

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 05/02/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</p> <p>Based on observation, interview and record review, the facility failed to ensure that the call light was accessible for one resident (R18) who was reviewed for call lights. This failure had the potential to affect 1 resident out of a sample of 88 residents.</p> <p>Findings include:</p> <p>On 04/28/24 at 11:59am, R18 was observed lying in bed, on her right side, with call light laying on the floor under R18's bed and out of reach.</p> <p>R18 is not capable of being interviewed.</p> <p>R18's Admission Record documents, in part, R18's diagnoses including but not limited to: unspecified osteoarthritis, unspecified dementia, anemia, type 2 diabetes mellitus, chronic kidney disease, pressure ulcer of sacral region unstageable, pressure-induced deep tissue damage of right heel, and pressure ulcer of other site stage 4.</p> <p>R18's Staff Assessment for Mental Status, dated 4/17/24, documents, in part, that R18 has short and long-term memory problems and cognitive skills for daily decision making are moderately impaired.</p> <p>On 4/28/24 at 12:05pm, V21 (Licensed Practical Nurse/LPN) stated, The call light is on the floor. It must have fell . R18 can't reach it. V21 then picked the call light up from underneath R18's bed and clipped it to R18's bed sheet so it is now within reach of R18.</p> <p>On 4/28/24 at 4:59pm, V35 (R18's family member) stated, (R18) is [AGE] years old. R18 needs help with everything. R18 needs the call light.</p> <p>On 4/30/2024 at 1:57pm, V19 (Assistant Director of Nursing/ADON/Infection Preventionist) stated, Call lights should be connected in the bed within the resident's reach so the resident can call for assistance.</p> <p>R18's Care Plan, with date initiated on 9/06/2023 with last revised on 11/29/23, documents, in part, a focus of (R18) am at risk for falls and injury related to falls. Risk factors: Requires assistance with ADL's (activities of daily living) with an intervention of Be sure The resident's call light is within reach and encourage the resident to use 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
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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>Facility policy title, Call Light, revision date 2/2/18, documents, in part, All residents shall 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.</p> <p>Facility document, dated 5/22, and title, Residents' Rights for People in Long-term Care Facilities, documents, in part, You have the right to .Your facility must provide services to keep your physical and mental health, and sense of satisfaction.</p> <p>Facility job description title, Licensed Practical Nurse (LPN)," dated 5/2/17, documents, in part, .ensure that nursing services and activities can be adequately maintained to meet the needs of the residents.</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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** 40067</p> <p>Based on interview and record review, the facility failed to follow the facility abuse policy to perform criminal background checks for new residents within 24 hours of admission which affected R198, R199, R200, and R202 in the sample of 88 residents reviewed and has the potential to affect 192 residents in the facility reviewed for abuse.</p> <p>Findings include:</p> <p>On 4/29/24 at 12:25 pm, V13 (Admissions Director) stated that resident criminal back ground checks are done for residents when they come in within 24 hours. When asked if a resident is admitted at 9:00 am, should the criminal background check be done by 9:00 am on the following day, V13 stated, Yes. V13 stated that V13 will initiate the Criminal History Information Response Process (CHIRP) request by filling out the Resident Background Check with the new resident's first and last names, gender, birthdate and race and email the request to the facility's corporate office to process the CHIRP request.</p> <p>On 4/30/24 at 11:23 am, V13 (Admissions Director) stated that V13 does the new resident's criminal background checks within 24 hours of admission. I (V13) don't do them on the weekends. I (V13) don't know if anyone is here to run the CHIRPS. When asked the purpose of checking residents' criminal background checks within 24 hours of admission, V13 stated, To know who we have in the facility, so there's not injury to staff or patients. We need to know these types of individuals. For the overall safety of the building.</p> <p>On 4/30/24 at approximately 1:15 pm, V13 (Admissions Director) and this surveyor reviewed the requested, in part, criminal background checks for R198, R199, R200, and R202 as follows:</p> <p>R198: V13 confirmed that R198 was admitted on [DATE] and that the Resident Background Check form was initiated by V13 for a CHIRP on 4/29/24 which is greater than 24 hours from R198's admission.</p> <p>R199: V13 confirmed that R199 was admitted on [DATE] and that the Resident Background Check form was initiated by V13 for a CHIRP on 4/29/24 which is greater than 24 hours from R199's admission.</p> <p>R200: V13 confirmed that R200 was admitted on [DATE] and that the Resident Background Check form was initiated by V13 for a CHIRP on 4/29/24 which is greater than 24 hours from R198's admission.</p> <p>R202: V13 stated that R202 was admitted to the facility on [DATE], and R202's Resident Background Check form was initiated by V13 for a CHIRP on 4/24/24 which is greater than 24 hours from R202's admission.</p> <p>On 4/30/24 at 3:30 pm, V3 (Regional VP of Operations) stated that new resident's criminal background checks within 24 hours of admission. When asked the purpose of running criminal background checks within 24 hours of new residents, V3 stated, To make sure there's no dangerous person here.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 5/1/24 at 2:44 pm V1 (Administrator) stated that V1 is the abuse coordinator for the facility. When asked what V1's general responsibilities are as an abuse coordinator, V1 stated that V1 is to report and investigate all allegations of abuse in the facility to ensure that no abuse is being done. When asked what is the purpose of performing new residents' criminal background checks, V1 stated, So that all residents are free from abuse. When asked when are the new residents' criminal background checks to be performed, V1 stated, Upon admission and that they'd typically perform the background checks prior to admission usually the day before. When asked is it acceptable for facility staff to perform a criminal background check greater than 24 hours of a resident admission, V1 stated, No. When asked why a resident criminal background check is performed within 24 hours of a resident's admission, V1 stated, To make sure the status comes back from the background check. To ensure that residents are free from abuse.</p> <p>1) R198's Admission Record, documents, in part, diagnoses of rheumatoid arthritis, pulmonary hypertension and fracture of sacrum, and R198's admitted into the facility is 4/27/24.</p> <p>R198's Resident Background Check form for a CHIRP request, documents, in part, that R198's CHIRP request was performed by V13 on 4/29/24 which is greater than 24 hours after R198's admission into the facility on [DATE].</p> <p>2) R199's Admission Record, documents, in part, diagnoses of type 2 diabetes mellitus, hyperlipidemia, systolic (congestive) heart failure, and hypertension, and R199's admitted into the facility is 4/26/24.</p> <p>R199's Resident Background Check form for a CHIRP request, documents, in part, that R199's CHIRP request was performed by V13 on 4/29/24 which is greater than 24 hours after R199's admission into the facility on [DATE].</p> <p>3) R200's Admission Record, documents, in part, diagnoses of malignant neoplasm of duodenum, hypertension and systolic (congestive) heart failure, and R200's admitted into the facility is 4/26/24.</p> <p>R200's Resident Background Check form for a CHIRP request, documents, in part, that R200's CHIRP request was performed by V13 on 4/29/24 which is greater than 24 hours after R200's admission into the facility on [DATE].</p> <p>4)R202's Admission Record, documents, in part, diagnoses of chronic obstructive pulmonary disease, combined systolic (congestive) and diastolic (congestive) heart failure, bronchitis, hypertension, and abnormalities of gait and mobility, and R202's admitted into the facility is 4/20/24.</p> <p>R202's Resident Background Check form for a CHIRP request, documents, in part, that R202's CHIRP request was performed by V13 on 4/24/24, which is 4 days after R202's admission into the facility.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility policy titled Abuse Prevention and Reporting - Illinois and dated 10/24/22 documents, in part, Guidelines: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits the abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In ordered to do so, and the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is what in its control occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. This will be done by: Conducting . pre-admission screening of residents . establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment . Abuse Prevention: . Pre-Admission Screening of Potential Residents: This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. This facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident.</p> <p>On 4/28/24, V1 (Administrator) and V3 (Regional [NAME] President of Operations) stated that there are 192 active residents in the facility.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>43351</p> <p>Based on observation, interview and record review the facility failed to ensure that residents who require assistance with ADLs (Activities of Daily Living) received the assistance. This failure affected three residents (R7, R40 and R189) out of a sample of 88 residents reviewed for ADL care.