Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER  APERION CARE HILLSIDE  (X4) ID SUMMARY STATEMENT OF DEFICIENCY PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED B REGULATORY OR LSC IDENTIFYING INFORM  S 000 Initial Comments  First Complaint Certification Revisit to 8/21/2023 #2396503/IL162870  S9999 Final Observations  Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1210b) 300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policienal The facility shall have written procedures governing all services proving all services and proces of ormulated by a Resident Care Policies and proces of ormulated by a Resident Care Policies and proces of nursing and other services in the fact policies shall comply with the Act and the written policies shall be followed in	STREET ADDRES 323 OAKRIDO HILLSIDE, IL ES Y FULL MATION)  S Survey of	GE AVEN	PROVIDERS (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD I NCED TO THE APPROPR DEFICIENCY)	BE COMPL
Summary Statement of Deficience (EACH DEFICIENCY MUST BE PRECEDED B REGULATORY OR LSC IDENTIFYING INFORMATION OR LIGHT OR LSC IDENTIFYING INFORMATION OR LS	323 OAKRIDO HILLSIDE, IL  ES Y FULL MATION)  S  Survey of	D FREFIX TAG	PROVIDERS (EACH CORREC CROSS-REFEREI	CTIVE ACTION SHOULD I	BE COMPL
S 000 Initial Comments  First Complaint Certification Revisit to 8/21/2023 #2396503/IL162870  Syphysis Final Observations  Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policies  a) The facility shall have written p procedures governing all services provedures governing all services provedures governing of at least the administrator, the advisory physician of medical advisory committee, and representations of the facilities shall comply with the Act and the written policies shall comply with the Act and the written policies shall comply with the Act and the written policies shall be followed in	Survey of	PREFIX TAG	(EACH CORRECT CROSS-REFEREN	CTIVE ACTION SHOULD I	BE COMPL
First Complaint Certification Revisit to 8/21/2023 #2396503/IL162870  Section 300.610a) 300.1210b) 300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policical American Section	Survey of				
#2396503/IL162870  Section 300.610 Resident Care Policies and procedures governing all services proved facility. The written policies and procedures consisting of at least the administrator, the advisory physician of medical advisory committee, and representations.	S	S999 <b>9</b>			
8/21/2023 #2396503/IL162870  Section 300.610 Resident Care Policions:  300.1210b) 300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policions:  The facility shall have written policies and procedures governing all services prove facility. The written policies and procedures governing of at least the administrator, the advisory physician of medical advisory committee, and representations of the facility shall comply with the Act and the written policies shall comply with the Act and the written policies shall be followed in	S	S999 <b>9</b>			
Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policic  a) The facility shall have written p procedures governing all services prove facility. The written policies and procedure to the formulated by a Resident Care Policic Committee consisting of at least the administrator, the advisory physician of medical advisory committee, and representations of the facilities shall comply with the Act and the The written policies shall be followed in		5 <del>9999</del>			
Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policic  a) The facility shall have written p procedures governing all services prove facility. The written policies and procedure be formulated by a Resident Care Policic Committee consisting of at least the administrator, the advisory physician of medical advisory committee, and represent the policies shall comply with the Act and the The written policies shall be followed in		S9999			
300.610a) 300.1010h) 300.1210b) 300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policic a) The facility shall have written p procedures governing all services prov facility. The written policies and proce be formulated by a Resident Care Poli Committee consisting of at least the administrator, the advisory physician o medical advisory committee, and repre of nursing and other services in the fac policies shall comply with the Act and t The written policies shall be followed in	∍s				
300.610a) 300.1010h) 300.1210b) 300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policic a) The facility shall have written p procedures governing all services prov facility. The written policies and proce be formulated by a Resident Care Poli Committee consisting of at least the administrator, the advisory physician o medical advisory committee, and repre of nursing and other services in the fac policies shall comply with the Act and t The written policies shall be followed in	∍s				
300.1010h) 300.1210b) 300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policion a) The facility shall have written policies and procedures governing all services proving a linear policies and procedure policies and representation and the policies and other services in the fact policies shall comply with the Act and the procedure policies shall be followed in	9S				
