

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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 2183511/IL134116	S 000		
S9999	Final Observations Statement of Licensure Violations (Violation 1 of 2) 300.1210b) 300.1210d)3) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2021	
NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626		
(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	<p>Continued From page 1</p> <p>made by nursing staff and recorded in the resident's medical record.</p> <p>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 that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to supervise, monitor, and prevent three residents (R1, R9, and R10) with known substance abuse diagnoses from trafficking illicit drugs and alcohol in the facility. This resulted in R1's death due to substance abuse.</p> <p>Findings include:</p> <p>R1 was a 46 year old male admitted to the facility on 10/13/2020. R1's diagnoses include but are not limited to: third degree burns, alcohol dependence with withdrawal, cocaine abuse, cannabis use, psychoactive substance abuse, and anxiety disorder. R1 expired at a local hospital on 04/01/2021. R1's death certificate lists the cause of death as Combined Acetyl Fentanyl, buprenorphine, Desproronyl Fentanyl, Fentanyl, Gabapentin, Heroin, and Oxycodone Toxicity.</p> <p>R1's Brief Interview for Mental Status (BIMS)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD
CHICAGO, IL 60626	

(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	<p>Continued From page 2</p> <p>dated 02/09/2021 documents R1's cognition was intact. After multiple requested from V10 (Admissions Director), R1's criminal background check was never provided. Smoking evaluation dated 02/09/2021 documents that R1 requires supervised and controlled smoking management.</p> <p>R9 is a 48 year old male admitted to the facility 12/31/2020. R9's diagnoses include but are not limited to: anxiety disorder, depression, and pain. R9 signed out against medical advice on 04/01/2021.</p> <p>R9's BIMS dated 1/01/2021 documents that his cognition is intact. After multiple requests from V10, R9's criminal background check was never provided.</p> <p>R10 is a 63 year old male. R10's diagnoses include but are not limited to: alcohol abuse with intoxication, alcohol abuse, chronic pain syndrome, pain, and seizure disorder.</p> <p>Review of R1's progress notes document the following incidents and behaviors:</p> <p>10/15/2020 resident has a criminal history related to possession of drugs and has been to jail for a couple of months due to possession of cocaine. Resident has a history of substance abuse with alcohol, marijuana, and cocaine being his drugs of choice.</p> <p>11/16/2020 resident was seen smoking marijuana in his room today. Social services met with the resident to follow up. Resident was educated on the facility's smoking policy and drug policy. Resident verbalized understanding to education provided. Social services performed a room search and confiscated items. Social services will</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 3</p> <p>continue to monitor the resident for behaviors.</p> <p>11/26/2020 receptionist reported to nursing supervisor that the resident was caught on camera smoking at the patio with two other residents with no supervision. Counseling done. V12 (Medical Director) was notified.</p> <p>11/27/2020 social services followed up with R1. Resident was reeducated on the facility's smoking policy and was encouraged to comply with policy. Resident stated understanding. A room search was performed. No smoking materials were found. Social services will continue to monitor resident for behaviors.</p> <p>12/09/2020 staff noted a strong smell of cigarette and marijuana outside of resident's room at 9:45 PM. Supervisor notified. Supervisor searched resident's room with R1 present. Supervisor confiscated two unopened bags of cigars, two used bags of cigars, one bag of cigar leaves, one lighter, and multiple small bags with left over marijuana leaves and unidentified substance. Education provided about facility smoking policy. Social services to follow up.</p> <p>12/10/2020 R1 was educated on the facility smoking policy and was encouraged to comply with care. A room search was performed and no smoking materials were found. Resident placed on one month patio restriction due to non-compliance with the smoking policy. Resident verbalized understanding. Social services will continue to monitor resident for behaviors.</p> <p>1/24/2021 at about 11:30AM IDPH (Illinois Department of Public Health) personnel went to interview R1. When she returned after</p>	S9999		
-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
------------------------------------------------------------	----------------------------------------------------------------------------------------

