STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145999	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Niles	6601 West Touhy Avenue Niles, IL 60714

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 on observation, interview, and record review the facility failed to ensure the expired multi-dose vial of tuberculin test was removed and discarded affecting 44 residents currently residing on 2nd floor.Findings Include: On 5/26/2026 at 6:48 AM on 2nd floor medication refrigerator a multi dose vial of tuberculin test with date expired on 5/11/2026. On 5/26/2026 at 6:51 AM V4 (Licensed Practical Nurse) said expired medications should be discarded and not kept in the refrigerator. The tuberculin multi dose vial has an opened date of 4/12/2026 and date expired of 5/11/2026. Vial should be removed and discarded.On 5/27/2026 at 9:30 AM V2 (Director of Nursing) stated all expired medications should be removed, discarded, and not kept in the refrigerator.Policy and ProcedurePolicy Title: Storage of Medications, no datePolicy: Medications and biologicals are stored, safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.Procedures:8. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145999	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Niles	6601 West Touhy Avenue Niles, IL 60714

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 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 implement infection control practices during medication administration affecting 4 of 7 residents (R39, R8, R77, R72) observed for medication pass for total sample of 19.Findings Include:On 5/26/2026 at 8:05 AM - 9:30 AM during medication administration V6 (Registered Nurse), V7 (Licensed Practical Nurse), and V8 (Registered Nurse) all failed to clean and disinfect their personal blood pressure (BP) machine between each residents used. V6 checked and measured BP for R39 prior to medication administration then proceeded to R8 also measured BP using the same blood pressure machine without cleaning and disinfecting. V7 measured BP for R72 and did not clean and disinfect BP equipment after using. V8 measured blood pressure for R77, cleaned the BP machine but did not disinfect according to manufacturer's recommendation.On 5/26/2026 V6, V7, and V8 said blood pressure machine and cuff should be cleaned and disinfected between each residents used.On 5/26/2026 at 8:05 AM - 8:25 AM V6 completed medication pass for R39 and R8 without performing hand hygiene before and after medication administration. V6 said hand hygiene should be performed before and after each medication administration.On 5/27/2026 at 9:20 AM V2 (Director of Nursing) stated staff may use their personal blood pressure machine provided it is clean and disinfected between each residents used. Staff should perform hand hygiene before and after medication administration. V2 said the facility does not have policy for cleaning and disinfecting medical equipment such blood pressure equipment.Policy and ProcedurePolicy Title: Medication Administration General Guidelines, no datePolicy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling and administration).Procedures:Preparation2. Handwashing and Hand Sanitization: The person administering medications adheres to good hand hygiene, which includes washing hands thoroughly: a. before beginning a medication pass b. prior to handling any medication c. after coming into direct contact with a resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145999	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Niles	6601 West Touhy Avenue Niles, IL 60714

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review the facility failed to provide a dignity cover for a indwelling urinary catheter for one of two residents (R72) reviewed for indwelling urinary catheter in a sample of 19. Findings include:On 5/26/2026 at 10:30am this surveyor observed R72 in bed with her indwelling urinary catheter bag hanging on the side bed as you walk in the door from the hallway, with 400cc of urine and no privacy cover. On 5/26/2026 at 10:40am V7(Licensed Practical Nurse-LPN), observed with the surveyor R72 indwelling urinary catheter bag on the side where the door is located to hallway, filled with of 400cc of urine and no privacy cover.On 5/26/2026 at 10:45am V7 said the urinary catheter bag should have a privacy cover if it is by the door to the hallway.On 5/27/2026 at 9:40am V2(Director of Nursing-DON), said all urinary catheter bags should have a privacy cover if they are on the side of the door by the hallway.A resident information sheet indicates R72 is alert and oriented times three, non-ambulatory history of falls, and pressure ulcers, retention of the urine presence of urogenital implants, an order summary dated 5/28/2026 order dated 10/24/2025 for monitor urinary catheter output change catheter tubing every month, foley catheter care every shift, 16 French millimeter balloon 30cc to gravity for neurogenic bladder and irrigate with 100cc of normal saline.Facility Policy: Revised 4/23/2018-DignityGuidelines: The facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. The facility shall consider the residents' lifestyle and personal choices identified through the assessment processes to obtain a picture of his or her individual and preferences.Refraining from practices demeaning to residents such as leaving catheter bags uncovered, refusing to comply with a resident's request for bathroom assistance during mealtimes, and restricting residents from use of common areas open to general public.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145999	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Niles	6601 West Touhy Avenue Niles, IL 60714

