Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: R-C 04/20/2023 IL.6008064 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 490 WEST 16TH PLACE **APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments First Certification Revisit Investigation of Facility Reported Incident of September 3, 2022/IL151126 Investigation of Facility Reported Incident of September 3, 2022/IL151634 S9999 S9999 Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3) 300.3210t) 300.3240e) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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 Attachment A each resident's comprehensive resident care Statement of Licensure Violations plan. Adequate and properly supervised nursing

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

TITLE

(X6) DATE

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R-C B. WING 04/20/2023 IL6008064 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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 made by nursing staff and recorded in the resident's medical record. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. Section 300.3240 Abuse and Neglect e) When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to protect a resident from physical and mental abuse. This failure applied to two (R36 and R37) of twelve residents

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING IL6008064 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL. 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) S9999 S9999 Continued From page 2 reviewed for abuse in a sample of 38 and resulted in R36 verbalizing fear and feeling unsafe in the facility after alleging that he was abused by R37; the facility also failed to act immediately to prevent any potential further abuse between (R36 and R37) after being made aware of an injury of unknown origin. Findings include: R36's diagnoses include in part with schizophrenia, major depressive disorder, muscle wasting and atrophy. R36's MDS (Minimum Data Set) dated 4/3/2023 documents a BIMS (brief interview for mental status) score of 15 out of 15 (indicates that resident is cognitively intact). Review of R36's MDS Section E Behavioral Symptoms dated 4/5/2023 related to physical symptoms such as hitting or scratching self. Documentation does not include that R36 exhibits any behaviors. R36's care plan indicates potential moderate risk for abuse dated 4/2/23. There is no care plan in the record noted to document that R36 has any self-harm behaviors. 4/19/23 at 12:15 PM, R36 was observed standing in line in the main dining room area awaiting lunch. R36 was noted to have a large dark colored bruise beneath his right eye. 4/19/23 at 1:22 PM, V15 (Certified Nurse Assistant/CNA) was interviewed regarding R36's bruise to the right eye. V15 stated, "R36 was in bed when I did my rounds this morning. I didn't see him at breakfast. His roommate is R37."

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PRINTED: 05/08/2023 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R-C B. WING IL6008064 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 3 4/19/23 at 1:26 PM, V12 (Licensed Practical Nurse/LPN) was interviewed regarding R36's bruise to the right eye. At this time, V12 initially stated that she did see R36 and gave him meds but didn't see anything new. V12 then recanted and stated that she had noticed his eye (the new bruise in question) but wasn't sure when he got it. V12 said she then asked V18 (Assistant Director of Nursing/ADON) and was directed to V9 (Director of Behavioral Health) because V9 had already taken care of it. V12 added that R37 is

Review of R36's medical record documented that V3 (Psychiatric Services Rehabilitation Director/ PSRD) held a one-to-one social service group with R36 on 4/19/23 at 10:30 AM.

R36's roommate and that she assessed R36 this morning and he didn't tell her that anything

On 4/19/23 at 1:42 PM, V3 was interviewed and asked if they made any observations during one to one with R36 that morning. V3 stated, "I didn't see nothing on his face. I usually meet with him once a week."

4/19/23 at 12:57 PM, two surveyors met with R36 in his room. R36 was behind a closed and darkened room where R36 was lying in bed with his bed sheets drawn up to his neck. R36 had visible bruising and black color under his right eye. Observed a peri orbital hematoma to the right eve. blacked in color with a crescent shape that extended from the right interior to the exterior of the eye measuring approximately two centimeters in size. R36's left eye was noted with a small fading yellowish bruise. Surveyor asked what happened to him. R36 became visibly shaken and hesitated to speak with surveyors.

happened.