(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	<p>Continued From page 4</p> <p>interviewing R1, she stated "it smells like marijuana in the room." Administration went to R1's room. A room search was conducted. Nothing was found. R1 admitted that he smokes marijuana on the patio. At 12:20PM, R1's room was searched per IDPH mention of smelling weed and cigarette smoke in R1's room. R1 agreed to search of belongings. R1 was educated that he cannot smoke or bring weed inside of the facility. R1 was educated about being on restriction and the risk of further violation of facility policies.</p> <p>12:45PM V12 (Medical Director) stated that she would discuss this with V5 (Former Administrator) tomorrow since R1 admitted to doing drugs. No new orders given.</p> <p>2/16/2021 R1 was seen smoking marijuana in his room this morning. Smoking materials were confiscated by social services. R1 was educated again and expressed desire to transfer to another nursing home. Social services will monitor for behaviors.</p> <p>2/17/2021 staff confiscated needle and pills from R1's room yesterday. Social services met with R1 today to follow up. R1 denied having contraband in his room. Resident was reeducated again. Resident was offered psych services and declined. Social services will continue for behaviors.</p> <p>04/01/2021 R1 was found in his wheelchair in R9's room unresponsive. He had vomited a little liquid content. At 8:25 PM, chest compressions were initiated before 911 arrived and continued. R1 was taken to a local hospital by 911. R1 expired at 10:33PM.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 5</p> <p>Review of R9's progress notes document the following incidents and behaviors:</p> <p>1/09/2021 resident does have a criminal history related to drug charges. Resident has not been in jail for many years. Resident has a history of substance abuse with heroin and cocaine being his drugs of choice. He was also educated on the patio guidelines.</p> <p>02/07/2021 writer informed nurse on duty that she smelled smoke. Resident noted sitting in his wheelchair in his room. R9's room smelled of smoke. R9 was asked if he smoked in his room. He said yes. R9 was reminded of the facility smoking policy and the dangers of smoking while oxygen is in use. R9 stated he would not do it again. R9 stated he did not have any more cigarettes. A lighter was taken and his room was searched. R9 placed on monitoring.</p> <p>03/03/2021 at 6:15PM R9 was requesting his pain pill. R9 went downstairs; after a few minutes, staff noted resident is having erratic behavior and brought the resident back to bed. Resident alert but having uncontrollable twitching of the body, trashing his arms, taking off his clothes and claimed that he feels something crawling on his body. Another physician saw R9 via telemedicine and R9 started crying uncontrollably; Xanax, an anxiety medication was given. At 8:50 PM, R9 was asleep but noted with a small plastic bag in the corner of his mouth filled with unknown substance but plastic still intact. At 10:35PM, R9 started twitching again and mumbling words. At 3:50 AM, R9 attempted to withhold medication with nurse present. Staff expressed to R9 that all medication must be taken in front of the nurse at all times. R9 stated understanding. R9's mood and behavior will continue to be monitored.</p>	S9999		
-------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 6</p> <p>03/22/2021 a nurse notified another nurse on the floor that R9 had been smoking in an empty room. R9 was reeducated and redirected to the room as stated by the nurse. R9 denies smoking in the room. Social services to follow up.</p> <p>3/24/2021 R9's urine analysis and blood tests were reviewed. According to the results, R9 tested positive for cocaine use. R9 expressed the test to be a false positive. R9 was educated and would not disclose where the drugs came from. No substance was found in R9's room. R9 agreed to substance abuse counseling.</p> <p>04/01/2021 R9 left the facility against medical advice.</p> <p>R9 could not be contacted during this investigation.</p> <p>Review of R10's progress notes document the following incidents and behaviors:</p> <p>06/09/2019 R10 very agitated. Noted R10 yelling and cursing at staff. Social worker noted resident with alcohol smell. R10 educated that if he continues behavior he will be sent out for psychiatric evaluation.</p> <p>01/08/2020 staff alerted that R10 maybe consuming alcohol. Resident is highly agitated and verbally aggressive. Resident smells of alcohol and refused to give a urine sample. R10 denies alcohol consumption. R10 was educated on how to behave appropriately in the community. Room search was completed with no findings. Due to suspicion of alcohol consumption and smelling of alcohol, R10 placed on two week community restriction.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626		
(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 7 02/24/2020 social services met with resident to discuss noted aggression and signs of intoxication. At this time, resident appeared to be extremely agitated and combative. Resident denied any use of alcohol but continues to show signs and symptoms of use. In attempt to deescalate resident's aggression, resident appeared to have increased agitation. Social services met with the resident and was informed he will have community access restriction due to violating policy. He was also informed of the need to have an escort to access the community, as well as the need for substance abuse counseling. Resident understood but displayed agitation. 07/18/2020 staff informed resident that keeping smoking materials is a safety hazard. A room check was performed, and no smoking materials were found. 