STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015333	A. BUILDING: _____ B. WING _____	C 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE FOREST PARK	8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 2196143/IL137432	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210d)6) 300.1220b)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015333	A. BUILDING: _____ B. WING _____	C 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE FOREST PARK	8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to put preventive measures in place for a resident at risk for falls. This failure affected one of one resident (R4) reviewed for falls and resulted in R4 fracturing his left tibia as a result of fall. Findings include: R4 is an 87-year-old male admitted into the facility 06/26/2021 with diagnosis of Dementia Hypertension, Congestive heart failure, Chronic kidney disease. On 08/23/2021 at 5:00pm R4 fell and sustained a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015333	A. BUILDING: _____ B. WING _____	C 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE FOREST PARK	8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 fracture to his left tibia. On 08/30 2021 at 11:25, observation of R4 in bed with no fall precaution in place. Bed is not in the lowest position no floor mats noted. On 8/30/2021 at 9:19am, observation of R4 in bed with no side rails on R4's bed. R4 is asleep currently with his head leaning against a cabinet that's next to his bed. No fall precautions in place. R4's bed not in the lowest position and there are no floor mats in place. On 08/31/2021 at 1:00pm, V3 (ADON - Assistant Director of Nursing) stated "side rail assessments are done at admission and quarterly and as needed." On 08/31/2021 at 3:19pm, V26 (Licensed Practical nurse - LPN) stated "I had did my rounds and was getting report. The CNAs was about to transfer R4 into the bed because he had just came back from dialysis. By the time I walked down to round again and I heard some grunting noise coming from R4's room. When I got to the R4's room, the left side rails was up and R4 was laying on the floor on his left side with his foot jammed into the rail (bed frame). I tried to lift the bed up but it would not move so I went to go get help from 2 CNAs. We still could not get him out so I went got the other nurse to help me. The bed would not go up so she told me to go get an extension cord from the fourth floor. I don't why she told me to go get the extension cord because the bed was working. By the time I made it back with the cord they had already had him up. I'm not sure how they got him up. I assumed I had to get the extension cord to help get the bed up but the bed was working it just wouldn't move."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015333	A. BUILDING: _____ B. WING _____	C 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE FOREST PARK	8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 On 08/31/2021 at 3:19 while conducting an interview with V26 (LPN), V26 showed surveyor R4's foot was on the bottom of the bed in a small space in the bed frame. On 09/1/2021 at 10:57 am, V2 (DON - Director of Nursing) stated, "From the report, R4 was found on floor with his foot in the rail. I don't remember what side. His foot was in the bed frame in one of the spaces. He has same bed. When we came in on the next day it (the bed) was working. The plug is at the head of the bed ...to the end of the bed ...he has the same mattress." On 09/1/2021, V27 (Maintenance Director) stated, "We replace the motors, the remote controls the foot boards and headboards. We do the mattress gap test quarterly. We check by taking a tape measure and measure the gap between the mattress and the headboard and foot board. we check to make sure there is not a gap more than 4 and a half inches. I was on vacation the last week and a half and did not get any report about R4's bed not working. He must have been on the floor if it (R4's leg) was under here (bottom of the bed frame)." On 09/1/2021 at 11:34am, V28 (Maintenance Assistant) stated, "I was here but did not get any work order for R4's bed not working. The cable is plugged in the wall behind the bed." On 09/1/2021 at 2:32pm V3 ADON stated, "In order to prevent this from happening again we removed the side rails from the beds. We ordered (PT/OT) physical therapy and occupational therapy and encourage R4 to use the call light for assistance. We still educate to use the call light even if they don't understand how to use the call light. Nothing was put in place to keep this from	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015333	A. BUILDING: _____ B. WING _____	C 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE FOREST PARK	8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 happening again because this was an isolated incident, and it was not an error in equipment or nothing like that." On 09/01/2021 at 3:20pm V18 (Restorative Nurse) stated she was on vacation when R4 fell. V18 stated "I didn't look at the report yet. (V3 ADON) is the head of the team. He (V3) did it (created fall report) while I was off. I would have put interventions in place for low bed, floor mats, add him to the falling leaf program and add him to the fall list." Record review of R4 progress note shows on 08/23/2021 R4 was observed on the floor on his left side with his left ankle under the rail and his left heel in between the rail. Record review of R4 progress notes does not show fall precautions were put in place for R4 post fall. Record review of R4 care plan does not show preventive measures in place to prevent further injury to R4. Facility failed to provide requested fall policy. (A)	S9999		