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Illinois Department of Public Health STATE FORM

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**FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ R-C B. WING IL6008064 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 and/or intentions. I (R37) have the potential to become delusional and have false beliefs due to my hallucinations and diagnosis of delusional disorder 2/1/23. A review of progress notes showed on 3/22/23, V22 (Social Worker) wrote, "Resident (R37) was noted to have aggressive behavior when playing games. Writer counseled resident about his aggressive behavior and resident understands." 4/19/23 at approximately 12:17 PM, V20 (Assistant Administrator) was interviewed regarding the bruise noted on R36's right eye. V20 stated. I'm not sure what happened, let me find out. 4/19/23 at approximately 12:19 PM, V9 (Director of Behavioral Health) approached surveyor and stated that she believed that R36 had an old bruise but would find out. At this time, surveyor asked V9 to provide any documentation for any incident reports and/or supporting documentation related to the bruise observed on R36's right eye. 4/19/23 at 3:20 PM, V9 returned to speak with surveyor, along with V1 (Administrator). V9 stated. I talked to R38 vesterday and he said that guy and pointed to R36. R38 was cycling. He was having psychotic behavior and was delusional. At the time, R36 didn't have a bruise. I noticed the bruise today when the surveyor asked me about it then I went and told V1. V9 was then asked if she took R38's statement about R36 hitting himself and investigated it

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further or if the statement was considered credible, given that R38 was actively having psychotic behaviors and being delusional. V9 responded by stating that she had asked R38 something else and he was able to answer it

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Illinois Department of Public Health STATE FORM

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_ R-C **B. WING** 04/20/2023 IL6008064 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 490 WEST 16TH PLACE **APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 7 injury of unknown origin. On 4/20/23 at 9:30 AM, V1 was inquired of R37 being involved in any incidents. V1 stated, I don't have any except that R37 has a history of verbal aggression. V1 was asked to provide documentation of any incidents. During this survey, the facility was asked and did not provide any documentation to show that a thorough injury of unknown origin or potential abuse investigation was completed regarding R36, including any steps taken to protect R36 from abuse. Facility provided Abuse Prevention and Reporting-Illinois policy (dated 12/17/21), which includes: 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 abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment of residents. In order to do so, 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 within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a resident

6899

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ R-C B. WING IL6008064 04/20/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 8 other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain and/or maintain physical, mental, and psychosocial well-being. This assumes that all instances of abuse of residents, even those in a coma, cause physical harm or pain or mental anguish. The term "willful" in the definition of "abuser" means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm ... Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment ... Mental Abuse is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation. Resident to Resident Abuse (any type): A resident to resident altercation should be reviewed as a potential situation of abuse: Not all resident-to-resident altercations result in abuse. Resident to resident altercations that include any willful action that results in physical injury, mental

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PRINTED: 05/08/2023 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING IL6008064 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 9 anguish or pain must be reported in accordance with regulations. Protection of Residents The facility will take steps to prevent potential abuse while the investigation is underway. Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his or her safety, as well as the safety of other residents and employees of the facility. In addition, the facility shall take all steps necessary to ensure the safety of residents including, but not limited to, the separation of the residents. "B"

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: R-C **B. WING** 04/20/2023 IL6008064 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 490 WEST 16TH PLACE **APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL. 60411 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) **{S 000}**  $\{S,000\}$ **Initial Comments** First Certification Revisit to Annual Certification Complaint Investigations: 22910083/IL154486 2299331/IL153599 2390437/IL155418 2390503/IL155534 2390599/ IL155628 Facility Reported Incident Investigation: Investigation of Facility Reported Incident of December 16, 2022/IL154843 Investigation of Facility Reported Incident of December 5, 2022/IL154827 Investigation of Facility Reported Incident of November 3, 2022/IL153921 Investigation of Facility Reported Incident of December 19, 2022/IL154845 Investigation of Facility Reported Incident of December 12, 2022/IL154841 Investigation of Facility Reported Incident of October 13, 2022/IL153294 Investigation of Facility Reported Incident of November 28, 2022/IL154828 {S9999} {S9999} Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) Attachment A Statement of Licensure Violation: 300.1210d)3) 300.3210t)

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

TITLE

(X6) DATE

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ R-C B. WING 04/20/2023 IL6008064 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {S9999} **{\$9999}** Continued From page 1 300.3240e) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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 made by nursing staff and recorded in the resident's medical record.