11/06/2020 resident was seen on the patio with his personal smoking materials on him during smoke break and refused to give activities his smoking materials. Social services met with resident. Resident seemed agitated. Resident refused to turn in his smoking materials and became verbally aggressive towards staff. 02/25/2021 R10 stated he hates this place and he is going out for some real food, not this s**t. A pass was written for resident to go out for meal with resident returning back to the unit later in the evening around 9:00PM. At 9:30PM, resident was offered a breathing treatment and he became verbally aggressive with nurse on duty. Smell of alcohol noted on resident's breath. Resident educated on concerns of intoxication. 04/11/2021 at 1:05PM, the building alarm	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 8</p> <p>sounded. The resident left the building and came back at 1:15PM. Staff searched his room and found a bottle of vodka liquor in his drawer. Resident's physician was notified for involuntary discharge. Awaiting response from his physician.</p> <p>04/12/2021 resident eloped from the facility yesterday for over an hour. Alcohol was found in resident's room. Resident was place on two week smoke restriction.</p> <p>04/15/2021 staff notified resident was smoking on the patio yesterday while on smoking restriction. Social services met with resident and encouraged him to comply.</p> <p>On 05/22/2021 surveyor conducted interviews as follows:</p> <p>On 05/22/2021 at 3:30PM, R2 stated, "I witnessed a resident wheel over to the gas station and he met with his dealer. The police caught the dealer. The individual passed away. Whoever let him out had a lack of responsibility. There was a resident that is not here anymore, and someone handed drugs to the same resident. No staff was monitoring the patio when the drug deal occurred. I have seen other residents save their pain medication and switch it on the patio. There is so much that goes on here and it's not safe."</p> <p>On 05/22/2021 at 3:40PM, R7 stated, "R1 and I were roommates for six weeks. He had just turned 46 before he overdosed. We both had issues with substance abuse. I mind my own business. R1 went to a doctor's appointment and then he returned around 4:00PM. If anyone deserved pain pills, it was R1. He had burns on his leg. When R1 returned from the appointment, he laid on the bed and he was so depressed. He</p>	S9999		
-------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 9</p> <p>did not say a word, watch television or anything. At 6:30PM, R1 went to a party in R9's room downstairs. R8 told me that R1 was 'getting f****d up in R9's room.' You can be given narcan when you overdose on heroin. But if you overdose on cocaine, it's pretty much over. I had people coming up to my room trying to tell me different parts of the story. R1 died in an ambulance on the way to the hospital. R1 never did drugs in here. I would have told him to take it somewhere else."</p> <p>On 05/22/2021 at 3:50PM, R5 stated, "I have seen residents smoking pot. I know that a resident died from a fentanyl overdose that he got from another resident. I've seen alcohol that has been hidden in the ceiling tiles. I think the residents get alcohol from some of the staff. One of the workers still works here. I do not want to name any names. Tennis balls were thrown over the patio and a guy grabbed the ball and took it back into the facility."</p> <p>On 05/22/2021 at 4:00PM R3 stated, "R1 passed away. I have noticed residents nodding, like they are under the influence. The drug trafficking died down after R1 died. Everyone knows I'm clean. I do not know who brought the drugs in."</p> <p>On 05/22/2021 at 4:05PM, R4 stated, "I knew R1. I never saw him do drugs. I know that a tennis ball got thrown over the gate to a guy in a wheelchair. The tennis ball contained cocaine or heroin. R1 did whatever drug he got, and it was too much. V2 (Nursing Supervisor) tried to revive him. This was all over the nursing home. I cannot remember who told me about the tennis ball. There are staff that know about medication being hoarded by residents. I will not name any names."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 10</p> <p>On 05/22/2021 at 4:45PM, R8 stated, "R9 killed R1 with drugs he got from his cousin to get his money. R9 dabbled with fentanyl. R1 used to carry a lot of money around and I never understood why. I was watching television and I saw R1 go into R9's room. This was after supper. R1 did not come out of the room for at least twenty minutes. I went to go check on R1. I know R1 had a drug problem. When I opened the door, R1 was slumped over in his wheelchair. R9 was slapping R1. I said, you killed R1. You overdosed him. R9 then said to me, 'Don't do this to me.' I notified the nurse immediately. I do not remember her name. R9 left the building and officers chased him down. When the police and V2 (Nursing Supervisor) were chasing him, R9 was discarding his drugs along the way. R9 was a wheelchair bound resident and could magically walk when he ran out of the building. He returned to the facility and signed AMA (Against Medical Advice) papers. Staff may not have known about R9 and his drugs. I believe that R9 talked R1 into buying a lethal dose of drugs. I know that R9's cousin smuggled drugs through tennis balls or through his food."</p> <p>On 05/25/2021 at 1:00PM, V23 (Licensed Practical Nurse/LPN) stated, "I was the nurse for R1. He was in my care for about one month before he was transferred. He spoke Spanish and I can speak Spanish. I could speak to him and understand what he was talking about. He had problem with pain due to surgery from his above the knee amputation. He would often get upset because he wanted an 'as needed' medication for pain. He wanted Morphine and Oxycodone. I would tell him it's scheduled for every four hours. There was a couple of times he would try to hold it in his mouth, but I told him I need to see him swallow it and he would give the medication back</p>	S9999		
