

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care International		STREET ADDRESS, CITY, STATE, ZIP CODE 4815 South Western Ave Chicago, IL 60609	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103</p> <p>Based on interview and records review, the facility failed to follow their abuse policy and procedure to develop comprehensive person-centered care plans that includes goals and approaches to prevent abuse for 4 (R1, R2, R3, R4) out of 4 residents reviewed.</p> <p>Findings Include:</p> <p>R1's face sheet shows an admitted [DATE] with included diagnoses but not limited to Dysphagia Oropharyngeal Phase and Protein-Calorie Malnutrition. R1's Minimum Data Set (MDS) assessment dated [DATE] shows R1 has severe impairment with cognition. R1's Abuse/Neglect Screening dated 6/30/24 shows R1 is at risk for abuse. R1's comprehensive care plan shows R1 has self-care and mobility deficit. R1's care plan does not include goals and approaches to prevent abuse.</p> <p>R2's face sheet shows an admitted [DATE] with included diagnoses but not limited to Major Depressive Disorder, Multiple Sites Contracture of Muscle, and Type 1 Diabetes Mellitus. R2's MDS assessment dated [DATE] shows R2 is cognitively impaired. Facility Reported Incident on R2 dated 9/16/24 shows R2 alleged V6 (Certified Nursing Assistant) was rude to R2 during care on 9/14/24. R2's Abuse/Neglect Screening dated 6/29/24 and 10/4/24 show R2 is at risk for abuse. R2's comprehensive care plan shows R2 has self-care and mobility deficit. R2's care plan does not include goals and approaches to prevent abuse.</p> <p>R3's face sheet shows an admitted [DATE] with included diagnoses but not limited to Major Depressive Disorder and Stage 3 Chronic Kidney Disease. R3's MDS assessment dated [DATE] shows R3 is cognitively intact. R3's comprehensive care plan shows R3 has self-care and mobility deficit. R3's care plan does not include goals and approaches to prevent abuse.</p> <p>R4's face sheet shows an admitted [DATE] with included diagnoses but not limited to Hemiplegia and Hemiparesis Following Cerebral Infarction and Chronic Obstructive Pulmonary Disease. R4's MDS assessment dated [DATE] shows R4 is cognitively intact. R4's Abuse/Neglect Screening dated 9/12/24 shows R4 is at risk for abuse. R4's comprehensive care plan shows R4 has self-care and mobility deficit. R4's care plan does not include goals and approaches to prevent abuse.</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
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/23/24 at 9:48 AM, interviewed V3 (Assistant Administrator) and stated abuse assessment is completed upon admission, quarterly, annually, and as needed. V3 stated all residents residing in the facility is considered at risk for abuse. They are elderly and vulnerable residents. V3 stated it is important to address at risk for abuse in the resident's care plan. V3 stated the assessment is completed to determine the risks of residents for abuse and interventions to prevent abuse should be in the care plan.</p> <p>The facility's Abuse Prevention and Reporting policy (revised 10/24/22) reads in part:</p> <p>Resident Assessment: As part of the resident's life history on the admission assessment, comprehensive care plan, and MDS assessments, staff will identify residents with increased vulnerability for abuse, neglect, exploitation, mistreatment, history of trauma or misappropriation of resident property, who have needs, triggers and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals, and approaches, which would reduce the chances of abuse, neglect, exploitation, mistreatment or misappropriation of resident property for these residents.</p>