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: R-C B. WING 04/20/2023 IL6008064 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {S9999} {S9999} Continued From page 2 Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. Section 300.3240 Abuse and Neglect e) When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to protect a resident from physical and mental abuse. This failure applied to two (R36 and R37) of twelve residents reviewed for abuse in a sample of 38 and resulted in R36 verbalizing fear and feeling unsafe in the facility after alleging that he was abused by R37; the facility also failed to act immediately to prevent any potential further abuse between (R36 and R37) after being made aware of an injury of unknown origin. Findings include: R36's diagnoses include in part with schizophrenia, major depressive disorder, muscle wasting and atrophy. R36's MDS (Minimum Data Set) dated 4/3/2023 documents a BIMS (brief interview for mental

Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_ R-C B. WING 04/20/2023 IL6008064 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) {S9999} {S9999} Continued From page 3 status) score of 15 out of 15 (indicates that resident is cognitively intact). Review of R36's MDS Section E Behavioral Symptoms dated 4/5/2023 related to physical symptoms such as hitting or scratching self. Documentation does not include that R36 exhibits any behaviors. R36's care plan indicates potential moderate risk for abuse dated 4/2/23. There is no care plan in the record noted to document that R36 has any self-harm behaviors. 4/19/23 at 12:15 PM, R36 was observed standing in line in the main dining room area awaiting lunch. R36 was noted to have a large dark colored bruise beneath his right eye. 4/19/23 at 1:22 PM, V15 (Certified Nurse Assistant/CNA) was interviewed regarding R36's bruise to the right eye. V15 stated, "R36 was in bed when I did my rounds this morning. I didn't see him at breakfast. His roommate is R37." 4/19/23 at 1:26 PM, V12 (Licensed Practical Nurse/LPN) was interviewed regarding R36's bruise to the right eye. At this time, V12 initially stated that she did see R36 and gave him meds but didn't see anything new. V12 then recanted and stated that she had noticed his eye (the new bruise in question) but wasn't sure when he got it. V12 said she then asked V18 (Assistant Director of Nursing/ADON) and was directed to V9 (Director of Behavioral Health) because V9 had already taken care of it. V12 added that R37 is R36's roommate and that she assessed R36 this morning and he didn't tell her that anything happened.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ R-C B. WING IL6008064 04/20/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 490 WEST 16TH PLACE **APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** COMPLETE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {S9999} **{S9999}** Continued From page 4 Review of R36's medical record documented that V3 (Psychiatric Services Rehabilitation Director/ PSRD) held a one-to-one social service group with R36 on 4/19/23 at 10:30 AM. On 4/19/23 at 1:42 PM, V3 was interviewed and asked if they made any observations during one to one with R36 that morning. V3 stated, "I didn't see nothing on his face. I usually meet with him once a week." 4/19/23 at 12:57 PM, two surveyors met with R36 in his room. R36 was behind a closed and darkened room where R36 was lying in bed with his bed sheets drawn up to his neck. R36 had visible bruising and black color under his right eve. Observed a peri orbital hematoma to the right eve. blacked in color with a crescent shape that extended from the right interior to the exterior of the eye measuring approximately two centimeters in size. R36's left eye was noted with a small fading yellowish bruise. Surveyor asked what happened to him. R36 became visibly shaken and hesitated to speak with surveyors. After assuring R36 that he was safe to speak with surveyors, R36 stated, "It happened a couple of days ago. Someone from the dining room asked me. It happened in this room. He's done this to me before." Surveyor asked who gave him the black eye and R36 pointed to the bed next to him and stated, "It was my roommate." Surveyor asked how he felt, R36 began shaking and crying and stated, "It makes me afraid. I don't feel safe. It hurt. I didn't tell anyone." Surveyor asked whether this was the first time this happened to him with his roommate (R37) and R36 stated, "No, this is the second time." Records reviewed on 4/19/23 at 2:00 PM, showed no reports or incidents of abuse involving R36.

