STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 2470890/IL169376	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)2) 300.1210 d)3) 300.1220 b)3) 300.2010 a)1) 300.2010 a)2) 300.2010 b)2) 300.3240 a) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months Section 300.2010 Director of Food Services a) A full-time person, qualified by training and experience, shall be responsible for the total	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week. 1) This person shall be either a dietitian or a dietetic service supervisor. 2) The person responsible for the food service may assume some cooking duties but only if these duties do not interfere with the responsibilities of management and supervision. b) If the person responsible for food service is not a dietitian, the person shall have frequent and regularly scheduled consultation from a dietitian. Consultation, given in the facility, shall include training, as needed, in areas such as menu planning and review, food preparation, food storage, food service, safety, food sanitation, and use of food equipment. Clinical management of therapeutic diets shall also be included in consulting, covering areas such as tube feeding; nutritional status and requirements of residents, including weight, height, hematologic and biochemical assessments; physical limitations; adaptive eating equipment; and clinical observations of nutrition, nutritional intake, resident's eating habits and preferences, and dietary restrictions. 2) Skilled nursing facilities: A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional five minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a resident who required supervision and safe swallowing strategies while eating was provided supervision while eating, failed to protect the resident's right to be free from neglect when the facility failed to provide services to support safe eating environment for R1 who was identified to need direct supervision and safe swallowing strategies to prevent choking and aspiration. The facility neglected to develop and implement a care plan with interventions for R1 to include the recommended eating plan and the facility neglected to train direct care staff on the services R1 needed to prevent aspiration. The facility also neglected to have a system in place to identify other residents with eating and swallowing precautions and train direct care staff on monitoring and supervising these residents and following speech therapy recommendations. These failures resulted in R1 eating alone in her room and experiencing a choking incident requiring the Heimlich maneuver and CPR (Cardio-Pulmonary Resuscitation). R1was transported via emergency response and expired. The facility also failed to have a system in place to identify residents who require supervision with eating and ensure Speech Therapy recommendations are implemented. This applies to 48 of 48 residents (R1, R3, R4, R5, R6, R7, R8, R11-R51) reviewed for supervision while eating in the sample of 51. The findings include:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

1. The EMR (Electronic Medical Record) shows R1 was a 62-year-old resident, admitted to the facility on February 4, 2022. The EMR continues to show R1 expired on January 18, 2024. R1 had multiple diagnoses including, pneumonia, UTI (Urinary Tract Infection), schizophrenia, abnormal gait and mobility, lack of coordination, abnormal posture, need for assistance with personal care, cognitive communication deficit, mild intellectual disabilities, generalized anxiety disorder, history of breast and intestinal cancer, and chronic kidney disease.

R1's MDS (Minimum Data Set), dated November 10, 2023, shows R1 was rarely/never understood and had severe cognitive impairment. R1 required substantial/maximal assistance with toilet hygiene, showering, dressing, and personal hygiene, and supervision/touch assistance with bed mobility, transfers between surfaces, eating, and oral hygiene. R1 was frequently incontinent of bowel and bladder.

Speech Therapy recommendations for R1, dated November 1, 2023, show: "Swallow strategies/positions: Continue meals in dining room; cue as needed for safe PO (Oral) intake. Slower pace of PO intake, upright and alert, smaller bites and single bites, smaller sips, and alternate solids and liquids."

The facility did not have documentation to show care plan interventions for safe swallowing strategies were put in place following the November 1, 2023 speech therapy recommendations.

On January 18, 2024 at 1:20 PM, V3 (RN) documented, "CNA went into [R1's] room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 5	S9999		

Resident noted to have obstructed airway. Code blue initiated. Heimlich maneuver performed. Resident became unconscious, cyanotic. O2 (Oxygen) 49 percent RA (Room Air), no pulse. 911 called, and CPR initiated. Compressions provided and oxygenation. Resident placed on non-rebreather mask. [R1] suctioned. O2 at 63 percent on 3 LPM (Liters Per Minute). HR (Heart Rate) 67 BPM (Beats Per Minute). Paramedics arrived on unit and took over. Resident left the unit on a stretcher with paramedics."

On January 18, 2024, effective 2:25 PM, V3 (RN) documented: "Notified [V16] (Physician) and [V19] (R1's POA-Power of Attorney) of resident's transfer to [local hospital]. Writer called [Local Hospital] to follow up on resident's health status. ER (Emergency Room) receptionist notified writer that resident was deceased on arrival to the hospital. Writer spoke with ER nurse and stated that the resident was deceased on arrival to the hospital."