300.1210b) 300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policic  a) The facility shall have written p procedures governing all services prov facility. The written policies and proce be formulated by a Resident Care Poli Committee consisting of at least the administrator, the advisory physician o medical advisory committee, and repre of nursing and other services in the face policies shall comply with the Act and to The written policies shall be followed in	∍s				
300.1210d)1) 300.1210d)3)  Section 300.610 Resident Care Policion  a) The facility shall have written purcedures governing all services prove facility. The written policies and procedure be formulated by a Resident Care Policion Committee consisting of at least the administrator, the advisory physician of medical advisory committee, and represent the fact and of the written policies shall be followed in	ЭS				
300.1210d)3)  Section 300.610 Resident Care Policic  a) The facility shall have written p procedures governing all services prove facility. The written policies and procedure be formulated by a Resident Care Policies and representation of the administrator, the advisory physician of medical advisory committee, and representations of the policies shall comply with the Act and the The written policies shall be followed in	∍s				
a) The facility shall have written p procedures governing all services prov facility. The written policies and proce be formulated by a Resident Care Poli Committee consisting of at least the administrator, the advisory physician o medical advisory committee, and represent of nursing and other services in the fact policies shall comply with the Act and the The written policies shall be followed in	∍s				
a) The facility shall have written p procedures governing all services provided facility. The written policies and procedure be formulated by a Resident Care Policommittee consisting of at least the administrator, the advisory physician of medical advisory committee, and represent the fact and of the policies shall comply with the Act and the The written policies shall be followed in	es				
procedures governing all services prov facility. The written policies and proce be formulated by a Resident Care Poli Committee consisting of at least the administrator, the advisory physician o medical advisory committee, and repre of nursing and other services in the fac policies shall comply with the Act and to The written policies shall be followed in					
procedures governing all services prov facility. The written policies and proce be formulated by a Resident Care Poli Committee consisting of at least the administrator, the advisory physician o medical advisory committee, and repre of nursing and other services in the fac policies shall comply with the Act and to The written policies shall be followed in	olicies and				
facility. The written policies and proce be formulated by a Resident Care Poli Committee consisting of at least the administrator, the advisory physician o medical advisory committee, and represent of nursing and other services in the fact policies shall comply with the Act and the written policies shall be followed in					
be formulated by a Resident Care Poli Committee consisting of at least the administrator, the advisory physician o medical advisory committee, and repre of nursing and other services in the fact policies shall comply with the Act and to The written policies shall be followed in					
Committee consisting of at least the administrator, the advisory physician o medical advisory committee, and represent of nursing and other services in the fact policies shall comply with the Act and the written policies shall be followed in					
administrator, the advisory physician o medical advisory committee, and represof nursing and other services in the fact policies shall comply with the Act and the written policies shall be followed in	·,				
medical advisory committee, and repre of nursing and other services in the fact policies shall comply with the Act and to The written policies shall be followed in	rthe				
of nursing and other services in the fact policies shall comply with the Act and to The written policies shall be followed in	sentatives				18 E
policies shall comply with the Act and to The written policies shall be followed in					
The written policies shall be followed in					
the facility and shall be reviewed at lea					
by this committee, documented by writ	ten, signed				
and dated minutes of the meeting.					
Section 300.1010 Medical Care Polici	es				
h) The facility shall notify the resid	dent's				
physician of any accident, injury, or sig					
change in a resident's condition that the	reatens the			achment A	
health, safety or welfare of a resident,			Alla Otetement of	Licensure Violations	
but not limited to, the presence of incip			Signatuent of	THURST AND ALTONOMOTE	
manifest decubitus ulcers or a weight!					

