storage, handling and administration).Procedures:6. FIVE RIGHTS-Right resident, right drug, right dose, and right time, are applied for each medication being administered. A triple check of these 5 rights is recommended at three steps in the process of preparation of a medication for administration: (1) when the medication is selected, (2) when the dose is removed from the container, and finally (3) just after the dose is prepared and the medication put away. Administration:2. Medications are Administered in accordance with written orders of the prescriber.4. Medications are administered without unnecessary interruptions.10. Are administered within one hour before or after scheduled time, except before, with or after meal orders, which are administered based on mealtimes. Unless otherwise specified by the prescriber, Routine medications are administered according to the established medication administration scheduled for the facility. Documentation (including electronic)6. If a dose of regularly scheduled medication is withheld, refused, not available, or given any time other than the scheduled time (e.g., the resident is not in the facility at scheduled dose time or a starter dose of antibiotic is needed), The space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record. If 3 consecutive doses of vital medication are withheld, refused, or not available, the physician is notified. Nursing documents the notification and physician response.7. If an electronic MAR system is used, specific procedures required for a resident identification, identifying medication to a specific times, and documentation of administration refusal, holding of doses, and dosing parameters such as vital signs and lab values are described in the systems user manual. These procedures should be followed and may differ slightly from the procedures from using paper MARs. Electronic systems also describe procedures for secure access, maintaining privacy for (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident information, and for electronic signatures. Maintenance and support procedures for these systems are described in the system user manuals. Procedures will vary between the various electronic systems available.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observation, interview and record review, the facility failed to ensure essential equipment Mechanical lift is in working condition, by not inspecting a Mechanical lift on the 3rd floor with exposed inner cords from charging cord. This has the potential to affect all residents residing on the 3rd floor. Findings include:On 5/19/26 at 12:15PM, observed mechanical lift on the 3rd floor with exposed black and red cords from grey cord charger hanging. On 5/19/26 at 12:16PM, V15 (Registered Nurse) said that she is not sure if machine works, but if the cords are exposed like that it should not be used because it can be unsafe. On 5/19/26 at 12:39PM, V2 (Director of Nursing) said that if machines have exposed cord, it should be reported to maintenance department and removed from the floor for safety precautions. On 5/21/26 at 10:10AM, V4 (Maintenance Director) said that the mechanical lift machine should be removed from floor and reported to maintenance if there is a concern, V4 said that the outer grey cord protects the inner cords for safe operating. Review of Maintenance log for 3rd floor Work Orders indicate no reports of mechanical lift repair. Facility Policy on Transfers-Manual Gait belt and Mechanical Lifts-revised 1-19-18Purpose: In order to protect the safety and well-being of the staff and residents and to promote quality care, this facility will use mechanical lifting devices for the lifting and movement of residents.Responsibility:Licensed nurse. CNA. Restorative and therapy. Guidelines:4. Mechanical lift equipment shall undergo routine maintenance checks by the nursing and maintenance staff to ensure the equipment remains in good working order.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview and record review, the facility failed to ensure the resident's room environment was in good repair related to ceiling tiles not being replaced upon falling for two of two residents (R1, R2) reviewed for environment.Findings include: On 5/19/2026 at 11:50am This surveyor observed R1 and R2 room, with six ceiling tiles missing.On 5/19/2026 at 11:53am, R1 said my sister said they have not replaced the ceiling tiles they've been down for a while.On 5/19/2026 at 11:58am, R2 said the ceiling tiles have been missing for over a month water was coming down also.On 5/21/2026 at 9:40am V4 (Maintenance Supervisor) said I don't know how long the ceiling tiles have been down in R1 and R2 room, I was waiting for the roof to be repaired I will replace the tiles today.On 5/21/2026 at 2:00pm V1(Administrator) said the roof had to be replaced, now the tiles can be put in.A resident information sheet indicates R1 has severe glaucoma, blind, non-ambulatory, morbid obesity, history of falling, major depressive disorder.A resident information sheet indicates that R2 has a history of congestive heart failure, spinal stenosis, and anxiety.Facility Policy: Facility unable to present a policy.