-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 11</p> <p>to me. One time I smelled marijuana on him, and I verified this with another nurse. R1 said, 'Marijuana helps me better than morphine and oxycodone.' He was very difficult to manage. R1 was transferred to another unit after his return from the hospital. When R1 was transferred to the adjacent unit he was found smoking marijuana in his room one weekend. I was told that administration was informed. I know that alcohol has been found in R10's room before as well."</p> <p>On 05/27/2021 at 1:47PM, V22 (Ombudsman) stated, "I am not sure that V5 (Former Administrator) was even the administrator when these concerns were first brought to administration. I reported these concerns to V1 (Assistant Administrator) a week prior to the incident. I told her that there was rampant use of drugs and alcohol in the facility. I explained that the residents are concerned for their safety and well-being. There is alcohol being hid in the ceiling tiles. I was at the facility with the deputy ombudsman. I brought these concerns to administration. I told them that there is a resident, who wants to remain anonymous, who says that there is staff that buy residents alcohol to be their friends. The resident that told me this is a recovering alcoholic and does not need the temptation. There are drugs that are being brought into the facility. Administration has been very evasive. I was sending a lot of emails and they would bounce back to me. I believe that they were willfully interfering and ignoring me. The owner got involved and was very condescending about these serious issues in the facility. It's been long overdue. I have been reporting this to them since March 2021. On March 25, 2021, I was conducting on site visits. Almost every resident I talked to stated that it is a problem.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/08/2021
NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626		
(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	<p>Continued From page 12</p> <p>Administration would not follow up with me. They would not give me information about R9. There is another resident I talked to. He would like to remain anonymous. He said that a housekeeper told him not to say anything, but there was a tennis ball with fentanyl coming out, laying on the floor next to R1 when he was found in R9's room. It is like administration does not want to do anything to help the residents. All of the residents I spoke to stated that they know drugs are being brought in from the outside. But they do not know who all of the players are."</p> <p>On 05/22/2021 at 5:17PM, V2 (Nurse Supervisor) stated, "R9 went out of the building without permission. He said he wants to leave the facility against medical advice. While the code was being performed on R1, an elopement call was announced. V16 (Nursing Supervisor) said half of the nurses need to continue the code and other half respond to elopement. Reception said R9 pushed the door and went out. I went out of building and ran after R9. He was headed west on the street. He stated that he wanted to leave. I explained to him that he had to sign some paperwork. He agreed to sign the paperwork. He dropped something in the grass. I asked him what he dropped, and he said forget about it. When he ran, I asked police to help us get him. A nurse escorted him back. I told the police that he dropped something outside. R9 was brought back and after looking for what he dropped, an empty plastic bag was found."</p> <p>On 05/26/2021, at 11:19AM, V6 (Wound Nurse) stated, "The state was here once and said there was a smell of weed. If he had something, he knew how to hide it. R1 had a wad of money. I asked him about the money. It has been a concern because we have been accepting more</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 13</p> <p>residents with substance abuse problems. Those are the residents that find ways to get things in the facility. The residents get crafty. They could put it in food or in tennis balls. It is hard to pinpoint trying to identify stuff. We have not had much training with residents who have substance abuse problems. The facility is accepting what they can get. Training could help staff to be prepared for residents like this. R1, R8, and R9 would be hanging out on the second floor. Residents are supposed to be closely monitored and watched if something is confiscated.