EMS (Emergency Medical Services) documentation, dated January 18, 2024, shows EMS personnel had their first contact with R1 on January 18, 2024 at 1:35 PM. The EMS report shows: "Upon medics arrival, [R1] found supine on the floor in the care of (fire department), in cardiac arrest. (Fire department) crew had started CPR upon their arrival. (Fire department) crew reports patient was found to be pulseless and in asystole. Facility staff reports finding [R1] unresponsive with food in their mouth prior 20 minutes prior to EMS arrival and had started CPR. (Fire department) made numerous attempts to open patient's airway and clear but were unsuccessful due to the presence of food in the airway. Crew was attempting to ventilate with BVM (Bag Valve Mask) .... Pulse and rhythm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 6	S9999		

check showed patient to have no pulse and was asystole on the monitor, CPR continued with (mechanical chest compression device) ... A second attempt was made to clear patient airway and was unsuccessful, airway could not be visualized due to food obstruction, numerous large pieces of food were removed from mouth with forceps and suction. Attempts at ventilation with BVM continued. Another pulse check was performed showing patient to still be pulseless and asystole ... CPR continued. Patient moved to cot and loaded on to the ambulance where care and assessment continued. Surgical cricothyrotomy (incision through the skin and cricothyroid membrane to establish airway) was performed and was successful, tube secured with tape and gauze." The EMS report continues to show "No ROSC (Return of Spontaneous Circulation) at any time."

Hospital records dated January 18, 2024 show R1 expired at the local hospital on January 18, 2024 at 2:14 PM.

The State of Illinois Certificate of Death Worksheet (Death Certificate), dated February 6, 2024, shows R1 expired on January 18, 2024 at 2:14 PM at the local hospital. An autopsy was performed, and the autopsy findings were used to complete the cause of R1's death. The death certificate shows R1's cause of death was asphyxia due to aspiration of a food bolus. The death certificate continues to show the asphyxia due to aspiration of a food bolus occurred at the facility on January 18, 2023 at 1:25 PM. The death certificate is certified and signed by V20 (Physician/Medical Examiner/Coroner).

R1's diet card was provided by V1 (Administrator) on January 31, 2024. The diet card showed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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	S9999		

"supervision." R1's diet card did not show the safe swallowing strategies recommended by speech therapy.

On January 31, 2024 at 1:13 PM, V5 (Speech Therapist) said, "I started working at the facility a couple of months ago. [R1] was evaluated by the previous speech pathologist in November 2023. I evaluated [R1] at the end of November and at the beginning of December I started caring for her related to her cognition. She was impulsive with eating. She needed supervision because she was impulsive. She also liked to stand up and try to walk while she was eating. Supervision means that someone is around in case something happens. [R1] should not have eaten alone in her room with the door closed because she was at risk for choking. Her speech therapy notes from early November showed she needed to eat in the dining room and needed cuing to ensure safe oral intake. She needed to be reminded to eat at a slower pace, to take small bites and alternate solid foods with liquids."

On February 1, 2024 at 9:11 AM, V12 (BA-Behavioral Aide) said, "I have worked as a Behavioral Aide at the facility for one and a half years. I help pass meal trays to residents. Behavioral Aides are not aware of any resident concerns like who needs help being fed or anything like that. All Behavioral Aides do is pass meal trays to residents; we do not help feed them. On January 18, I delivered the lunch tray to [R1]. I went in and set the tray down on her bed around 12:30 PM, and went out and passed other meal trays to residents. From 1:00 PM to 1:30 PM, I was outside supervising other residents for their smoking break. I did not go back to check on [R1]. I never saw writing on [R1's] meal ticket that showed she needed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 8	S9999		

supervision because I was never trained to look for that on the ticket. I just know the people who needed supervision with eating were sitting in the dining room, and [R1] was sitting on the chair in her room, so I gave her the lunch tray. I was outside on the smoking patio and a resident said they were calling a code blue inside. I came in and I went up to [R1's] floor and I saw it was her. After that happened, [V1] (Administrator) told me [R1] was supposed to be supervised. I explained to him I did not see the word supervision on the ticket because no one told me I had to read the tickets."