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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(\$9999)	As of this date/time regarding R36's brue Efforts were made the afternoon of 4/1 surveyor that R37 was program. Upon reture 2:57 PM, V1 (Admir survey team that R3 survey team regard "R37 is refusing to the Behavioral Health Dassessment on R36 R36 hit himself."  R37's diagnoses incomplete R36 hit himself."  R37's diagnoses incomplete R36 hit himself."  R37's diagnoses incomplete R36.  R37's care plan indications and Suicidal and Indications. I become delusional amy hallucinations are disorder 2/1/23.  A review of progress V22 (Social Worker) noted to have aggregames. Writer couraggressive behavior 4/19/23 at approxim (Assistant Administrations and sistant Administrat	to speak with R37 throughout 9/23 but facility staff informed was out of the building at a day urn to the facility on 4/19/23 at nistrator) confirmed to the 37 refused to speak with the ing the incident. V1 stated, talk to anyone. V9 (Director of Director) did a psychosocial and stated that a peer saw clude in part as unspecified ffective Disorder, Delusional Hallucinations, Homicidal dal Ideations. R37 is the icates 2/1/23 I (R37) have ns. I (R37) am at risk for issues AEB: voicing thoughts (R37) have the potential to and have false beliefs due to and diagnosis of delusional so notes showed on 3/22/23, wrote, "Resident (R37) was ssive behavior when playing isseled resident understands."	{\$9999}				

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ R-C B. WING IL6008064 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) **{\$9999}** (S9999) Continued From page 6 4/19/23 at approximately 12:19 PM, V9 (Director of Behavioral Health) approached surveyor and stated that she believed that R36 had an old bruise but would find out. At this time, surveyor asked V9 to provide any documentation for any incident reports and/or supporting documentation related to the bruise observed on R36's right eye. 4/19/23 at 3:20 PM. V9 returned to speak with surveyor, along with V1 (Administrator). V9 stated, I talked to R38 yesterday and he said that guy and pointed to R36. R38 was cycling. He was having psychotic behavior and was delusional. At the time, R36 didn't have a bruise. I noticed the bruise today when the surveyor asked me about it then I went and told V1. V9 was then asked if she took R38's statement about R36 hitting himself and investigated it further or if the statement was considered credible, given that R38 was actively having psychotic behaviors and being delusional. V9 responded by stating that she had asked R38 something else and he was able to answer it clearly. 4/19/23 at 3:23 PM, V1 (Administrator) was asked about what had been reported to him regarding R36. V1 stated, I am the abuse coordinator. I went to talk with R36 (today), and he just told me to go (expletive) myself. No staff were aware that anyone struck R36. I spoke with V9 again and concluded that R36 hit himself based on the interview that R38 had provided in passing to V9 yesterday. The consultant looked at R36's past care plan and said R36 had something in there about self-harm. The consultant advised the nurse to do a skin assessment. V1 was asked if any other residents or staff were interviewed regarding R36 and V1 stated, we talked to V12

Illinois Department of Public Health

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Facility provided Abuse Prevention and

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ R-C B. WING IL6008064 04/20/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL. 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) {S9999} {S9999} Continued From page 8 Reporting-Illinois policy (dated 12/17/21), which includes: 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 abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment of residents. In order to do so, 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 within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain and/or maintain physical, mental, and psychosocial well-being. This assumes that all instances of abuse of residents, even those in a coma, cause physical harm or pain or mental anguish. The term "willful" in the definition of "abuser" means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm ...

Illinois Department of Public Health

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING IL6008064 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE **PRÉFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) **{\$9999}** Continued From page 9 {\$9999} Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment ... Mental Abuse is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation. intimidation, fear, shame, agitation, or degradation. Resident to Resident Abuse (any type): A resident to resident altercation should be reviewed as a potential situation of abuse: Not all resident-to-resident altercations result in abuse. Resident to resident altercations that include any willful action that results in physical injury, mental anguish or pain must be reported in accordance with regulations. Protection of Residents The facility will take steps to prevent potential abuse while the investigation is underway. Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his or her safety, as well as the safety of other residents and employees of the facility. In addition, the facility shall take all

steps necessary to ensure the safety of residents including, but not limited to, the separation of the