</p> <p>Findings include:</p> <p>On 04/28/2024 at 10:44am, R189 has facial hair on chin and upper lip, R189 stated staff was just here. I (R189) was not offered assistance to shave my (R189) lip and chin. I (R189) did not know that they (staff) can do that. Staff did not say anything about me having hair on my chin and lip. The hair on my lip and chin are irritating because they are long. Of course, I (R189) need staff to help shave myself.</p> <p>On 04/28/2024 at 10:45am, surveyor informed V6 (CNA) that R189 requested assistance with shaving her (R189) facial hair. V6 looked at R189 facial hair and stated 'Okay.'</p> <p>On 04/28/2024 at 11:23am, R40 has facial hair on her (R40) chin. R40 stated I (R40) need assistance with shaving my chin. I (R40) cannot do it myself (R40) because I (R40) am afraid I (R40) will cut myself. Staff never offered assistance to shave my (R40) chin.</p> <p>On 04/28/2024 at 11:24am, surveyor informed V6 (CNA) that R40 requested assistance with shaving her (R40) facial hair. V6 looked at R40's facial hair and stated 'Okay.'</p> <p>On 04/30/2024 at 10:25am, V19 (Infection Preventionist/Assistant Director of Nursing) stated shaving of facial hair for female residents is as needed and per preference. Shaving of facial hair should be offered when performing care to residents. When a CNA comes in to provide care like getting the resident up, providing incontinence care, or providing shower or bed bath and noted facial hair to residents, they should offer to shave the facial hair. It is for the appearance and dignity of the resident.</p> <p>R40's (Active Order As Of: 04/30/2024) Order summary Report documented, in part Diagnoses: (include but not limited to) cellulitis of left lower limb and need for assistance with personal care.</p> <p>R40's (04/15/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 14. Indicating R40's mental status as cognitively intact. Section GG. Functional Abilities and Goals. I. Personal hygiene (ability to maintain personal hygiene including shaving): 05 - set up or clean -up assistance.</p> <p>R40's (04/15/2024) care plan documented, in part my functional ability impairment vary at times, I (R40) require assistance with ADLs (x) Personal hygiene. will improve ADL self-performance. Assist with personal hygiene as needed.</p> <p>R189's (Active Order As Of: 04/30/2024) Order Summary report documented, in part Diagnoses: (include but not limited to) acute myocardial infarction, need for assistance with personal care.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R189's (03/01/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R189's mental status as cognitively intact. Section GG. Functional Abilities and Goals I. Personal Hygiene (the ability to maintain personal hygiene including shaving): 4 - Supervision or touching assistance.</p> <p>R189's (02/28/2024) careplan documented, in part I (R189) require assistance with ADLs and functional status in (x) Personal hygiene. Will maintain existing ADL self-performance. Assist with personal hygiene as needed.</p> <p>The (05/02/2017) Certified Nursing Assistant Job Description documented, in part Summary: The Certified Nursing Assistant is responsible for providing residents care and support in all activities of daily living and ensures the health, welfare and safety of all residents. Essential Duties and Responsibilities: Provide assistance in personal hygiene by giving shaves.</p> <p>The (undated) Activities of Daily Living (ADLS) documented, in part Grooming. Maintaining personal hygiene including shaving.</p> <p>The (undated) shaving male and female residents documented, in part Purpose: To provide cleanliness, comfort, and improved morale. Important information on frequency and method of shaving. 1. Male residents will be assessed for daily shaving need and assisted as his functional needs indicate. 3. Female residents will be assessed weekly, and assistance provided in accordance with the residence preference.</p> <p>45346</p> <p>On 4/28/2024 at 10:32am R7 observed with unshaved grey and black facial hair. R7 stated I have asked the staff to assist me with shaving and the staff tell me that they do not have anyone who can shave my facial hair.</p> <p>On 4/30/2024 at 9:44am V19 (ADON/LPN/IP-Assistant Director of Nursing/Licensed Practical Nurse/Infection Preventionist) stated the Certified Nursing Assistant is responsible for shaving a resident's facial hair. V19 stated if a resident has made a request to the certified nursing assistant to be shaved then the certified nursing assistant is to shave the resident.</p> <p>On 4/30/2024 at 9:49am V34 (CNA/Certified Nursing Assistant) stated the Certified Nursing Assistant is responsible for shaving the resident's facial hair. V34 stated if a resident requested that I shave his/her facial hair, then I am to shave the resident.</p> <p>R7's diagnosis includes but are not limited to chronic obstructive pulmonary disease, unspecified, acute on chronic diastolic (congestive) heart failure, acute pulmonary edema, type 2 diabetes mellitus without complications, end stage renal disease, other lack of coordination, need for assistance with personal care, adult failure to thrive, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, essential (primary) hypertension, and human immunodeficiency virus disease.</p> <p>Reviewed R7's Brief Interview for Mental Status (BIMS) dated 2/12/2024 documents R7 has a BIMS score of 7, which indicates R7's cognition is severely impaired.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reviewed R7's MDS (Minimum Data Set) Section GG dated 2/12/2024 which documents in part, Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face, and hands. A code 05 is documented which indicates R7 requires Setup or clean-up assistance-helper sets up or cleans up; resident completes the activity. Helper assists only prior to or following the activity.</p> <p>Reviewed R7's care plan received from the facility on 4/30/2024, documents in part, Focus: I require assistance with ADLs and functional status in oral/dental care, bed mobility, transfer, walking, locomotion, dressing, eating, toilet use, personal hygiene, and bathing.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</p> <p>Based on observation, interview and record review, the facility failed to have low air loss mattress at the correct weight settings for five residents (R73, R38, R8, R43 and R18) of five residents reviewed for pressure ulcers in a total sample of 88 residents.</p> <p>Findings include:</p> <p>1. On 4/28/24 at 10:09am, R73 was observed on a low air loss mattress set at 180 pounds. When asked about R73's weight, R73 replied, Last month (R73) weighed 85 pounds. (R73) have a sore on my butt that they change every day.</p> <p>Facility presented document, title, Weights and Vitals Summary, dated 4/5/24, which shows R73's weight is 93.6 pounds.</p> <p>R73's MDS (Minimum Data Status), section M, dated 4/05/24, states that R73 is at risk for developing pressure ulcers/injuries, has 1 stage 3 pressure ulcer and should have a pressure reducing device for bed.</p> <p>R73's Preventive Interventions Worksheet, dated 4/23/24, documents, in part, a Braden scale of 12 which indicates R73 is at high risk for developing pressure ulcers.</p> <p>R73's Care Plan, dated, 4/22/2024, documents, in part, a focus of Non-Complicated Pressure Ulcer Prevention Using an Air Loss Mattress. R73's Care Plan, with date initiated on 4/8/2024 with last revised on 4/29/2024, documents, in part, a focus of (R73) have pressure ulcer to sacrum. R73's Care Plan, with date initiated on 10/06/23 with last revised on 1/08/2024, documents, in part, a focus of (R73) have impaired skin integrity puts (R73) at risk for further impairment in skin, with a goal of Pressure reducing device for chair and bed.</p> <p>R73's Admission Record documents, in part, R73's diagnoses including but not limited to: psoriatic arthritis, need for assistance with personal care, and pressure ulcer of sacral region stage 3.</p> <p>R73's Minimum Data Set (MDS), dated [DATE], documents, in part, that R73's BIMS (Brief Interview for Mental Status) score is 15, which indicates that R73 is cognitively intact.</p> <p>2. On 4/28/24 at 10:18am, R38 was observed laying on her left side on a low air loss mattress set at 350 pounds.</p> <p>Facility presented document, title, Weights and Vitals Summary, dated 4/5/24, shows R38's weight is 159.2 pounds.</p> <p>R38's MDS (Minimum Data Status), section M, dated 1/30/24, states that R38 has 1 stage 3 pressure ulcer and should have a pressure reducing device for bed.</p> <p>R38's Preventive Interventions Worksheet, dated, 4/21/24, documents, in part, a Braden scale of 15 which indicates R38 is at risk for developing pressure ulcers.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R38's Care Plan, dated 10/25/23, documents, in part, a focus of (R38) have a potential for impairment to skin integrity. with an intervention of Pressure reducing mattress.</p> <p>R38's Admission Record documents, in part, R38's diagnoses including but not limited to: type 2 diabetes mellitus, peripheral vascular disease, schizophrenia, acquires absence of right leg above knee and major depressive disorder.</p> <p>R38's Minimum Data Set (MDS), dated [DATE], documents, in part, that R38's BIMS (Brief Interview for Mental Status) score is 12, which indicates that R38 is moderately cognitively intact.</p> <p>3. On 4/28/24 at 10:32am, R8 was observed laying on her back, on a low air loss (LAL) mattress set at 210 pounds.</p> <p>Facility presented document, title, Weights and Vitals Summary, dated 4/5/24, shows R8's weight is 159.2 pounds.</p> <p>R8's MDS (Minimum Data Status), section M, dated 3/22/24, states that R8 is at risk for developing pressure ulcers/injuries and should have a pressure reducing device for bed.</p> <p>R8's Preventive Interventions Worksheet, dated, 2/17/24, documents, in part, a Braden scale of 17 which indicates R8 is at risk for developing pressure ulcers.</p> <p>R8's Order Summary Report Active Order as of 4/29/24, documents, in part, Low air loss mattress to bed.</p> <p>R8's Care Plan, with date initiated on 3/15/2017 with last revised on 11/04/22, documents, in part, a focus of (R8) have a Venous Stasis ulcer(s) . with an intervention of LAL (low air loss) mattress.</p> <p>R8's Admission Record documents, in part, R8's diagnoses including but not limited to: right shoulder osteoarthritis, abnormal posture, non-pressure chronic ulcer of right ankle, hypertension and epilepsy.</p> <p>R8's Minimum Data Set (MDS), dated [DATE], documents, in part, that R8's BIMS (Brief Interview for Mental Status) score is 15, which indicates that R8 is cognitively intact.</p> <p>4. On 4/28/24 at 10:34am, R43 was observed laying on her back, on a low air loss mattress set at 450 pounds.</p> <p>Facility presented document, title, Weights and Vitals Summary, dated 4/5/24, shows R43's weight is 223.2 pounds.</p> <p>R43's MDS (Minimum Data Status), section M, dated 3/28/24, states that R43 is at risk for developing pressure ulcers/injuries and should have a pressure reducing device for bed.</p> <p>R43's Preventive Interventions Worksheet, dated, 2/11/24, documents, in part, a Braden scale of 14 which indicates R43 is at moderate risk for developing pressure ulcers.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Aperion Care International		STREET ADDRESS, CITY, STATE, ZIP CODE 4815 South Western Ave Chicago, IL 60609	