On January 31, 2024 at 9:55 AM, V9 (CNA-Certified Nursing Assistant) said, "After lunch on January 18, 2024, I was collecting the meal trays. I was done picking up all of the trays and went to [R1's] room. The door to her room was mostly closed, and only open about four inches. I could not see into her room from the hallway. I found [R1] unresponsive, lying across her bed, with her feet still on the floor. I called for help right away. We did the Heimlich maneuver. No food came out. I could see pieces of food in her mouth. The lunch served that day was chicken on a bun. [R1] was able to feed herself, but she had to be supervised because she ate too fast and needed reminders to slow down. We had Covid in the building and we were locked down, so some residents had to eat in their room. We passed the trays, and people who needed supervision were fed by us, or we watched them in their room. We do not have a list or binder anywhere to show which residents need supervision with eating." After the interview with V9, V9 was able to demonstrate how he found R1's door closed to within four inches of the door jamb, and how he was unable to see R1 sitting in her room from the nurse's station or from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 9 hallway. On January 31, 2024 at 10:04 AM, V4 (CNA) said, "I was feeding a resident in the TV room. [V9] (CNA) approached me and said, "Who gave the lunch tray to [R1]? Come on, let's go see her." We ran to [R1's] room and saw her lying across the bed. My initial reaction was to call the nurse and call a code blue. There was food in her mouth. When we found her she was pale and did not have a pulse but was warm. She was supposed to eat with someone watching her. [R1] needed to be supervised because she ate too fast. I have been working here since April 2023, and she has needed to be supervised while eating since I started working here. I never saw it in writing anywhere, I just knew that. I don't think we have a list or a posting anywhere that shows which residents need to be supervised." On February 1, 2024 at 9:49 AM, V14 (RN-Registered Nurse) said, "The nurse assigned to [R1] was on her lunch break. I was organizing the medication cart because lunch was pretty much over. [V4] (CNA) came to me and said I should follow her to [R1's] room. [R1] was unresponsive and lying across her bed. I saw food coming from her mouth. [R1] was on a regular diet, but she needed supervision while she ate. She got anxious and did not sit still when she ate. She was supposed to be supervised. No one ever told me there were speech therapy recommendations for her. I tried to do a finger sweep because I could see visible food in her mouth. We called a code blue, and I started CPR. I tried the Heimlich maneuver, and she was not responding to me. We put a pulse oximeter on her while we were doing the compressions, but we did not get a reading."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 10	S9999		

2. On January 31, 2024, multiple observations were made throughout the facility. No postings or lists of residents requiring supervision while eating or one-to-one assistance could be located. V3 (RN), V8 (RN), V9 (CNA), V4 (CNA), and V17 (Cook) said the facility does not have a list of residents who require supervision while eating.

On January 31, 2024 at 12:47 PM, V1 (Administrator) said, "The meal tickets show the word supervision if the resident needs supervision while eating. After the choking incident with [R1], we changed meal tickets to red paper to flag the residents who need supervision while eating." At the time of the interview, V1 did not have a list to show which residents required supervision while eating.

On January 31, 2024 at 2:16 PM, V1 (Administrator) provided a list of residents who require supervision while eating and one-to-one feeding assistance. The list showed one resident (R3) required one-to-one supervision while eating. The list continued to show R3, R4, R5, R6, R7, R8, and R11-R39 required supervision while eating.

On January 31, 2024 at 2:25 PM, V17 (Cook) showed a stack of meal tickets to be used for the dinner meal on January 31, 2024. V17 said the facility has not had a Food Service Director for about eight months. V17 said she is running the kitchen, but does not have access to the computer and all meal tickets are updated by V1 (Administrator). Every meal ticket was reviewed with V17 (Cook) present and compared to the list of residents who require supervision while eating provided by V1 (Administrator) several minutes earlier. A discrepancy was found between the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 11	S9999		

meal tickets and the list provided by V1. Twelve additional residents (R40-R51) had meal tickets showing supervision was required while eating, but did not show on the list provided by V1.

On January 31, 2024 at 2:46 PM, V1 (Administrator) said he is responsible for updating all meal tickets for residents to show if they need supervision while eating or other speech therapy recommendations. V1 said to his knowledge, only R3 required one-to-one supervision with eating. V1 said he was not aware Speech Therapy recommended R7 and R8 should have one-to-one supervision while eating. V1 could not say why the facility's list of residents of residents requiring supervision while eating did not include R40-R51.

3. The EMR shows R7 was admitted to the facility on August 6, 2021. R7 has multiple diagnoses including schizoaffective disorder, anxiety disorder, asthma, dyskinesia, dysphagia, tremor, lack of coordination, and difficulty walking.

R7's MDS, dated February 2, 2024, shows R7 has moderate cognitive impairment, requires partial/moderate assistance with eating and oral hygiene, substantial/maximal assistance with showering and personal hygiene, and is dependent on facility staff for toilet use, lower body dressing, bed mobility, and transfers between surfaces. R7 has an indwelling urinary catheter and is frequently incontinent.

R7's Speech Therapy Recommended PO Intake Form, dated January 10, 2024, and signed by V5 (Speech Therapist) shows R7 should receive mechanical soft diet, thin liquids, and eat in the general dining room with 1:1/supervision for all oral intake. The form continues to show the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 12	S9999		

following Swallowing Compensatory Strategies: Slow rate, small bites/sips, alternate solids and liquids, upright position, upright 30 minutes after intake, double swallow. "Intermittent 1:1 assist as needed."