STATE FORM

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 IL6006829 **B. WING** 10/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 OAKRIDGE AVENUE **APERION CARE HILLSIDE** HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B) Section 300.1210 General Requirements for Nursing and Personal Care 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. 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: Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 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. These requirements are not meet as evidenced Based on observation, Interview and record

PRINTED: 11/29/2023 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 IL6006829 10/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **323 OAKRIDGE AVENUE** APERION CARE HILLSIDE HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 review, the facility failed to adequately assess for pain and elevated blood pressure for one resident (R3); failed to notify the physician of elevated blood pressure for one (R3) of six residents; and the facility failed to ensure that residents received medications in a timely manner for 6 (R1, R2, R3, R4, R5 and R6) of 6 residents reviewed for medication administration. These failures resulted to R3 experiencing a headache and an elevated blood pressure reading of 212/127; creating the potential for stroke and heart attack. Findings include: 1. R3 is a 45 year old male, admitted to the facility on 07/01/2023. R3's diagnosis includes but not limited to Acute on chronic respiratory failure with hypoxia and hypercapnia, Morbid Obesity. shortness of breath, Acute pulmonary edema, Obstructive Sleep Apnea, Pleural effusion, Essential (Primary) Hypertension, Difficulty In Walking, Anxiety Disorder, Other Abnormalities Of Gait And Mobility. R3's Brief Interview for Mental Status dated 10/1/2023 documents a score of 14 which indicates intact cognition. On 10/27/2023 at 11:37 AM, R3 was observed sitting on the side of the bed, with both hands wrapped around his head. R3 stated, "I have a bad headache, I haven't received any of my 9:00 AM medications and I'm almost due for my 12:00 PM medications. My blood pressure is probably through the roof because I haven't taken any of my blood pressure medications." 11:40 AM, Surveyor informed V3, Registered Nurse, that R3 was complaining of headache. 11:50 AM, Surveyor followed up with V3 and asked if she could please see R3 because he is complaining of a bad headache.

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 IL6006829 10/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 OAKRIDGE AVENUE APERION CARE HILLSIDE HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION  $\{X5\}$ PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 11:58 AM V3, knocked and asked R3 if R3 has a headache, to which R3 responded "Yes." 12:06 PM Surveyor followed up again with V3 if she will check R3's complaint of pain. V3 stated. "Didn't I just go there to ask how he is? I am trying to get his medications ready; this is the first time I am seeing him today." 12:12 PM V3 goes to R3's room while surveyor is in the room, checks R3's blood pressure which registered 212/112 mm/Hg; rechecks R3's BP again which registered 218/132 this time. V3 then proceeds to give medications to R3. V3 did not assess for quality, location, duration and level of pain. When asked why R3 is just receiving his 9:00 AM medications at past 12:00 PM, V3 stated, "I am from the agency, I didn't get here until around 9:00 AM, so I haven't given his 9:00 AM medications. If the blood pressure reading is that high. I will call the Nurse Practitioner/NP to get his blood pressure medications adjusted. I gave him Motrin for his headache. I am agency. I received orientation before working. I am concerned about R3's blood pressure being that high. I will call the NP, and then I will come back and reassess. I have 5 more residents who haven't received their 9:00 AM medications, namely R2, R3, R4, R5 and R6. When asked if she assessed R3's pain, V3 stated, "He already told me he has a headache." Review of R3's Medication Administration Records document that R3's blood pressure reading on 10/26/2023 was 214/100 on the 7-3 shift and 214/100 again on the 3-11 shift. R3's progress notes does not have any documentation, that his BP was assessed and rechecked, nor was the doctor informed of R3's elevated blood pressure. On 10/27/2023 at 1:20 PM, V4; Regional Nurse

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 IL6006829 10/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **323 OAKRIDGE AVENUE APERION CARE HILLSIDE** HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 4 S9999 Consultant, covering for the Director of Nursing/DON, stated, "For medication administration, the nurses have an hour before and after to administer the medications." When asked if receiving residents' medication around 12:00 PM is acceptable, V4 stated, " If we get an order to change the time of the administration of the medications, then it's okay as long as the doctor is okay with it. If the resident with a high blood pressure did not receive his blood pressure medications on time and now has a BP of 212/112, there is a chance that the blood pressure can even be higher if the medication was not given. That high of a blood pressure could lead to stroke. If a resident complains of headache, the nurse should do a nursing assessment, check Blood pressure, check vitals. Before giving pain medication, the nurse should also ask what's the level of pain and where is the pain location and the quality of pain, like sharp or dull. On 10/27/2023 at 4:15 PM V1, Administrator, stated, "I was notified by the overnight nurse at 7:40 AM that the AM nurse had not arrived yet. At 7:44 am, I contacted the scheduler and opened an open shift need at 7:44 am, a nurse picked up at 8:02 am and the nurse arrived at the facility at 9:00 AM. The night nurse was there, and she was completing her documentation for her shift and did not think to start the AM meds." When asked if it is customary not to direct the overnight nurse to start medication Administration while waiting for the nurse replacing the call off, V1 stated, "The overnight nurse was completing her documentation and there is no one else to pass meds, my Director of Nursing is on vacation, the MDS nurse is also off today." V1 also stated, "Yes, the doctor should have been informed