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R43's Order Summary Report Active Order as of 4/29/24, documents, in part, Low air loss mattress to bed.</p> <p>R43's Care Plan, with date initiated on 12/27/2023 with last revised on 1/18/2024, documents, in part, a focus of (R43) have an ADL and functional ability for self-care and mobility performance deficit r/t weakness and Impaired mobility, with an intervention of Bed Mobility: Total dependence. R43's Care Plan, with date initiated on 6/12/2018 with last revised on 4/06/2024, documents, in part, a focus of (R43) have potential for impairment to skin integrity r/t decreased mobility, with a goal of (R43) will not develop further alteration in skin integrity .</p> <p>R43's Admission Record documents, in part, R43's diagnoses including but not limited to: type 2 diabetes mellitus, anxiety, hemiplegia and hemiparesis following cerebral infarction.</p> <p>R43's Minimum Data Set (MDS), dated [DATE], documents, in part, that R43's BIMS (Brief Interview for Mental Status) score is 10, which indicates that R43 is moderately cognitively intact.</p> <p>5. On 04/28/24 at 11:59am, R18 was observed lying in bed, on her right side, on a Low air loss mattress set at 150 pounds.</p> <p>Facility presented document, title, Weights and Vitals Summary, dated 4/19/24, shows R18's weight is 80 pounds.</p> <p>R18's MDS (Minimum Data Status), section M, dated 4/17/24, states that R18 is at risk for developing pressure ulcers/injuries, has 2 stage 4 pressure ulcers and should have a pressure reducing device for bed.</p> <p>R18's Preventive Interventions Worksheet, dated, 2/19/24, documents, in part, a Braden scale of 11 which indicates R18 is at high risk for developing pressure ulcers.</p> <p>R18's Care Plan, with date initiated on 2/24/2023 with last revised on 4/18/24, documents, in part, a focus of (R18) have pressure ulcer to my left shoulder, coccyx, right heel, and sacrum r/ decreased mobility with an intervention of Low air loss mattress.</p> <p>R18's Admission Record documents, in part, R18's diagnoses including but not limited to: unspecified osteoarthritis, unspecified dementia, anemia, type 2 diabetes mellitus, chronic kidney disease, pressure ulcer of sacral region unstageable, pressure-induced deep tissue damage of right heel, and pressure ulcer of other site stage 4.</p> <p>R18's Staff Assessment for Mental Status, dated 4/17/24, documents, in part, that R18 has short and long-term memory problems and cognitive skills for daily decision making are moderately impaired.</p> <p>On 4/30/2024 at 11:31am, V36 (wound care nurse) stated, The low air loss mattress settings for the weight should match the resident's weight. The low air loss mattress is weight based and it reduces pressure on the resident's body based on the resident's weight. It helps to prevent pressure ulcers and help pressure ulcers heal.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Manufacturer's operator's manual, title, (Company) Alternating Pressure Low Air Loss Mattress Replacement System, revision date 3/22/21, documents, in part, .Determine the patient's weight and set the control knob to that weight setting on the control unit.</p> <p>Manufacturer's operation manual, title, (Company) low air loss mattress Operation Manual, undated, documents, in part, .Determine the patient's weight and set the control knob to that weight setting on the control unit.</p> <p>Facility policy title, Pressure Ulcer Prevention, revision date 1/15/18, documents, in part, Purpose: To prevent and treat pressure sores/pressure injury Specialty mattresses such as low air loss, alternating pressure, etc. may be used as determines clinically appropriate.</p> <p>Facility document dated 5/22 and title, Residents' Rights for People in Long-term Care Facilities, documents, in part, You have the right to .Your facility must provide services to keep your physical and mental health, and sense of satisfaction.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>49572</p> <p>Based upon observation, interview, and record review, the facility failed to ensure that an adaptive device (splint/palm grip) was in place of a contracted hand for one resident (R18) who was reviewed for limited mobility. This failure had the potential to affect 1 resident out of a sample of 88 residents.</p> <p>Findings include:</p> <p>On 04/28/24 at 11:59am, R18 was observed lying in bed, on her right side, with no hand assistive device (splint/palm grip) in either R18's right or left hands. The splint/palm grip was observed laying on R18's bedside dresser.</p> <p>On 4/28/24 at 1:44pm, R18 was again observed without the splint/palm grip in place in either R18's right or left hands. V21 (Licensed Practical Nurse/LPN) stated, Yes, she (R18) does have an order for the (splint/palm grip) to be placed in her right hand. (V21) am not sure why it is not in her hand. It's to help prevent the contracture from worsening. V21 then picked up the splint/palm grip from R18's bedside dresser and placed it in R18's right hand.</p> <p>R18 is not capable of being interviewed.</p> <p>R18's Admission Record documents, in part, R18's diagnoses including but not limited to: unspecified osteoarthritis, unspecified dementia, anemia, type 2 diabetes mellitus, chronic kidney disease, pressure ulcer of sacral region unstageable, pressure-induced deep tissue damage of right heel, and pressure ulcer of other site stage 4.</p> <p>R18's Staff Assessment for Mental Status, dated 4/17/24, documents, in part, that R18 has short and long-term memory problems and cognitive skills for daily decision making are moderately impaired.</p> <p>On 4/28/24 at 4:59pm, V35 (R18's family member) stated, R18 dug her nails into her skin on her right hand cause the right hand is contracted. R18 now has a wound there.</p> <p>On 4/30/2024 at 11:44am, V43 (Restorative Nurse) stated, The (splint/palm grip) is to prevent further contracting. R18 is supposed to have it on daily and PRN (as needed). It (splint/palm grip) should be on R18 from 7:00am to 3:00pm ever day.</p> <p>R18's Medication Administration Record, dated 4/1/2024 - 4/30/2024, documents, in part, Right Palm-clean with soap and water and apply (splint/palm grip) every day</p> <p>R18's Physician Order, dated 08/4/23, shows that R18 has an order for Right Palm-clean with soap and water and apply (splint/palm grip) every day</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R18's Care Plan, with date initiated on 9/29/2023 with last revised on 12/01/23, documents, in part, a focus of Current Functional Performance; PROM (passive range of motion) to bilateral upper extremities and hands due to contractures with an intervention of Ensure (splint/palm grip) in place or contractual device is in place daily.</p> <p>Facility document, undated, title, Passive Range of Motion Exercises, documents, in part, If the resident is recommended for a PROM (passive range of motion) program, trained nursing staff will provide .</p> <p>Facility policy, review/revision date 1/4/19 and title, Restorative Nursing Program, documents, in part, To promote each resident's ability to maintain or regain the highest degree of independence as safely as possible. Includes, but is not limited to, programs in splint or brace assistance</p> <p>Facility document dated 5/22 and title, Residents' Rights for People in Long-term Care Facilities, documents, in part, You have the right to .Your facility must provide services to keep your physical and mental health, and sense of satisfaction.</p> <p>Facility job description title, Licensed Practical Nurse (LPN)," dated 5/2/17, documents, in part, .ensure that nursing services and activities can be adequately maintained to meet the needs of the residents.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>41611</p> <p>Based on observation, interview and record review the facility failed to ensure the nebulizer mask was secured, when not in use, for one resident (R32) and oxygen tubing was dated for 3 residents (R74, R87 and R88). The failure affected 4 residents (R32, R74, R87 and R88) out of a sample size of 88 residents.</p> <p>Findings include:</p> <p>R88 has a diagnosis of Chronic Obstructive Pulmonary Disease, Acute and Chronic Respiratory Failure, Hypoxemia, and Shortness of Breath. R88 has a Brief Interview of Mental Status score of 13.</p> <p>On 4/28/2024 at 10:15am surveyor observed R88's oxygen tubing with no date on it.</p> <p>On 4/30/2024 at 10:50am surveyor observed R88's oxygen tubing with no date on it.</p> <p>On 4/30/2024 at 10:54am V10 (Registered Nurse) stated the oxygen tubing should be dated.