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6008064		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
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	IL6008064  PROVIDER OR SUPPLIER  ICARE CHICAGO HEIGHTS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  First Certification Revisit  Complaint Investigation: 2391259/IL156425 2391023/IL156128 2390971/IL156063 2390832/IL155910  Investigation of Facility Reported Incident of January 25, 2023/IL156382 Investigation of Facility Reported Incident of January 27, 2023/IL156381  Final Observations  Statement of Licensure Violations: 300.610a) 300.1210b) 300.3210t) 300.3210t) 300.3210t) 300.3240e)  Section 300.610 Resident Care 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 vitten policies shall be followed in operating the facility and shall be reviewed at least annuality and shall be reviewed at least annuality and shall be reviewed at least annuality.	ILEONOBORA  ILEONO	FROVIDER OR SUPPLIER  IL 6008064  STREET ADDRESS, CITY, STATE, ZIP CODE  490 WEST 16TH PLACE CHICAGO HEIGHTS  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  First Certification Revisit  Complaint Investigation: 2391259/IL 156425 2390971/IL 156083 2390832/IL 155910  Investigation of Facility Reported Incident of January 25, 2023/IL 156382 Investigation of Facility Reported Incident of January 27, 2023/IL 156381  Final Observations  Statement of Licensure Violations: 300. 1210b) 300. 1210b) 300. 3210t) 300. 3210t) 300. 3210t) 300. 3210t) Section 300. 610 Resident Care 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

If continuation sheet 1 of 10

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING IL6008064 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) {S9999} Continued From page 1 {S9999} 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: 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 made by nursing staff and recorded in the resident's medical record. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. Section 300.3240 Abuse and Neglect e) When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident,

Illinois Department of Public Health

considering the safety of that resident as well as the safety of other residents and employees of Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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- P	Findings include:					
	R36's diagnoses inc schizophrenia, majo wasting and atrophy	or depressive disorder, muscle				
	documents a BIMS	Im Data Set) dated 4/3/2023 (brief interview for mental out of 15 (indicates that ly intact).				
	Symptoms dated 4/ symptoms such as	OS Section E Behavioral 5/2023 related to physical hitting or scratching self. s not include that R36 exhibits				
	for abuse dated 4/2	cates potential moderate risk /23. There is no care plan in document that R36 has any				
		I, R36 was observed standing ning room area awaiting				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: R-C B. WING 04/20/2023 IL6008064 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) {S9999} {S9999} Continued From page 3 lunch. R36 was noted to have a large dark colored bruise beneath his right eye. 4/19/23 at 1:22 PM, V15 (Certified Nurse Assistant/CNA) was interviewed regarding R36's bruise to the right eye. V15 stated, "R36 was in bed when I did my rounds this morning. I didn't see him at breakfast. His roommate is R37." 4/19/23 at 1:26 PM, V12 (Licensed Practical Nurse/LPN) was interviewed regarding R36's bruise to the right eye. At this time, V12 initially stated that she did see R36 and gave him meds but didn't see anything new. V12 then recanted and stated that she had noticed his eye (the new bruise in question) but wasn't sure when he got it. V12 said she then asked V18 (Assistant Director of Nursing/ADON) and was directed to V9 (Director of Behavioral Health) because V9 had already taken care of it. V12 added that R37 is R36's roommate and that she assessed R36 this morning and he didn't tell her that anything happened. Review of R36's medical record documented that V3 (Psychiatric Services Rehabilitation Director/ PSRD) held a one-to-one social service group with R36 on 4/19/23 at 10:30 AM. On 4/19/23 at 1:42 PM, V3 was interviewed and asked if they made any observations during one to one with R36 that morning. V3 stated, "I didn't see nothing on his face. I usually meet with him once a week." 4/19/23 at 12:57 PM, two surveyors met with R36 in his room. R36 was behind a closed and darkened room where R36 was lying in bed with his bed sheets drawn up to his neck. R36 had visible bruising and black color under his right

