

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 02/19/2026
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)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure resident safety and supervision while transporting one resident (R1) in a wheelchair without leg rests resulting in the resident sustaining a fracture This failure affected one residents (R1) out of six residents reviewed for safety and supervision. The findings include:</p> <p>R1's Face sheet dated 2/17/2026 documents a diagnosis of but not limited to other specified disorders of muscle, right side sciatica, unilateral primary osteoarthritis-right knee, age-related osteoporosis without current pathological fracture, and limitations of activities due to disability.</p> <p>R1's Minimum Data Set Section C 12/19/2026 dated documents a BIMS (Brief Interview Mental Status) Score of 15 which is an indication of an intact cognition.</p> <p>R1's Care Plan initiated 8/11/2025 and revised on 12/30/2025 documents, in part a focus for extremities related to other abnormalities of gait and mobility, sciatica right side, unilateral primary osteoarthritis right knee and cerebral infarction, risk for falls related to other abnormalities of gait and mobility- sciatic right side, unilateral primary osteoarthritis right knee.she is able to self-propel in hall without leg rests short distances.</p> <p>R1's Physician Order Sheet has an active order dated 12/2/2025 Therapy: OT Evaluation and Treatment 2-4 x/week x 41 days, to address activities of daily living retraining, therapeutic activities, therapeutic exercises, neuromuscular reeducation, wheelchair management and training (w/c mgt/trng)., and discharge (d/c) planning.</p> <p>R1's Physician Order Sheet has an active order dated 12/2/2025 Therapy: PT Evaluation and Treatment 3 to 5 x/week x 41 days. Physical Therapy (PT) skilled services may include Therapeutic Exercises, Therapeutic Activities, Neuromuscular Re-education, Wheelchair Management.</p> <p>R1's Physician Order Sheet has an active order dated 12/26/2025 at 12:08 PM, documents transfer to hospital emergency room for x-ray of left ankle, fibula, and tibia per resident and family's request.</p> <p>R1's Hospital After Visit Summary documents, in part, a diagnosis of closed nondisplaced fracture of medial malleolus of left tibia, initial encounter.</p> <p>R1's Physician Progress Note dated 12/26/2025 at 10:20 AM documents Was asked to reassess patient after she twisted her knee this am. Patient with pain on palpation of superior tibia, patellar</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: 146001	Facility ID: 146001 If continuation sheet Page 1 of 5

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