R7's care plan, initiated on January 31, 2024, shows: "I am risk for swallowing issue r/t (Related To) swallowing difficulty." Care plan interventions initiated on January 31, 2024 show: "Make sure resident is sitting in upright position when eating. Monitor for coughing, shortness of breath, choking, labored respiration. Observe closely during activities involving consumption of food/drink for any s/s (Signs/Symptoms) of choking, if noted, report to nurse immediately."

On January 31, 2024 at 5:23 PM, R7 was lying in bed in his room eating his dinner. R7 was eating a bowl of fruit while lying in his bed. No staff were present. R7's plate had a scant amount of uneaten food particles and appeared empty. R7 said he had eaten his dinner while lying in his bed with no staff present. At 5:28 PM, V10 (CNA) entered R7's room. V10 said the CNA assigned to R7 was in another room, feeding a resident. V10 said she was not assigned to care for R7, and was not aware R7 required one-to-one supervision when eating. V10 was unable to say what swallowing strategies were necessary for R7 to eat safely. R7's meal ticket, dated January 31, 2024, showed R7 required supervision. R7's meal ticket did not show the speech therapy swallow strategies.

On January 31, 2024 at 1:13 PM, V5 (Speech Therapist) said, "I want [R7] to eat in the dining room. He should never be lying in bed while eating. He needs one-to-one supervision at all times when he is eating, because he is at risk of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 13	S9999		

choking. I also wrote on the Speech Therapy form to provide intermittent one-to-one assistance as needed. Assistance and supervision are two different things. The one-to-one intermittent assistance means if [R7] gets tired while eating or needs reminders to double swallow, or eat slow, or alternate solids with liquids while he is being supervised the entire time he is eating, then staff can intervene. We want him supervised at all times while eating and to be safe, but we don't want the resident to feel like he is not allowed to feed himself."

4. The EMR shows R8 was admitted to the facility on March 1, 2013. R8 has multiple diagnoses including encephalopathy, lack of coordination, abnormal gait, dysphagia, dementia, major depressive disorder, bipolar disorder, schizoaffective disorder, COPD, obsessive compulsive disorder, anxiety disorder, and epilepsy.

R8's MDS, dated January 30, 2024, shows R8 is rarely/never understood, has moderately impaired cognition, requires partial/moderate assistance with eating and oral hygiene, and substantial/maximal assistance with all other ADLs (Activities of Daily Living). R8's MDS continues to show R8 holds food in his mouth or cheeks. R8 is always incontinent of urine and frequently incontinent of stool.

R8's Speech Therapy Recommended PO (oral) Intake Form, dated January 20, 2024, shows R8 should receive mechanical soft diet, thin liquids, and eat in the general dining room with 1:1 assist. The form continues to show the following Swallowing Compensatory Strategies: Slow rate, small bites/sips, alternate solids and liquids, upright position, upright 30 minutes after intake,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 14	S9999		

check for pocketing. The speech therapy notes also show R8 is "edentulous" (lacking teeth) and has moderate oral inefficiency with regular textures and is a choking/aspiration risk.

R8's care plan, initiated on January 26, 2024, shows: "I am pocketing with regular texture foods during meals r/t dysphagia." Interventions dated January 26, 2024 include: "Monitor for any signs of choking and swallowing issues. On general diet, mechanical soft texture, thin consistency. Staff need to redirect him to eat small bites and give drink in between."

On January 31, 2024 at 5:19 PM, R8 was sitting in his bed feeding himself his dinner. V11 (CNA) was standing at the foot of R8's bed watching him eat. R8 was not alternating solids and liquids. V11 was not reminding R8 to take small bites or alternate solids and liquids. V11 did not check to ensure R8 was not pocketing food. V11 (CNA) said she was not aware of Speech Therapy swallowing strategies. R8's meal ticket did not show the Speech Therapy swallowing strategies.

On February 1, 2024 at 2:34 PM, V5 (Speech Therapist) said, "At the time [R8] was eating dinner in his room on January 31, 2024, he should have had one-to-one assistance, and speech interventions should have been place for him, including checking for food pocketing."

The facility's policy entitled, "Abuse Prevention and Reporting - Illinois", effective November 28, 2016, and revised on October 24, 2022 shows: "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,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001713	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST CHICAGO	201 WEST NORTH AVENUE WEST CHICAGO, IL 60185

(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 15 exploitation, misappropriation of property, and 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. Definitions: Neglect means the failure to provide goods and services to a resident that are necessary to avoid physical harm, pain or mental anguish (42 CFR 483.5). Neglect means a facility's failure to provide, or willful withholding of, adequate medical care, mental health treatment, psychiatric rehabilitation, personal care, or assistance with activities of daily living that is necessary to avoid physical harm, mental anguish, or mental illness of a resident (201 ILCS 45/1-117) including deprivation of goods and services by staff. Neglect may be the result of a pattern of failures or the result of one or more failures involving one resident and one staff member." (AA)	S9999		