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PRINTED: 05/08/2023 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R-C IL6008064 B. WING 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) **{S9999}** Continued From page 4 {S9999} eve. Observed a peri orbital hematoma to the right eye, blacked in color with a crescent shape that extended from the right interior to the exterior of the eve measuring approximately two centimeters in size. R36's left eye was noted with a small fading yellowish bruise. Surveyor asked what happened to him. R36 became visibly shaken and hesitated to speak with surveyors. After assuring R36 that he was safe to speak with surveyors, R36 stated, "It happened a couple of days ago. Someone from the dining room asked me. It happened in this room. He's done this to me before." Surveyor asked who gave him the black eye and R36 pointed to the bed next to him and stated, "It was my roommate." Surveyor asked how he felt, R36 began shaking and crying and stated, "It makes me afraid. I don't feel safe. It hurt. I didn't tell anyone." Surveyor asked whether this was the first time this happened to him with his roommate (R37) and R36 stated, "No, this is the second time." Records reviewed on 4/19/23 at 2:00 PM, showed no reports or incidents of abuse involving R36. As of this date/time, there are no progress notes regarding R36's bruised right eye. Efforts were made to speak with R37 throughout the afternoon of 4/19/23 but facility staff informed surveyor that R37 was out of the building at a day program. Upon return to the facility on 4/19/23 at 2:57 PM, V1 (Administrator) confirmed to the survey team that R37 refused to speak with the

R36 hit himself."

survey team regarding the incident. V1 stated, "R37 is refusing to talk to anyone. V9 (Director of Behavioral Health Director) did a psychosocial assessment on R36 and stated that a peer saw

R37's diagnoses include in part as unspecified

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_\_ R-C B. WING: IL6008064 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) {S9999} {S9999} Continued From page 5 Psychosis, Schizoaffective Disorder, Delusional Disorders, Auditory Hallucinations, Homicidal Ideations and Suicidal Ideations. R37 is the roommate of R36. R37'S care plan indicates 2/1/23 I (R37) have auditory hallucinations. I (R37) am at risk for suicidal/homicidal issues AEB: voicing thoughts and/or intentions. I (R37) have the potential to become delusional and have false beliefs due to my hallucinations and diagnosis of delusional disorder 2/1/23. A review of progress notes showed on 3/22/23, V22 (Social Worker) wrote, "Resident (R37) was noted to have aggressive behavior when playing games. Writer counseled resident about his aggressive behavior and resident understands." 4/19/23 at approximately 12:17 PM, V20 (Assistant Administrator) was interviewed regarding the bruise noted on R36's right eye. V20 stated, I'm not sure what happened, let me find out. 4/19/23 at approximately 12:19 PM, V9 (Director of Behavioral Health) approached surveyor and stated that she believed that R36 had an old bruise but would find out. At this time, surveyor asked V9 to provide any documentation for any incident reports and/or supporting documentation related to the bruise observed on R36's right eye. 4/19/23 at 3:20 PM, V9 returned to speak with surveyor, along with V1 (Administrator). V9 stated, I talked to R38 yesterday and he said that guy and pointed to R36. R38 was cycling. He was having psychotic behavior and was delusional. At the time, R36 didn't have a bruise. I noticed the bruise today when the surveyor