</p> <p>On 05/25/2021 at 1:30PM, V3 (Director of Nursing) stated, "I do not recall any resident testing positive for an illicit substance through a urine test. If a resident does test positive, I would restrict community access, notify the doctor, and do room searches. An internal investigation would be done. I am not clear if that would be a reportable incident. Currently, there are residents in the building that have substance abuse problems. There are no incident reports for R1, R9, or R10. I do not see any documentation about narcan being offered. I do not recall doing in-services for substance abuse. No residents have doctor's orders to smoke weed in the facility. The importance of incidence reports is to help residents and the interdisciplinary team."</p> <p>On 05/25/2021 at 1:54PM, V4 (Social Services Director) stated, "Anyone with a history we always offer substance abuse counseling. We get a lot of refusals. Typically, we look for signs and symptoms of drug abuse. In-services used to be offered in person before COVID. After education and confiscation is counseling if offered. We talk to the residents. We have been informed to remove materials and complete an extensive room search each time. It is removed and</p>	S9999		
-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 14</p> <p>education is done. The physician is always informed. If the urine sample comes back positive, more rounding should be completed. Involuntary petitions are done the moment when residents are a danger to themselves. I never found anything in R9's person. I cannot answer when I needed to send a resident out to protect residents. We stopped completing behavior contracts during COVID. It fell to the wayside."</p> <p>On 05/25/2021 at 2:30PM, V8 (Social Worker) stated, "From what I remember, there was marijuana, pills, and one needle in R1's room. The needle and pills were reported by nursing staff to V4 (Social Services Director) and myself. We confiscated the marijuana. It was a little bag. No other paraphernalia. The first time R1 refused to have us search. The next time the weed was found underneath his seat in his wheelchair. Nursing smelled marijuana. R1 admitted that he smoked marijuana and he did not see it as a problem. The room had an odor of weed. During smoke breaks, activity aides are supposed to be monitoring residents. They need to make sure residents do not have any contraband. I believe that residents get contraband because R1 did not leave the facility. I have not been training on drug paraphernalia. I would consider a needle drug paraphernalia. Honestly, I do not believe that R1 was being monitored since he was caught smoking weed on the patio. Staff is supposed to be monitoring the residents. We are supposed to have three social workers. It has been difficult to monitor residents with substance abuse problems."</p> <p>On 05/25/2021 at 2:58PM, V9 (Nurse Practitioner) stated, "I was aware that they had a history of substance abuse. I would refer to psych and/or pain specialist. I know R9 was referred to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 15</p> <p>a specialist. I do not know of any policy on how to handle a resident with substance abuse problems. In my opinion, there should be a substance abuse program. Especially if they have a history of substance abuse. It is a big liability to admit residents with substance use problems. I do not think that they should be admitting residents without having a plan or protocol. The risk of drugs and other medications being taken together is cardiac arrest, respiratory failure, falls. The combination is not good. R9's drug combination was not approved by be. R9 was requesting Xanax with a psychotropic. I do believe that R9 was drug seeking. I informed him that I could not give him any more pain medications."</p> <p>On 05/26/2021 at 1:00PM, V11 (Registered Nurse) stated, "I heard that R9 tried to pretend to take a pill. I do not know anything about R9's history. I knew that R1 had a history of addiction. I am not aware of any other protocols. I have not received any training on how to care for a resident with substance abuse problems. Any type of training is better than nothing. It seems like the past six months we have been receiving more residents with these backgrounds."</p> <p>On 5/26/2021, at 1:08PM, V12 (Medical Director) stated, "I am familiar with the incident with R1. It was part of his history that he had substance abuse issues. He wanted more narcotic medication. I am not sure about the protocol. I do not recall if I was notified if residents were ever using illicit substances. I completed the death certificate. The cause of death is listed as substance abuse. I do not recall being notified about the incidents that have been occurring in the facility."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 16</p> <p>On 05/26/2021 at 1:25PM, V13 (Nurse Practitioner) stated, "I was the nurse practitioner for R1. I was aware of R1's substance abuse background and alcohol abuse. Usually they are referred to the psychiatrist. I did refer R1 to see a pain specialist. I do not recall the facility notifying me of any incidences or occurrences in the facility. I was not aware of the marijuana, needles, or pills. I am not familiar with the policies of the nursing home."