</p> <p>Physician Order Summary with active orders as of 4/30/2024 documents, in part, Apply oxygen per nasal cannula prn (as needed).</p> <p>Policy titled Oxygen and Respiratory Equipment Changing/Cleaning with a revised date of 1/07/2019 documents, in part, to provide guidelines to employees for changing all disposable respiratory supplies, to ensure the safety of residents by providing maintenance of all disposable respiratory supplies and to minimize the risk of infection transmission. Policy also documents, Hand Held Nebulizer (HHN) and Mask, if applicable a clean plastic bac with a zip loc or draw string, etc. will be provided with each new set up and Nasal Cannula will be dated with the date the tubing was changed.</p> <p>43351</p> <p>On 04/28/24 at 10:31am, R74 was using a nasal cannula.</p> <p>On 04/28/24 at 10:35am, V11 (Licensed Practice Nurse) checked R74's nasal cannula per this surveyor's request and stated the nasal cannula is not dated. I (V11) don't see a date. The nasal cannula should be labeled and dated to make sure that it is still good for use.</p> <p>On 04/30/2024 at 10:22am, V19 (Infection Preventionist/Assistant Director of Nursing) stated staff are expected to change the nasal cannula weekly and to label with the date it was changed to reduce the bio burden. Meaning, to keep the germs away.</p> <p>R74's (Active Order As Of: 04/30/2024) Order summary Report documented, in part Diagnoses: (include but not limited to) parkinson's disease, asthma, pleural effusion and COPD (chronic obstructive pulmonary disease). O2 (oxygen) continuous via nasal cannula 2 liters.</p> <p>R74's (1/18/2024) care plan documented, in part altered respiratory status. Will have no s/sx (signs and symptoms) of poor oxygen adsorption. Administer medication asa ordered.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The (1/7/19) Oxygen & Respiratory Equipment - Changing /cleaning documented, in part Purpose: 3. To minimize the risk of infection. Procedure: 2. Nasal Cannula. Nasal cannulas are to be changed once a week and PRN (as need). C. it will be dated with the date the tubing was changed.</p> <p>45196</p> <p>On 04/28/24 at 11:06 am, Surveyor observed R87 in R87's room awake, alert and oriented sitting in a wheelchair. Surveyor observed R87 with oxygen in place at 4 Liters (L) per N/C (nasal cannula) with R87's tubing labeled with a date of 04/15/22. R87 stated that the staff at the facility changes R87's oxygen tubing every couple of weeks when R87's humidifier bottle water runs out.</p> <p>On 04/28/22 at 12:31 pm, Surveyor brought this observation to V18 (Licensed Practical Nurse, LPN), R87's nurse on 04/28/24 and V18 stated, Oxygen tubing is changed every day on the night shift at the facility. When Surveyor asked V18 regarding the importance of changing the nasal cannula tubing per facility's policy V18 stated, For infection control.</p> <p>R87's Physician Order Sheet (POS) order date 08/30/22 documents in part: Oxygen at 4 (L) per N/C.</p> <p>R87's Physician Order Sheet (POS) start date 09/04/22 documents in part: Change 02 (oxygen) humidifier 500 cc and 02 tubing every Sunday every night shift every Sun (Sunday) for shortness of breath.</p> <p>R87's face sheets shows that R87 has a diagnosis which includes but is not limited to morbid obesity due to excess calories, chronic obstructive pulmonary disease, and obstructive sleep apnea (adult) (pediatric).</p> <p>R87 has a Brief Interview for Mental Status (BIMS) dated 03/01/24 that shows R87 has a BIMS score of 15 which indicates that R87 is cognitively intact.</p> <p>45346</p> <p>Findings include:</p> <p>On 4/28/2024 at 11:04am observed R32's nebulizer machine and nebulizer face mask sitting on a blue chair in R32's room not in use by R32. Observed the nebulizer face mask not contained in a bag while sitting on the blue chair and not in use by R32.</p> <p>On 4/28/2024 at 11:12am V8 (LPN/Licensed Practical Nurse) stated the face mask should not be there (referring to sitting in the blue chair in resident's room). V8 stated the nebulizer face mask should be covered when not in use by the resident. V8 stated I am going to cover it (referring to the face mask) right now.</p> <p>On 4/30/2024 at 9:44am V19(ADON/LPN/IP-Assistant Director of Nursing/Licensed Practical Nurse/Infection Preventionist) stated when a resident is not using/wearing the facial mask the mask should be stored in a plastic bag for sanitation purposes.</p> <p>R32's diagnosis includes but are not limited to chronic obstructive pulmonary disease, unspecified, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, and essential (primary) hypertension.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reviewed R32's Physician Order Summary Report with active orders as of 4/30/2024 which documents in part, order for DuoNeb Solution 0.5-2.5 (3) mg(milligrams)/3ml(milliliters) (Ipratropium-Albuterol) 1 vial inhale orally via nebulizer every 6 hours for shortness of breath; dyspnea.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>49572</p> <p>Based on observation, interview and record review, the facility failed to post the daily nursing staffing and failed to ensure the daily nursing staffing information was complete and accurate. These failures affected all 192 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/28/24 at 9:00am, upon entrance to the facility, surveyor observed daily nursing staffing posted with a date of 1/25/24 near the receptionist area.</p> <p>On 4/30/24 at 9:40am, surveyor observed daily staffing posted with a date of 4/29/24.</p> <p>On 4/30/24 at 9:43am, surveyor asked V30 (receptionist) who was responsible for posting the daily nursing staffing. V30 replied, (V30) am responsible. (V30) count daily the nurses for all three shifts and the total number of residents for the census. This is to be done every day. When asked why the daily nursing staffing that was posted on 4/28/24 had a date of 1/25/24 and why today's (4/30/24) daily nursing staffing has not been posted, V30 replied, (V30) am not sure. (V30) will ensure its updated daily from now and on.</p> <p>On 4/28/24, V1 (Administrator) and V3 (Regional [NAME] President of Operations) confirmed that the resident census is 192 active residents.</p> <p>Facility document title, (Facility) DAILY STAFFING/CENSUS Date: Monday April 29, 2024, CENSUS: 191, which was posted on Tuesday, April 30, 2024, at 9:40am showed the wrong day, inaccurate census and also no specific unit(s) was reflected on the daily posting.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50728</p> <p>Based on observation, interview and record review, the facility failed to label and store biologicals in accordance with pharmaceutical recommendations; failed to store medications in a sanitary condition; failed to discard of expired medications; failed to maintain appropriate temperature in storing medications; failed to account for and store narcotics safely. This failure affects 22 residents (R104, R121, R11, R32, R126, R75, R76, R168, R144, R67, R144, R124, R114, R162, R140, R170, R27, R136, R28, R156, R30, R34) and has the potential to affect residents who receive medications on the first, second and third floor medication carts out of 88 residents sampled.</p> <p>Findings include:</p> <p>On 04/29/24 at 10:38 AM Surveyor observed medication storage fridge in the 3rd floor medication storage room with no thermometer in fridge. Temperature log for medication storage intact and shows all temperatures within stated range. V27 (Licensed Practical Nurse Unit Manager) stated we would not be able to track temperatures without a thermometer in the fridge. I do not know how they obtained those temperatures without a thermometer. If medications are not kept at an appropriate temperature, it can damage the medication.</p> <p>On 04/29/24 at 10:40 AM Surveyor observed V27 withdraw a bag with R104's Lorazepam from an unsecured basin in the medication storage fridge. V27 stated Lorazepam is a controlled substance and that requires the medication to be behind 2 locks. It was not kept in the lock box in the fridge.</p> <p>On 4/29/24 at 10:54 AM: Medications in the 3rd Floor Cart 1 surveyor observed the following medications opened with no open date: R121's and R11's 2 vials of Lantus 100 (insulin) units/mL, R32's Wilexa 500-50 mcg inhaler.</p> <p>On 4/29/24 at 10:54 AM: Surveyor observed the following medications located in 3rd floor medication cart 1 not refrigerated with directions to refrigerate: R22's 1 Fiasp (insulin) 3mL Prefilled Flex Touch, R126's and R75's 2 bottles of Latanoprost 0.005% ophthalmic solution. V27 stated that medications should be stored according to manufacturer's guidelines. Insulin should be discarded after 28 days and can be stored in the cart. Insulin and Latanoprost must be stored in the fridge until opening. The expectation is that we label our medications when we open them, and night shift performs QA to ensure expired medications are removed and all open medications are labeled.</p> <p>On 4/29/24 at 11:28 AM: Medications in the 3rd Floor Cart 2 surveyor observed the following medications that were past expiration date: 1 bottle B-Complex (exp. 1/2024), Zinc Sulfate 20 mg (exp. 3/2024). V27 stated the medication is expired and should be discarded.</p> <p>On 04/29/24 at 11:41 AM during narcotic reconciliation, surveyor observed R76's Acetaminophen with codeine 300-30 mg tablet card with a quantity of 13 tablets. Controlled drug administration record review indicates last dose was administered on 4/27/24, total remaining quantity of 14 tablets.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 04/29/24 at 11:47 AM V17 (Licensed Practical Nurse/LPN) stated There should be 14 tablets. I did not administer the medication to R76 this morning. We count the narcotics with 2 nurses on each shift change. I did count with night shift. I do not know where one tablet of the controlled medication is. When there is a discrepancy, we do a complete narcotic count and notify the physician. I would have to ask my supervisor if I am supposed to do anything else.