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 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. Based on observation, interview and record review the facility failed to ensure a person-centered comprehensive care plan was implemented for one of three residents (R72) reviewed for care plan interventions in a sample of 19. Findings include: On 5/29/2026 at 11:30am this writer was unable to locate a comprehensive care plan for R72's indwelling urinary catheter care.On 5/29/2026 at 11:38am V2(Director of Nursing-DON) said all residents with catheters should have a comprehensive care plan with interventions, staff placed a care plan in today for urinary catheter care. On 5/29/2026 at 12:07pm V18(Restorative Director) said it should be a care plan in place. A resident information sheet indicates R72 is alert and oriented times three, non-ambulatory history of falls, and pressure ulcers, retention of the urine presence of urogenital implants, an order summary dated 5/28/2026 order dated 10/24/2025 for monitor urinary catheter for pressure ulcers, monitor output change catheter tubing every month, foley catheter care every shift, 16 French millimeter balloon 30cc to gravity for neurogenic bladder and irrigate with 100cc of normal saline.Facility Policy: Baseline Care Plan revision 11-17-17Purpose: To develop a baseline care plan within 48 hours of admission to direct the team while a comprehensive care plan is developed that incorporates the resident's goals, preferences, and services that are to be furnished to attain or maintain the resident's highest practical physical, mental, and psychosocial well-being. Guidelines:Upon admission, the admitting nurse will initiate the development of the baseline care plan as part of the admission assessment. The baseline care plan will continue to be developed by the interdisciplinary team and be completed within 48 hours of admission. The resident and or their representative shall receive a summary of the baseline care plan prior to completion of the comprehensive care plan that includes:- the initial goals of the resident- a summary of the resident's medications and dietary instructions- any services and treatments to be administered by the facility and personnel acting on behalf of the facility- any updated information based on the details of the comprehensive care plan, as necessary. The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan is developed within 48 hours of admission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145999	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Niles	6601 West Touhy Avenue Niles, IL 60714

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement the restorative program recommendation for one (R77) of six residents reviewed for restorative program in the sample of 19.Findings include: On 5/27/2026 at 2:32 PM, V17 (REHAB DIRECTOR) said that V17 is familiar with R77. V17 said that R77 was under PT, OT, and Speech therapy from 3/3/2026 to 4/29/2026. V17 said that R77 was originally on her Part A USC insurance, and she was cut off. V17 said that the facility requested Part B of R77 insurance to continue therapy. V17 said that R77 part B insurance approved 6 sessions of PT and OT each. V17 said once those sections were completed, the insurance did not approve additional therapy sessions. V17 said that R77 was discharged from PT/OT and recommended that R77 continue with restorative program. V17 said that prior to R77 discharge from therapy, R77 was able to walk 50 feet with moderate assistance. On 5/28/2026 at 10:52 V17 said that after discharging a resident from therapy program, the restorative director is made aware of the restorative recommendation within 1 week of the resident discharge. V17 said that R77 recommendation was not communicated to the restorative department because V17 was aware of discussion regarding R77 discharge plan. V17 said that it is not necessary to hand over written documentation to restorative department because during the IDT weekly meeting, therapy gives reports on all the residents and discusses the functional level and their GG coding. On 5/28/2026 at 10:00 AM, V18 (Restorative Director) said that R77 was in PT and OT therapy upon admission. V18 said that while making rounds, V18 was having a general conversation with R77 to find out how R77 was doing with therapy sessions. V18 said that R77 informed V18 that her therapy session was completed. V18 said that V18 approached V17 and inquired if there are any residents that therapy department has recommended for restorative program. V18 said that V17 handed V18 R77's restorative program recommendation on 5/21/2026 which was the same day R77 was discharged . V18 said that V18 went and assessed R77 immediately. V18 said that V18 only assessed R77 based on therapy recommendation. V18 said that R77 was able to transfer from bed to wheelchair and from wheelchair to toilet.On 5/28/2028 at 12:52 PM, V2 (DIRECTOR OF NURSING) said that the facility conducts IDT meetings every morning from Monday to Friday. V2 said that both physical therapy and restorative therapy are in-house, and they both attend the meetings. V2 said that physical therapy will discuss residents that are recommended to be followed by restorative program. V2 said that physical therapy department was supposed to endorse the recommendation to the restorative department stating what program the resident should engage in.R77 is a [AGE] year-old female admitted into the facility with original admission date of 3/2/2026. The physician admission note dated 3/2/2026 at 16:08 PM, indicated that R77 was admitted for short-term stay rehabilitation following acute right pontine CVA with functional decline and recent fracture. R77 has a diagnosis not limited to primary hypertension, type 2 diabetes, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. R77 physical therapy discharge summary indicated that R77 therapy session ended on 4/29/2026 and recommendation was made for R77 to continue with restorative program for bed mobility, passive, and range of motion.Restorative Nursing Program:Effective Date: 11 - 28 - 2012Department: Nursing RestorativePurpose:-To promote each resident's ability to maintain or regain the highest degree of independence as safely as possible.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145999	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Niles	6601 West Touhy Avenue Niles, IL 60714