</p> <p>On 05/26/2021 at 2:36PM, V14 (Certified Nursing Assistant/CNA) stated, "Residents came in and out of R9's room because he sells snacks and pop. I heard residents talking that R9 was selling drugs after R1 died. They would go into his room for snacks, but we really did not know what they were doing. I do not recall alerting administration. I did not tell anyone because I am not sure if it was going on. No one ever informed me about his history. I never saw any drug paraphernalia. He kept his door closed all the time. He was independent. Independent residents should be monitored. R1, R8, and R9 always hung out. R8 is a former alcoholic."</p> <p>On 05/26/2021 at 3:19PM, V15 (LPN) stated, "I do not remember being informed R1 had a history of substance abuse. There is supposed to be a staff member outside to monitor the residents when they go on the patio to smoke. V2 (Nursing Supervisor) and V16 (Nursing Supervisor) were the supervisors that confiscated the items from R1. They told me that they had found the drugs and locked it up for social services to talk to him about. This happened on the 4th floor. R9 liked his door closed. I do not know of receiving any in-services on residents that have substance abuse history."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 17</p> <p>On 05/26/2021 at 3:52PM, V2 and V16 stated, "V15 (LPN) was passing 9:00PM medication outside of R1's room. There was a strong cigarette smell. There is a no smoking policy in the facility. She paged V2. V15 said the cigarette smell is coming from R1's room. I called V16 because I needed a witness. We called V17 (CNA) to go with us. When we went in the room, it did smell like cigarette smoke. The strong smell was in the bathroom. We asked R1 how he lit up his cigarette. The lighter is kept with the receptionist. I asked him where is lighter. R1 denied it. I told him that we have oxygen in the building. R1 said to go ahead and search. We started searching. R1 had big winter coat and I felt a lighter. I asked him how he got the lighter in his coat. He said he didn't know. He opened the seams and put the lighter in the open seem. He had more baggies. There were less than ten baggies. They had pink plastic and white powder was inside of them. There were more than five baggies. It was remnants of powder. Some have remnants of white powder and dry leaves. He had a lot of cash in his pockets very thick with twenty-dollar bills. We asked him what it was, and he said he did not know. V16 and I put the items in a plastic bag and put in the narcotic box. The next day I gave it to the social worker. We knew that R1 had a history of drug abuse. I do not remember if V12 was notified. V20 (Nurse), the morning supervisor, did not tell us what to do. The nurses know that they are supposed to be monitoring him. There was no directive on how to proceed. I am not sure if it was before or after. There have not been any in-services on how to deal with residents with substance abuse issues. I remember handing the baggies off to a social worker. I did not hear any gossip. No one ever said anything about R9 selling drugs."</p>	S9999		
-------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 18</p> <p>On 05/26/2021 V4 (Social Services Director) stated, "Typically if we confiscate contraband, we lock it up or throw it away to make sure that no one else gets it. We document it. I do not recall those items being handed to me. I do not remember those items being physically handed to me. It could have been an instance where they showed me, and I said throw it away. We never got the police involved. We throw it away and offer substance abuse monitoring and doing more rounding. When I went into R9's room, I never found anything. I did see a large box full of snacks."</p> <p>On 05/26/2021 at 4:19PM, V17 (CNA) stated, "I saw money; it was a lot of money. I did not count it. I saw a lighter. There were baggies. This happened on the 3rd floor. Sometimes I provided care to R1. I do not work with R9."</p> <p>On 05/26/2021 at 6:19PM, V19 (Nurse) stated, "I was in the middle of passing medication. R8 said he wanted to tell me something. R8 is a resident who resides on the same unit with R9. I explained to the CNA that I was passing medication. I asked her to go see what he needed. V14 was the CNA on duty. V18 (Nurse) was informed. V18 and R8 headed back towards R9's room. I asked V18 what was going on and she said nothing. That is when I proceeded to follow them. They were discussing something. When I went to the room with V18, it was hard to get in the doorway because R1's wheelchair was blocking it. V18 squeezed in first. I proceeded after her. When I saw R1, he was slumped over in his wheelchair. When I went to lift him up, there was some vomit on him, and I noticed his fingers were blue. V18 and R9 were discussing something. V18 started asking questions while I was attending to R1. I only heard a little bit of the conversation. R9</p>	S9999		