</p> <p>On 04/29/2024 at 12:35 V3 (Regional [NAME] President (VP) of Operations) stated that he was made aware of the missing medications by V2 (Interim Director of Nursing) and that an investigation was started.</p> <p>On 4/29/24 at 12:40 PM: Surveyor observed the following medications in the 1st Floor Cart 1 opened with no open date: 2 bottles of R168's Brimonidine 0.2% ophthalmic solution, R144's Moxifloxacin 0.5% ophthalmic solution and 2 Basaglar (insulin) quick pen, R113's Latanoprost 0.005% ophthalmic solution, R67's Novolog (insulin) 100 unit flex pen. Surveyor observed the following medications in the 1st floor medication cart 1 that were past expiration date: 2 bottles of [NAME] shell calcium 500mg (exp. 2/2024), nephron vitamins (exp. 3/2024), vitamin B6 (exp. 11/23), one-a-day multivitamin (exp. 3/2024). Surveyor also observed R144's Basaglar quickpen (insulin) not refrigerated with directions to refrigerate.</p> <p>On 04/29/24 at 12:52 PM Surveyor observed V31 (Agency LPN) withdraw 5 blue tablets, 3 green tablets, 5 yellow capsules, 3 yellow caplets, 2 peach tablets, 5 peach capsules, 3 yellow tablets, 2 beige tablets, 2 black and orange capsules, 17 white round tablets, 2 blue round tablets, 1 red tablet, 6 white capsules, 2 brown round tablets, 10 white oblong tablets from the bottom of the medication cart drawers. V31 stated, I cannot identify any of these medications or which residents they belong to. It is the night shift nurse's responsibility to clean the medication carts and the other nurses should be cleaning it as needed. These loose pills should all be discarded and not dispensed to residents. Expired medication should also be discarded and not administered to residents. Giving medication that is expired can cause a resident to receive less than therapeutic dose.</p> <p>On 04/29/24 at 12:56 PM surveyor observed 1st floor medication storage room with V11 Licensed Practical Nurse (LPN). Surveyor observed 2 cartons of thickened orange juice with expiration dates of 3/18/24 and 1/18/24. 3 bottles of Aspirin 325mg with the expiration date of 2/2024 and 4 bottles of vitamin D 10mcg with the expiration date of 2/2024. V11 LPN stated, I'm not sure why these expired items are still here and that it is everyone's job to check for expirations.</p> <p>On 04/29/24 at 01:25 PM 2nd floor medication cart team 3 Surveyor observed with V32 (LPN), the following medications expired: NephroVitamins expired 3/2024, zinc 50mg expired 12/2023, calcium 500mg expired 2/2024. R54's Fluticasone nasal spray with no open on date. R124's Dorzol/Timol and Prednisone 1% ophthalmic solutions with no open date. 3 round white pills, 1 yellow capsule, 1 green tablet, 1 yellow tablet, 1 blue capsule found at bottom of medication cart. Humulin R insulin unopened, but kept in cart, instead of refrigerator as per dispenser's recommendation. R162's Novolin R insulin with no open or discard date. R114's Humulin R insulin with no open or discard date.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/29/24 at 1:31 PM surveyor observed the following medications in the 2nd Floor Medication Cart open with no open date: R140's Mupirocin 2% ointment, R170's Ciclopirox 0.77% cream, R27's Latanoprost 0.005% ophthalmic solution, 3 vials of R136's Timolol 0.5% ophthalmic solution and Fluticasone 100/50 mcg inhaler, R28's kertolac 0.5% ophthalmic solution, R156's Incruse Ellipta 62.5 mcg inhaler, and R30's Symbicort 160-4.5 inhaler. Surveyor also observed the following medication not refrigerated with directions to refrigerate: R38's Lantus (insulin), R34's Fiasp (insulin) 100 unit/ml pen, R34's vial of insulin glargine and vial of insulin lispro.</p> <p>On 4/29/24 at 1:47 PM During interview V28 (LPN) stated, All medications should be labeled by the nurse that opened them so we can track when they expire, this includes insulins and inhalers. Medications should be disposed of when they are expired to prevent any adverse reaction to the resident. Insulin should be stored in the refrigerator until it is opened.</p> <p>On 04/29/24 at 01:56 PM Surveyor observed Lorazepam 2mg/ml, 8ml bottle stored in medication refrigerator not secured in lock box. V32 (LPN) stated it should be in the locked box right there, but when I came, it wasn't in there, it was on the door.</p> <p>On 4/29/24 at 3:00 PM, surveyor reviewed R76's medication administration record (MAR) for the month of April 2024. Acetaminophen-Codeine 300-30 mg tablet was administered on April 11th, 2024 only. The control drug administration record for R76's Acetaminophen-Codeine 300-30 MG tablet indicates that it was administered on 4/2/24, 4/13/24, 4/15/24 and 4/27/24.</p> <p>On 04/30/24 at 09:47 AM Interview was conducted by surveyor with V19 (Assistant Director of Nursing/Infection Preventionist LPN) and V17. V17 stated I retraced my steps, and I did administer medication (Acetaminophen-Codeine 300-30 mg) to R76 at around 8:00 AM. He was complaining of hip pain and generalized pain 7/10. I did not document administering the medication in the medication administration record nor on the controlled drug administration record. The standard should be to document both on the medication administration record and the controlled drug administration record. When a controlled medication goes missing, I am to report it to my supervisor and follow the chain of command. V19 confirmed that administration of controlled substances should be documented on both the medication administration record and the controlled drug administration record.</p> <p>On 4/30/24 at 1:53 PM V19 stated If there are expired medications, I expect staff to pull the expired medications from the cart, including Over The Count (OTC) meds. The expectation is that all controlled substances are stored behind 2 locks and that medications are stored according to manufacturer's direction.</p> <p>Policy Titled Storage of Medications (no date) reads, Medications and biologicals are stored safely, securely, and properly, following manufacture'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</p> <p>.#7. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal and reordered from the pharmacy, if current order exists</p> <p>#8. Medication storage areas are kept clean, well-lit, and free of clutter and extreme temperatures and humidity.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Temperature</p> <p>#1. - Medications and biologicals are stored at their appropriate temperatures and humidity according to the United States Pharmacopeia guidelines for temperature ranges.</p> <p>#3. Medications requiring refrigeration are kept in a refrigerator at temperatures between 2 degrees C (36 degrees F) and 8 degrees C (46 degrees F) with a thermometer to allow temperature monitoring. Medications requiring storage in a cool place are refrigerated unless otherwise directed on the label. Controlled-substances that require refrigeration are stored within a locked box within the refrigerator. This box must be attached to the inside of the refrigerator.</p> <p>Expiration Dating (Beyond-use-dating)</p> <p>#2. Drugs dispensed in the manufacture's original container will be labeled with the manufacture's expiration date.</p> <p>#3. Certain medications or package types, such as IV solutions, multidose injectable vials, ophthalmic, nitroglycerin tablets, once opened, require an expiration date shorter than the manufacture's expiration date to insure medication purity and potency.</p> <p>#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.</p> <p>Policy titled Controlled Substances (no date) reads, medications included in the Drug Enforcement Administration (DEA) Classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with federal and state laws and regulations.</p> <p>.#3. All controlled substances CII-V are stored or maintained in a locked cabinet or compartment. If refrigeration is required, the refrigerator or a container kept in the refrigerator is locked.</p> <p>#4 Accurate accountability of the inventory of all controlled drugs is maintained at all times. When a controlled substance is administered, the licensed nursing personnel administering the medication immediately enters the following information on the accountability record and the medication administration record (MAR):</p> <p>a) Date and time of administration (MAR, accountability record)</p> <p>b) Amount administered (MAR, accountability record)</p> <p>c) Remaining quantity (accountability record)</p> <p>d) Signature of nursing personnel administering the dose (accountability record)</p> <p>e) Initials of the nurse administering the dose, completed after the medication is actually administered (MAR)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45196</p> <p>Based on observation, interview and record review the facility failed to ensure that residents' food items in the facility kitchen are properly labeled, dated when received and when opened, and a food package is securely sealed after opening; failed to discard expired food items; failed to follow proper food storage practices and labeling food to prevent food-borne illnesses; failed to ensure that staff store their food and drinks out of the facility kitchen used for residents; failed to record the cooler and freezer temperature logs; failed to maintain the proper sanitation levels of the kitchen sanitation buckets; failed to accurately test the sanitation level of the sanitation buckets in the kitchen; and failed to ensure sanitation was maintained related to the cleanliness of the kitchen. These failures have the potential to affect all 185 residents receiving an oral diet in the facility.</p> <p>Findings include:</p> <p>[DATE] at 9:16 am, Surveyor entered the facility's kitchen area. Surveyor observed V14 (Dietary Cook) at the cook station. At 9:18 am, Surveyor and V14 (Dietary Cook) toured the facility's kitchen with the following observations:</p> <p>In the walk-in cooler Surveyor and V14 observed:</p> <p>The walk-in cooler at 39 degrees Fahrenheit (F). The cooler temperature log sheet on the front of the cooler with an incomplete temperature log for the pm shift for [DATE].