about R3's high blood pressure on 10/26/2023 of

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 10/28/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	TATE, ZIP CODE	22	LOILULU
	N CARE HILLSIDE		IDGE AVENU			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETE DATE
S9999	214/100. V4 has in administration of mand R6. R3's blood it has gone down in On 10/27/2023 at 8 Medical Director st pressure of 214/10 know, that's the first consistently high, I Director of Nursing of care. I was not elevated blood prenurses there time a using the right blood process of purchast cuffs. R3 has had a should be assessing notified. It is not go their medications to given on time and in high, anything can of stroke or heart a informed me that the received medication with V1 and the D0 because I attend the On 10/28/2023 at 2 Conference, V1, A was sent out last in because his blood running high and the intravenous medical facility the same darecords were required the survey of Facility Pain Asses	formed the doctors about late redications for R2, R3, R4, R5 pressure was rechecked, and ow in the 180 over something."  5:09 PM, V5, Physician and ated, if a resident has a blood 0, the nurses should let me st thing, if the reading is will talk to the nurses and the /DON to come up with a plan informed yesterday about R3's saure of 214/100. I've told and again that they should be docuff. I think they are in the sing bariatric blood pressure chronic headaches. They ag him for pain, and I should be dot that the residents received ate. If medications are not if the blood pressure reading is go wrong, there is a possibility attack. V6, Registered Nurse, here a few more residents that ns late. I will address this issue on during the QAPI meeting, hose meetings."  2:30 PM, during Exit diministrator, stated that R3 ight to the hospital via 911 pressure readings were nat R3 was given some ations and returned to the ay with no new orders. Hospital ested but were not received	S9999			

PRINTED: 11/29/2023 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:** A. BUILDING: COMPLETED R-C B. WING IL6006829 10/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 OAKRIDGE AVENUE **APERION CARE HILLSIDE** HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 assessment tool will be used as indicated as a guide in determining a resident's pain level in addition to their descriptive words, and/or physical signs and behaviors. 2. R1 is a 64 year old male admitted to the facility on 01/11/2022 with diagnosis including but not limited to: Type 2 diabetes Mellitus with Foot Ulcer, Gout, Chronic Kidney Disease, Dementia, Acute Embolism and Thrombosis, Pain, Morbid Obesity, Hypertensive Heart Disease, Seborrheic Dermatitis, Acute Kidney Failure, Lymphedema, Spinal Stenosis, Glaucoma, Hyperlipidemia, Obstructive Sleep Apnea, Anemia, Gastro-Esophageal Reflux Disease and Osteoarthritis. R1's Brief Interview for Mental Status dated 10/09/2023 documents a score of 10 which indicates some cognitive impairment. On 10/27/2023 at 12:47 PM, R1 was observed in the dining room receiving medications from V3. Registered Nurse/RN. When asked if R1 got his medication on time today, R1 stated, "I just got them, I don't know if it's my morning or my afternoon medications. Yes, I am diabetic and hypertensive. I should get all my medications on time." Interview with V3 on 10/27/2023, affirmed that at 12:12 PM R1 had not received any of his medications scheduled for 8:00 AM and 9:00 AM including: Allopurinol, Amlodipine, Aspirin, Ferrous Sulfate, Finasteride, Fluticasone Propionate Nasal Suspension, Iron, Lasix, Metoprolol Succinate ER, Multivital, Eliquis. Metformin and Prostat AWC per Medication Administration Record/MAR. 3. R2 is a 77 year old male, admitted to the facility on 10/16/2023 with diagnosis including but not