-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 19</p> <p>stated that R1 was sleeping. I did not see any drug paraphernalia. His bed was moved to the side and I did not see anything. A code blue was called. The rapid response team came. There are residents in the facility with substance abuse problems."</p> <p>The facility was unable to locate or find documentation pertaining to what happened to the confiscated materials and unidentified substances. The facility currently has twenty-six residents who have substance abuse problems and/or histories. There are no incident reports found pertaining to any of these events. There is no documentation that the police were ever contacted.</p> <p>R1's care plan interventions include: assess for safety and offer assistance; staff will do routine rounds to resident's room to make sure resident room is free of contraband; staff will encourage resident to attend psych therapy services; staff will educate and encourage resident to comply to facility drug policy.</p> <p>R9's care plan interventions include: record behaviors and monitor patterns of behavior; initiate non-pharmacological interventions for behaviors and monitor effectiveness; conduct a community safety skills evaluation as necessary to further assess the residents ability to negotiate safely outside of the nursing facility; assist the resident in locating an appropriate treatment provider and making the initial appointment; maintain on-going communication with the provider; place outside provider documentation in an accessible location; use a variety of approaches to gain the resident's confidence and increase motivation to engage in beneficial interventions; record behaviors and side effects;</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
------------------------------------------------------------	----------------------------------------------------------------------------------------

(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	<p>Continued From page 20</p> <p>implement an appropriate safety plan; conduct a review of past behavior and evaluate potential for aggressive/inappropriate/high risk behavior; follow facility protocol addressing substance abuse; evaluate ability to control impulses.</p> <p>R10's care plan interventions include: assure the resident is in a safe environment; resident will attend substance abuse group counseling at least one to two times a week; reinforce facility rules and impose consequences as needed and appropriate; record behaviors and monitor patterns of behavior.</p> <p>(A)</p> <p>(Violation 2 of 2)</p> <p>300.610a) 300.690a) 300.690b) 300.690c)</p> <p>Section 300.610 Resident Care Policies</p> <p>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 and shall be reviewed at least annually</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/08/2021
NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626		
(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	<p>Continued From page 21</p> <p>by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.690 Incidents and Accidents</p> <p>a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>These requirements were not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 22</p> <p>Based on interview and record review, the facility failed to report to the State Agency R1's unexpected death which was a result of a drug overdose. This failure affects one resident (R1) of ten residents reviewed for facility reporting.</p> <p>Findings include:</p> <p>On 05/25/2021 at 12:35PM, V5 (Former Administrator) stated, "I completed an investigation, but I did not involve IDPH (Illinois Department of Public Health) because residents die in facilities all the time."</p> <p>On 05/25/2021, at 1:30PM, V3 (Director of Nursing) stated, "Currently, there are residents in the building that have substance abuse problems. There are no incident reports for R1, R9, or R10. I do not recall doing in-services for substance abuse. The importance of incidence reports is to help residents and the Interdisciplinary Team."</p> <p>The state agency was never notified of the incident involving R1 which occurred on 04/01/2021. No reports were ever received from the facility.</p> <p>Facility policy Accident/Incident Investigation Guidelines (10/2014) documents "Actual significant events are high risk incidents or events that have resulted in, or likely to result in, serious physical or mental harm to a resident, potential litigation, or misappropriation of property. The focus on determination of high risk significant events is on the actual or potential harm to the resident. Unexplained/unexpected death is a high risk event. Significant events are reported immediately to the Director of Nursing and the Administrator. As chair of the QAPI committee, the administrator directs additional QAPI</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2021
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER APERION CARE LAKESHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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	<p>Continued From page 23</p> <p>investigative activity and assignments. The administrator makes notification to the regional director, and others as indicated. Rapid response to both actual and potential significant events is essential to determine the facts, resolves real and potential issues; and minimize risk of negative outcomes for residents. Completion of the incident report is to include factual information and is done thoroughly and succinctly. The incident report is a tool used for quality improvement and investigative purposed and maintained separately from the resident's medical record."</p> <p>(B)</p>	S9999		