</p> <p>The first rack in the cooler, on a the bottom shelf a pan with:</p> <p>Seven hamburgers and two hotdog's in a silver pan covered with saran wrap on the bottom shelf not labeled with a date. A pan with sliced ham meat in a silver pan covered with saran wrap undated. A large silver pan with green gelatin covered with saran wrap without a dated. Another pan of green gelatin wrapped with saran wrap dated [DATE] and a use by date of [DATE]. One half of a watermelon covered with saran wrap without a date. A silver pan with a thick yellow custard liquid with onion and two hamburgers cover with plastic saran wrap undated.</p> <p>A silver roll cart with multiple shelves to the left of the cooler doorway entry with:</p> <p>On the top shelf, twelve sandwiches individually wrapped with saran wrap labeled Renal with all sandwiches undated. Below the shelf of sandwiches, a silver pan of yellow pudding without a date. A tray with 16 cups of cottage cheese and one cup of apple sauce dated [DATE] and a use by date of [DATE]. Below the 16 cups of cottage cheese and apple sauce was six tuna sandwiches without a date and a rack was observed with a fruit plate cover with saran [NAME] without a date.</p> <p>To the right of the walk in cooler first shelf with an undated bag of open eggs. V14 stated, That's my fault. I (V14) served that this morning and put that in here like that. A blue and silver, red bull drink on the top shelf. V14 stated, That's from the staff. A bowl with brown and yellow welted lettuce on the bottom shelf without a date.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>At 9:35 am, Surveyor and V14 observed the kitchen freezer with a temperature of 0 degrees (F). Surveyor and V14 Observed the freezer temperature log sheet on the front of the freezer with a missing temperature logs for [DATE].</p> <p>To the right of the freezer on the middle shelf a bluish green water bottle with liquid inside. V14 stated, that is V15 (Dietary Aide) cool aide bottle.</p> <p>To the left of the freezer middle shelf with a frozen pie cover with a plastic saran wrap without a date. A silver pan covered with saran wrap that V14 stated was chicken quesadillas without a date. A silver pan covered with saran wrap that V14 stated was fish without a date. V14 stated, We served fish the day before yesterday. A bag of frozen blueberries dated with an expiration date of [DATE].</p> <p>At 9:40 am, Surveyor and V14 toured the dry storage area and observed the middle shelf with five bowls of dry cereal without a date.</p> <p>At 9:45 am Surveyor and V14 observed the sanitation buckets with particles floating in a low level of grey water, without adequate sanitation solution. V14 stated that the kitchen has two sanitation buckets for use. Surveyor requested V14 to perform a check of the sanitation solution level of bucket number one at the cook station. Surveyor observed V14 bring a plastic bag with and unraveled ball of tan colored strips that V14 was observed cutting a piece of the tan color strip off, to test the sanitation bucket number one. V14 stated, I (V14) do not know where the manufactures bottle for the sanitation strips is. This is how we test the sanitation buckets. I (V14) do not know if the sanitation strips is expired. Surveyor observed the sanitation strip remain a tan color after V14 placed the sanitation strip into the sanitation bucket.</p> <p>At 9:48 am, Surveyor and V14 observed a bag of hot cheese corn snacks at the counter on the cook station. V14 stated, Someone left that from yesterday.</p> <p>On [DATE] at 12:44 pm, Surveyor observed V15 (Dietary Aide) at the third-floor dining room steam table perform temperature checks of the lunch meal. Surveyor observed V15 place a probe thermometer inside a pan of sweet potatoes with a temperature at 160 degrees (F), then use a piece of plastic wrap hanging from the edge of a silver pan with cooked chicken on the steam table to clean the probe thermometer before V15 placed the probe thermometer inside the pan of cauliflower that had a temperature at register at 170 degrees. After V15 tested the pan of cauliflower, V15 used the same piece of plastic wrap hanging from the edge of a silver pan with cooked chicken on the steam table to clean the probe thermometer before placing the probe thermometer inside of pan of puree rice that hand a temperature of 170 degrees (F) and then use the same piece of plastic wrap hanging from the edge of a silver pan with cooked chicken on the steam table to clean the probe thermometer again. When Surveyor asked V15 regarding using the piece of plastic wrap hanging from the edge of a silver pan with cooked chicken on the steam table to clean the probe thermometer and what the facility's policy for cleaning the probe thermometer in between testing foods and V15 stated, I (V15) probably should have used a napkin, or a towel to clean the thermometer (referring to the probe thermometer).</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 10:36 am, Surveyor observed V14 prepare the facility's turkey meat puree for the resident's lunch time meal. Surveyor observed V14 wearing gloves mixing the turkey puree ingredients into a silver electric mixer and walk over to the stove area to twist the first stove knob then remove a bundle of hot dogs that was in a silver pan on top of the stove, walk over to a shelf, grab another silver pan and then place the bundle of hot dogs from the pan on the top of the stove into a new silver pan, then return to finish blending and mixing the turkey puree. When the surveyor brought this observation to V14, V14 stated, I (V14) should have removed my gloves and washed my (V14) hands before returning to mixing the puree because I (V14) could have caused contamination.</p> <p>On [DATE] at 11:43 am, V42 (Dietary Manager) stated that is important to follow safe practices in the kitchen to avoid contamination of food causing food borne illness and to maintain infection control in the kitchen. V42 stated that staff should be recording the cooler and freezer temperature logs twice a day and discarding expired foods in the kitchen every day, immediately upon expiration. V42 also stated that foods in the kitchen should be labeled with an open and expiration dated as well as properly sealed. V42 then explained that staff personal food items should be stored in the break room lounge refrigerator. V42 also explained that all gloves worn by staff in the kitchen should be changed each time the staff is prepping and preparing a meal in the kitchen before touching other items. V42 also stated that the sanitation buckets should have adequate solution and the sanitation test strips should be stored in the manufactures bottle.</p> <p>The facility's document dated [DATE] and titled Order Listing Report shows that the facility has 185 residents receiving an oral diet in the facility.</p> <p>The facility's job description document dated [DATE] and titled Dietary Manager documents in part: Summary: The Dietary Manager is responsible for partnering with the dietitian to plan, organize, develop and direct the overall operation of the dietary department in accordance with federal, state, and the local standards, guidelines and regulations governing our facility, and as may be directed by the administrator, to ensure that quality nutritional services are provided on a daily basis and that the dietary department is maintained in a clean, safe and sanitary manner. Essential Duties and Responsibilities: inspect food storage rooms, utility/janitorial closets for upkeep and supply control. Ensure that dietary service work area, food storage area, and food preparation areas are maintained in a clean and sanitary manner.</p> <p>The facility's document dated year: 2024 month: April and titled Freezer Log shows that no freezer temperature recorded for [DATE] in the AM (morning).</p> <p>The facility's document dated year: 2024 month: April and titled Fridge Log shows that no freezer temperature recorded for [DATE] in the PM (evening).</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's document dated 2020 and titled Labeling and Dating Foods (Date Marking) documents in part: Guidelines: all food stored will be properly labeled according to the following guidelines. Procedure: 2.) date marking for refrigerated storage food items: once open, all ready to eat, potentially hazardous food will be redated with a used by date according to current safe food storage guidelines or by the manufacturer's expiration date. 3.) date marking for freezer storage food items: frozen food packages removed from the case will be dated with the date the item was received into the facility and will be stored using the first in first out method of rotation. Once a package is opened, it will be redated with the date the item was opened and shall be used by the safe food storage guidelines or by the manufacturer's expiration date. 4.) Prepared food or open food items should be discarded when: the food item does not have a specific manufacturer expiration date and has been refrigerated for seven days the food item is leftover for more than 72 hours the food item is older than the expiration date.</p> <p>The facility's document dated 2020 and titled Employee Health and Infection Control Training documents in part: Guidelines: all employees will receive in service training at time of hire and at least annually thereafter regarding employee health standards and infection control guidelines. Procedure: 7. As a part of the infection control program, all employees will be trained on proper hand washing, proper glove use, appropriate use of personal protective equipment (PPE), and universal infection control precautions. 8. no food or drinks will be allowed in the food prep or serving areas.</p> <p>The facility's document dated 2020 and titled Thermometer Calibration documents in part: Procedure: 6. Thermometers shall be washed, rinsed, and sanitize before and after each use to prevent cross contamination.