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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ R-C B. WING 04/20/2023 IL6008064 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **490 WEST 16TH PLACE APERION CARE CHICAGO HEIGHTS** CHICAGO HEIGHTS, IL 60411 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {S9999} **{\$9999}** Continued From page 6 asked me about it then I went and told V1. V9 was then asked if she took R38's statement about R36 hitting himself and investigated it further or if the statement was considered credible, given that R38 was actively having psychotic behaviors and being delusional. V9 responded by stating that she had asked R38 something else and he was able to answer it clearly. 4/19/23 at 3:23 PM, V1 (Administrator) was asked about what had been reported to him regarding R36. V1 stated, I am the abuse coordinator. I went to talk with R36 (today), and he just told me to go (expletive) myself. No staff were aware that anyone struck R36. I spoke with V9 again and concluded that R36 hit himself based on the interview that R38 had provided in passing to V9 yesterday. The consultant looked at R36's past care plan and said R36 had something in there about self-harm. The consultant advised the nurse to do a skin assessment. V1 was asked if any other residents or staff were interviewed regarding R36 and V1 stated, we talked to V12 (LPN) today after we became aware of the situation. V1 was asked if this was the conclusion that he determined regarding the injury to R36's right eye. V1 stated, based on what I know, yes, R38 said that R36 hit himself. V1 added that he knew what happened, so there was no abuse. V1 was asked how he came to this conclusion without conducting an investigation. V1 stated, there is nothing else to say about it, abuse didn't occur. R36 would not speak to me when I tried to speak with him. R38 was off baseline yesterday, he was verbally aggressive toward me, he had repetitive thoughts and it's not his normal. Just because R38 was delusional it doesn't mean there is no truth to what he said. I was made aware round 12ish

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ R-C B. WING IL6008064 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) **{\$9999}** Continued From page 7 {S9999} today (about R36). Initially, I didn't know what happened. Based on what I've investigated I believe this is what happened. R37 is refusing to talk to us. 4/19/23 at 3:51 PM, V1 (Administrator) returned to the conference room and stated, after speaking with the consultant, I'm doing a report of injury of unknown origin. On 4/20/23 at 9:30 AM, V1 was inquired of R37 being involved in any incidents. V1 stated, I don't have any except that R37 has a history of verbal aggression. V1 was asked to provide documentation of any incidents. During this survey, the facility was asked and did not provide any documentation to show that a thorough injury of unknown origin or potential abuse investigation was completed regarding R36, including any steps taken to protect R36 from abuse. Facility provided Abuse Prevention and Reporting-Illinois policy (dated 12/17/21), which includes: 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 abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure

environment.

The purpose of this policy is to assure that the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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<b>{S9999}</b>	prevent occurrence exploitation, misapp deprivation of good mistreatment of res.  Abuse: Abuse meaning or sexual assorted than by accide willful infliction of inj confinement, intimic resulting physical hat to a resident. This aby an individual, incor services that are maintain physical, newell-being. This assabuse of residents, physical harm or path term "willful" in means the individual deliberately, not that intended to inflict inj. Having a mental dis does not automatical engaging in deliberate Physical abuse is the resident that occurs means and that requipers and that requipers and the physical abuse inclupinching, kicking, arthrough corporal put	nat is within its control to s of abuse, neglect, propriation of property, and services by staff and idents.  In any physical or mental ault inflicted upon a resident ental means. Abuse is the fury, unreasonable dation, or punishment with arm, pain, or mental anguish also includes the deprivation luding a caretaker, of goods necessary to attain and/or nental, and psychosocial sumes that all instances of even those in a coma, cause in or mental anguish.  Ithe definition of "abuser" all must have acted the individual must have aury or harm  Forder or cognitive impairment ally preclude a resident from ate or non-accidental actions. The infliction of injury on a other than by accidental uires medical attention. Undes hitting, slapping, and controlling behavior nishment	{\$9999}					
	conduct which caus	use of verbal or nonverbal es or has the potential to o experience humiliation, name, agitation, or						

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R-C B. WING IL6008064 04/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST 16TH PLACE** APERION CARE CHICAGO HEIGHTS CHICAGO HEIGHTS, IL 60411 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PRÉFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {S9999} **{S9999}** Continued From page 9 degradation. Resident to Resident Abuse (any type): A resident to resident altercation should be reviewed as a potential situation of abuse: Not all resident-to-resident altercations result in abuse. Resident to resident altercations that include any willful action that results in physical injury, mental anguish or pain must be reported in accordance with regulations. Protection of Residents The facility will take steps to prevent potential abuse while the investigation is underway. Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his or her safety, as well as the safety of other residents and employees of the facility. In addition, the facility shall take all steps necessary to ensure the safety of residents including, but not limited to, the separation of the residents. "B"

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