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 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 on observation, interview, and record review the facility failed to follow facility guidelines in gastrostomy management care for one (R1) resident in the sample of 19 reviewed for gastrostomy management. Findings include:On 5/26/26 at 9:35 AM, Observed R1 gastrostomy syringe/piston hanging on pole with date 5/24/26.On 5/26/26 at 9:38AM, V6 (Registered Nurse) said that all syringes are to be changed daily by night staff, V6 checked date on syringe with date on it 5/24/26. On 5/27/26 at 11:55AM, V2 (Director of Nursing) made aware of above findings and said that she expects staff to change irrigation syringe on a daily basis.Facility Policy on Gastrostomy Tube-Feeding and Care revised 8/3/20Purpose: To provide nutrients, fluids and medications as per physician orders, to residents requiring feeding through an artificial opening into the stomach. 13. Feeding tube syringes and irrigation containers are to be changed every 24 hours.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145999	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aperion Care Niles	6601 West Touhy Avenue Niles, IL 60714

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to conduct daily refrigerator temperature checks inside the resident's room to ensure proper temperature and food safety. This deficiency affects two residents (R10 and R84) in the sample of 19 reviewed for Resident safe food storage. Findings include:On 5/26/26 at 9:25AM, observed R10 personal refrigerator with no daily temperature checks recorded for 5/26/26 and missing daily temps, inside refrigerator with two milk cartons with expiration date 5/26/26.On 5/26/26 at 9:25 AM, V9 (Certified Nurse Aide) said that usually the temperatures are checked daily and recorded, V9 verified no temperature was recorded for R10 refrigerator and milk carton with expiration date 5/26/26. On 5/26/26 at 9:30AM, observed R84 personal refrigerator with no daily temperature checks recorded for 5/26/26 and missing daily temps, inside refrigerator with container of cut watermelon, and food container with ground meat not labeled or dated. On 5/29/26 at 10:41AM, V2 (Director of Nursing) said that refrigerators should be checked daily for temperature and recorded, all food brought in by family should be checked by nursing staff for appropriate diet, food stored in refrigerator should be labeled and dated. Facility Policy on Food Items Brought from Outside revised 6/13/19.Guidelines:Food (s) brought to a resident by a family/visitor will be permitted with authorization.4. Any food brought in is checked by nursing or food service. Food must be in a plastic container with a tight lid. It is recommended that only enough food be brought in for that visit. 5. Food stored must be labeled with the resident's name and dated. Facility Policy on Refrigerator and Freezer TemperaturesGuideline: To ensure all perishable foods stay fresh and palatable, temperatures will be recorded an all refrigerators and freezers in use, including unit refrigerators located in nourishment rooms. Procedure:Dining services will be responsible for taking temperatures on all kitchen and nourishment room refrigerators and freezers, and recording temperatures on temperatures report logs daily, during each shift. Corrective actions are taken as necessary to insure only safety stored foods as served to residents.