</p> <p>The facility's document dated 2020 and titled Food Storage (Dry, Refrigerated, and Frozen) Guideline: Food shall be stored on shelves in a clean, dry area free from contaminants. Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety. Procedure: 1. General storage guidelines to be followed: c. Discard food that has passed the expiration date and discard food that has been prepared in the facility after seven days of storing under proper refrigeration.</p> <p>The facility's document dated 2020 and titled Refrigerator and Freezer Temperatures documents in part: Guidelines: To ensure all perishable foods stay fresh and palatable, temperatures will be recorded on all refrigerators and freezers in use, including unit refrigerators located in nourishment rooms. Procedure: 1. Dining Services will be responsible for taking temperatures on all kitchen and nourishment room refrigerators and freezers, and recording temperatures on temperature report logs daily, during each shift. Corrective actions are taken as necessary to insure only safely stored foods are served to residents.</p> <p>The facility's document dated 2020 and titled Monitoring Food Temperatures for Food Service documents in part: Guidelines: Food temperatures will be monitored to prevent foodborne illness and ensure foods are served at palatable temperatures. Procedure: . 3 . b. Thermometers are washed, rinsed, sanitized before, and after each meal use. An alcohol swab may be used to sanitize between uses while taking temperatures during the same meal or if contamination of the thermometer occurs. If applicable, the manufacturer's recommendations for cleaning and sanitizing the thermometer may be followed.</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>45196</p> <p>Based on observation, interview and record review, the facility failed to properly log personal refrigerator temperatures for two (R22 and R87) of two residents with personal refrigerators in their rooms on the total sample list of 88.</p> <p>Finding include:</p> <p>On 04/28/24 at 11:05 am, Surveyor observed R87 in R87's room awake, alert and oriented sitting in a wheelchair. Surveyor inspected R87's refrigerator and observed R87's refrigerator temperature at 40 degrees Fahrenheit (F), R87's refrigerator temperature logs sheet with missing temperatures and incomplete. R87 stated staff at the facility inspects R87's refrigerator about once a week.</p> <p>The facility's document dated Month: April, Year : 2024 and titled Medication Refrigerator Temperature log Location R87's: shows missing temperature logs for 04/02/24, 04/04/24, 04/07/24, 04/09/24, 04/11/24, 04/14/24, 04/17/24, 04/18/24, 04/21/24, 04/23/24, and 04/25/24.</p> <p>R87's face sheets shows that R87 has a diagnosis which includes but is not limited to morbid obesity due to excess calories, hyperlipidemia, hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side, chronic obstructive pulmonary disease, and obstructive sleep apnea (adult) (pediatric).</p> <p>R87 has a Brief Interview for Mental Status (BIMS) dated 03/01/24 that shows R87 has a BIMS score of 15 which indicates that R87 is cognitively intact.</p> <p>45346</p> <p>On 4/28/2024 at 10:55am observed a black colored personal refrigerator in R22's room. Observed a temperature log affixed to the front of R22's refrigerator, the temperature log had missing documentation of a daily temperature for the following dates: 4/2/24, 4/4/24, 4/7/24, 4/9/24, 4/11/24, 4/14/24, 4/17/24, 4/18/24, 4/21/24, 4/23/24, 4/25/24, and 4/27/24. Observed the inside of R22's personal refrigerator, the thermometer reading was 40 degrees Fahrenheit, the refrigerator contained 2 packages of sliced lunch meat, 3 red apples, 3 oranges and 1 container of cantaloupe.</p> <p>On 4/29/2024 at 8:51am surveyor asked V33 (Housekeeper) who is responsible for checking the temperature daily in a resident's personal refrigerator; V33 stated I am not sure.</p> <p>On 4/30/2024 at 9:44am V19 (ADON/LPN/IP-Assistant Director of Nursing/Licensed Practical Nurse/Infection Preventionist) stated the housekeeping staff is responsible for taking and recording a daily temperature for a resident's personal refrigerator.</p> <p>On 4/30/2024 at 9:49am V34 (CNA/Certified Nursing Assistant) stated the maintenance department is responsible for maintaining and recording a daily temperature on the temperature logs for a resident's personal refrigerator.</p> <p>(continued on next page)</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/30/2024 at 11:22am V16 (Housekeeping Director) stated I check the temperatures daily of the resident's personal refrigerators. V16 stated I am at work on Mondays, Wednesdays, Fridays, and some Saturdays. V16 stated checking the temperatures in resident's personal refrigerators used to be the maintenance staff's job; V16 stated this was maintenance's task under the past administration. V16 stated the new administration has not assigned the task of checking the resident's personal refrigerator daily for a temperature to any other staff at the facility; so, I keep doing it. V16 stated a daily temperature is to be taken and logged for each resident with a personal refrigerator. V16 stated if the temperature in a resident's personal refrigerator gets too high the resident's food can spoil and start smelling.</p> <p>Reviewed the facility's policy (from Guidance and Procedure Manual 2000) titled Refrigerators in Resident Rooms which documents in part, Procedure: 3. The housekeeper will enter the temperature once daily.</p>		

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 05/02/2024
NAME OF PROVIDER OR SUPPLIER Aperion Care International		STREET ADDRESS, CITY, STATE, ZIP CODE 4815 South Western Ave Chicago, IL 60609	

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>45196</p> <p>Based on observation, interview and record review, the facility failed to ensure that the dumpster's were closed and free from overflowing trash. These failures have the potential to affect all 192 residents residing at the facility.</p> <p>Findings include:</p> <p>On 4/28/24, V1 (Administrator) and V3 (Regional [NAME] President of Operations) confirmed that the resident census was 192 active residents on 04/28/24 at the facility.</p> <p>On 4/28/2024 at 11:33 am, Surveyor and V16 (Housekeeping Director) inspected the facility dumpster area and observed two dumpster's: one dumpster lid open and one dumpster lid unable to close with overflowing trash and boxes hanging outside the dumpster.</p> <p>On 04/28/24 at 11:35 am, V16 stated that the dumpster lids should remain closed for rodent and animal control at the facility. V16 stated that it is V16 and V24 (Maintenance Director) responsibility to check the dumpster area at the facility.</p> <p>The facility's document dated 2020 and titled Garbage and Rubbish Disposal documents in part: Guidelines: garbage and rubbish will be disposed of to ensure a clean and sanitary kitchen that does not encourage insect or rodents. All outside dumpster's will be maintained in clean and sanitary condition. Procedure: . 8. Outdoor trash receptacles will be kept covered and the surrounding area kept free of litter.</p> <p>The facility's document dated 04/28/24 and titled In-service/Meeting Attendance Record Topic: Garbage leads (lids) closed. Presenter: V16. Documents in part : When taking out garbage please make sure all leads (lid) are closed and make sure all boxes are broken down.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40067</p> <p>Based on observations, interviews and record review, the facility failed to ensure staff appropriately performed hand hygiene between residents during meal tray pass in an effort to prevent spread of infectious microorganism. This failure affected 9 (R8, R25, R31, R54, R64, R100, R117, R180, R197) residents reviewed for infection control in the total sample of 88 residents.</p> <p>Findings include:</p> <p>On 4/28/24 at 12:40 pm, V48 (Dietary Aide) observed plating residents' lunch meal trays from the steam table in the dining room. V20 (Certified Nursing Assistant, CNA) observed standing waiting to pass prepared trays from the steam table, and V20 did not perform hand hygiene by using alcohol based hand sanitizer (ABHS) or hand washing.</p> <p>On 4/28/24 at 12:48 pm, V22 (CNA) now observed in dining room to pass lunch trays, and V22 did not perform hand hygiene.</p> <p>On 4/28/24 at 12:52 pm, R197 observed sitting at a dining room table in wheelchair. V20 (CNA) retrieved the prepared lunch tray from cart next to the steam table and delivered the lunch tray to R197. V20 did not perform hand hygiene after passing R197's lunch tray.</p> <p>On 4/28/24 at 12:54 pm, R25 observed sitting at a dining room table. V20 passed R25 the prepared lunch meal tray, and R25 requested a new lunch tray from V20 due to wanting the substitute menu item. V20 then retrieved a new lunch tray from V48 at the steam table, and V20 delivered R25's new tray to R25. V20 did not perform hand hygiene in before, in between or after R25's tray passes.</p> <p>On 4/28/24 at 12:56 pm, R117 wheeled into the dining room to a table. V22 (CNA) passed R117's lunch tray to R117 without performing hand hygiene before or afterwards. V20 brought over R117's milk from the drink cart and placed the milk carton on R117's lunch tray. V20 did not perform hand hygiene before or after passing R117's milk.</p> <p>R197's Admission Record documents, in part, diagnoses of type 2 diabetes mellitus, chronic obstructive pulmonary disease with acute exacerbation, diastolic congestive heart failure, protein-calorie malnutrition, atrial fibrillation, gastrointestinal hemorrhage, and adult failure to thrive.</p> <p>R25's Admission Record documents, in part, diagnoses of type 2 diabetes mellitus with diabetic chronic kidney disease, hypertension, scenic cardiomyopathy, radiculopathy, anemia, peripheral vascular disease and hyperlipidemia.</p> <p>R117's Admission Record documents, in part, diagnoses of Wernicke's encephalopathy, chronic obstructive pulmonary disease, hypertension, tachycardia, anemia and adult failure to thrive.