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 IL6006829 10/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 OAKRIDGE AVENUE **APERION CARE HILLSIDE** HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 limited to: Post Traumatic Stress Syndrome, Hearing Loss, Tinnitus, Essential Hypertension, Hypothyroidism, Suicidal Ideation, Enterocolitis, Alcohol Dependence and Barrette's Esophagus with Dysplasia. R2's Brief Interview for Mental Status dated 10/19/2023 documents a score of 15 which indicates intact cognition. On 10/27/2023 at 12:58 PM, R2 was observed sitting in his wheelchair inside his room, R2 stated, "I received my morning medications late, I guess somebody didn't show up." Interview with V3 on 10/27/2023, affirmed that at 12:12 PM R2 had not received any of his medications scheduled for 8:00 AM and 9:00 AM including: Amlodipine, Escitalopram. Multivitamins/Minerals and Thiamine per MAR. 4. R4 is a 77 year old male, admitted to the facility on 09/05/2023 with diagnosis including but not limited to: Type 2 Diabetes Mellitus. Hyperlipidemia, Alzheimer's Disease, Furuncle of Groin, Major Depressive Disorder and Difficulty in Walking. R4's Brief Interview for Mental Status dated 09/08/2023 documents a score of 9 which indicates some cognitive impairment. On 10/27/2023 at 1:50 PM R4 stated, "I received my medications today. I got it in the morning and in the afternoon about 1:00 PM today. In the morning they gave me around 6:30 AM. Review of R4's records indicate that he only has medications scheduled for 8:00 AM and 9:00 AM medications and none for 1:00 PM. R4 stated, he didn't know that the meds he took were for the morning medications because he always gets them late in the afternoon. Interview with V3 on 10/27/2023, affirmed that at

Illinois Department of Public Health

Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R-C	
		IL6006829	8. WING		10/	28/2023	
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
APERIO	N CARE HILLSIDE		RIDGE AVEN	VE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
S9999	Continued From p	age 8	\$9999				
	medications sched	not received any of his luled for 8:00 Am and 9:00 AM I, Metformin, Glipizide per					
	on 04/20/2021 with limited to: Parkinson Intracranial Hemory Obstructive Pulmo Hyperplasia, Chrory Hyperlipidemia, Ov Deficit, Drug-Induction Essential Hyperten Mental Status date	old male, admitted to the facility of diagnosis including but not on's Disease, Nontraumatic rhage, Dysarthria, Chronic nary Disease, Benign Prostatic nic Kidney Disease, reractive Bladder, Memory ed Tremor, Dysphagia and sion. R5's Brief Interview for d 08/16/2023 documents a dicates some cognitive		77			
	On 10/27/2023 at 2 received my medic	2:55 PM, R5 stated, " I just ations about lunch time."					
The common section is a second section of the second section of the second section sec	12:12 PM R5 had r medications sched including: Folic Acid Finasteride, Gemte Lisinopril, Multivitar	n 10/27/2023, affirmed that at not received any of his uled for 8:00 AM and 9:00 AM d, Amlodipine, Atorvastatin, esa, GNP Vitamin B-1, min, Vitamin D3, Budes/Formot nna-S and Carb/Levo per					
	on 09/25/2023 with limited to: Hemiple, disorder, Acquired Anne, Essential Hy Status, Aphasia, Contive Arteries of E Claudication, major Anemia, Type 2 Dia	old male, admitted to the facility diagnosis including but not gia and Hemiparesis, Anxiety Absence of Left Leg Below pertension, Gastrostomy ontracture, Atherosclerosis of extremities with Intermittent Depressive Disorder, abetes Mellitus, and ief Interview for Mental Status					

9UPC12

PRINTED: 11/29/2023 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: A. BUILDING: COMPLETED R-C B WING IL6006829 10/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 323 OAKRIDGE AVENUE **APERION CARE HILLSIDE** HILLSIDE, IL 60162 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 9 S9999 dated 09/28/2023 documents a score of 7 which indicates some cognitive impairment. On 10/27/2023 at 2:58 PM, R6 stated, "I just received my medications about lunch time." Interview with V3 on 10/27/2023, affirmed that at 12:12 PM R6 had not received any of his medications scheduled for 8:00 AM and 9:00 AM including: Ascorbic Acid, Buspirone, Ferrous Sulfate, Metoprolol Tartrate and Gabapentin per MAR. Facility presented an undated Medication Administration General Guidelines Policy which documents in part: PROCEDURES: 6. FIVE RIGHTS- Right resident, right dose, right route and right time, are applied for each medication being administered. ADMINISTRATION: 10. Medications are administered within 1 hour before or after scheduled time, except before, with or after meal orders, which are administered based on mealtimes. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility. (B)