</p> <p>43351</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/28/2024 at 1:07pm, V6 (Certified Nursing Assistant) was holding a meal tray, knocked and entered R31's room. V6 placed the meal tray on top of R31's bedside table, repositioned R31, and lowered the bedside table. V6 left R31's room without performing appropriate hand hygiene.</p> <p>On 04/28/2024 at 1:09pm, V6 took another meal tray and deliver the food tray to R100.</p> <p>On 04/28/2024 at 1:12pm, V6 stated when I (V6) passed the tray to (R31), I (V6) had to scoot her (R31) up. I (V6) lowered her (R31) table so she (R31) can eat. I (V6) did not sanitize my (V6) hands after setting up her (R31) lunch tray. Then I (V6) passed (R100) tray without sanitizing my (V6) hands. I (V6) am supposed to sanitize my (V6) hands prior to touching anything to prevent passing any types of germs to residents.</p> <p>On 04/29/24 at 01:25pm, V19 (Infection Preventionist/ADON) stated staff should perform hand hygiene before and after patient contact. Staff should wash their hands with soap and water or use alcohol-based hand rub. When serving meal trays, staff are expected to do hand hygiene between residents to reduce contamination and spreading of germs.</p> <p>R31's (Active Order As Of: 04/30/2024) Order summary Report documented, in part Diagnoses: (include but not limited to) dependence on Renal dialysis, cerebral infarction and pressure ulcer of sacral region.</p> <p>R31's (04/26/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 11. Indicating R31's mental status as moderately impaired. Section GG0130. Self-Care. A. Eating: 4 (Supervision or touching assistance).</p> <p>R100's (Active Order As Of: 04/30/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) essential hypertension, need for assistance with personal care and neoplasm o upper lobe right bronchus or lung.</p> <p>R100's (04/04/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R100's mental status as cognitively intact. Section GG0130. Self-care. A. Eating = 5 (Set up or clean up assistance).</p> <p>The (1/10/18) Hand Hygiene/Handwashing documented, in part Definition: hand hygiene means cleaning your hands by using either hand washing (washing hands with soap and water), antiseptic hand wash, or antiseptic hand rub (i.e. Alcohol based hand sanitizer including foam or gel). Examples of when to perform hand hygiene (either alcohol based hand sanitizer or hand washing): after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The (1/10/18) infection precaution guidelines documented, in part Guidelines: it is the policy of this facility to, when necessary, prevent the transmission of infections within the facility through the use of isolation precautions. Standard precautions combine the major features of universal precautions and body substance isolation are based on the principle that all blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions consist of a group of infection prevention practices that apply to all residents, regardless of suspected or confirmed infection status, in any setting in which Healthcare is delivered. These include hand hygiene. Standard precautions will be employed by all personnel for all residents at all times. Points to remember. Hand washing (hand hygiene) is the single most important precaution to prevent the transmission of infection from one person to another. Wash hands with soap and water before and after each resident contact, and after contact with resident belongings and equipment. Alcohol based hand rub may be used if hands are not visibly soiled.</p> <p>49572</p> <p>On 4/28/24 at 12:42pm, this surveyor observed V20 (Certified Nursing Assistant/CNA) not perform hand hygiene, remove a lunch tray from the meal cart, walk to the table R8 was sitting at and serve R8 the tray. V20 then walked back to the meal cart, did not perform hand hygiene, removed another lunch tray from the meal cart, walked to the table R180 was sitting at and served R180 the tray. After serving R180 the lunch tray, V20 went back to the meal cart, did not perform hand hygiene, removed another lunch tray from the meal cart, walked to the table R64 was sitting at and served R64 the tray. V20 then walked back to the meal cart, did not perform hand hygiene, removed another lunch tray from the meal cart, walked to the table R54 was sitting at and served R54 the tray. This surveyor observed V20 pass lunch trays to R8, R180, R64 and R54 without performing hand hygiene between each resident.</p> <p>On 4/28/24 at 1:25pm, V20 (CNA) stated, Wash hands with soap and water before the start of the meal. Use hand sanitizer between each resident while passing the trays to them. When asked if V20 used hand sanitizer between each resident while serving trays, V20 replied, A couple times. Not every time. I forgot. When asked the purpose of performing proper hand hygiene between each resident while serving trays, V20 replied, To prevent the spread of germs.</p> <p>R8's Admission Record documents, in part, R8's diagnoses including but not limited to: right shoulder osteoarthritis, abnormal posture, non-pressure chronic ulcer of right ankle, hypertension and epilepsy.</p> <p>R8's Minimum Data Set (MDS), dated [DATE], documents, in part, that R8's BIMS (Brief Interview for Mental Status) score is 15, which indicates that R8 is cognitively intact.</p> <p>R54's Admission Record documents, in part, R54's diagnoses including but not limited to: bilateral osteoarthritis of knee, anemia, heart failure, and hypothyroidism.</p> <p>R54's Minimum Data Set (MDS), dated [DATE], documents, in part, that R54's BIMS (Brief Interview for Mental Status) score is 9, which indicates that R54 is moderately cognitively impaired.</p> <p>R64's Admission Record documents, in part, R64's diagnoses including but not limited to: hypothyroidism, vascular dementia, aphasia following cerebral infarction and chronic atrial fibrillation.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R64's Minimum Data Set (MDS), dated [DATE], documents, in part, that R64's BIMS (Brief Interview for Mental Status) score is 8, which indicates that R64 is moderately cognitively impaired.</p> <p>R180's Admission Record documents, in part, R180's diagnoses including but not limited to: abnormalities of gait and mobility, dysphagia, hyperlipidemia, and hypertension.</p> <p>R180's Minimum Data Set (MDS), dated [DATE], documents, in part, that R180's BIMS (Brief Interview for Mental Status) score is 6, which indicates that R180 is severely cognitively impaired.</p> <p>On 4/29/2024 at 12:36pm, V19 (Assistant Director of Nursing/ADON/Infection Preventionist) stated, Performing hand hygiene while passing trays lowers the risk of contamination to other residents.</p> <p>Facility document dated 5/22 and title, Residents' Rights for People in Long-term Care Facilities, documents, in part, You have the right to .Your facility must provide services to keep your physical and mental health, and sense of satisfaction.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>43351</p> <p>Based on observation, interview and record review, the facility failed to ensure there is no accumulation of lint at the bottom of the lint compartment in an effort to provide a safe environment to the residents. These failures have the potential to affect all 192 residents in the facility.</p> <p>Findings include:</p> <p>On 04/29/2024 at 12:54pm, V16 (Housekeeping Director) opened the drawer of the lint compartment of dryer #1 and stated we (facility) clean the lint screen every day. This surveyor requested V16 to pull out the drawer of the lint compartment. There were accumulation of lint at the bottom of the dryer 1 that housed the lint compartment. V16 stated we don't mess with that, that's maintenance.</p> <p>On 04/29/2024 at 12:58pm, V25 (Laundry) stated that is an issue because lint could catch fire. Maintenance checks the washer and dryer once a week. V24 (Maintenance Director) was here 1 and 1/2 week ago because the lint compartment was flooded.</p> <p>On 04/29/2024 at 1:01pm, V24 checked the bottom of dryer 1 that housed the lint compartment and stated that is not good, it could catch fire. It is a fire hazard.</p> <p>The (Undated) Laundry Aide Job Description documented, in part Job Summary: The primary purpose of your job position is to perform the day-to-day laundry department functions, to assure that quality laundry services are provided on a daily basis, to safeguard the health, safety and welfare of all residents of the facility, and to assure the facility laundry is maintained in a clean, safe and sanitary manner, in accordance with the facilities established policies and procedures, applicable laws and regulations. Main duties: H. Remove lint from equipment. L. Assure that work/assignment Areas are clean and free of hazardous conditions.</p> <p>The (05/02/2017) Maintenance Director Job Description documented, in part Summary: The primary purpose of the maintenance director is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current, federal, state and local standards, guidelines and regulations governing our facility, and as may be directed by the administrator, to assure that our facility is maintained in a safe and comfortable manner. ESSENTIAL DUTIES AND RESPONSIBILITIES. Supervise safety and Fire Protection and prevention programs by inspecting work areas and equipment at least weekly. Ensures that equipment are maintained to provide safe and comfortable environment.</p> <p>The (undated) Laundry Inspections documented, in part Daily inspections: Dryers: 1. Laundry personnel should brush the lint from the lint screens after each load and remove all accumulated lint from the lint compartment and tops of the units.</p> <p>The (undated) Residents' Right for People on Long-Term Care Facilities documented, in part As a Long-term care resident, you are guaranteed certain rights, protections and privileges according to the state and federal laws. Your Rights to safety. Your facility must be safe.</p>		