Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006829	A. BUILDING: ______ B. WING ______	C 03/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE HILLSIDE	323 OAKRIDGE AVENUE HILLSIDE, IL 60162

(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: 2492211/IL171038	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.3210t) 300.3240a) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006829	A. BUILDING: ______ B. WING ______	C 03/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE HILLSIDE	323 OAKRIDGE AVENUE HILLSIDE, IL 60162

(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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on interview and record review, the facility failed to protect a resident from physical abuse. This affected one of three residents (R1) reviewed for abuse. This failure resulted in V4 (Certified Nursing Aide) grabbing R1 by the neck and telling R1 to "Shut the f*** up!" This caused R1 to be tearful, withdrawn, and having feelings of anger and powerlessness; which caused R1 withdraw to his room. Findings include: On 3-20-24 at 10:27 AM, R1 was sitting in his wheelchair watching TV. During the interview, R1 was tearful and apprehensive to talk to surveyor however, V1 (Administrator) was present and was a calming presence to R1 during the interview. R1 said V4 (CNA) tried to choke me because I got out of bed. V4 placed 2 hands on R1's neck and pushed him. R1 said V4 told him to "Shut the F*** up" when R1 was screaming. R1 said he was	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006829	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED C 03/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE HILLSIDE	**323 OAKRIDGE AVENUE HILLSIDE, IL 60162**

(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	S9999		

angry and screaming because V4 took R1's wheelchair and put it in the hall. R1 said he uses the wheelchair to go to the bathroom. R1 said he felt angry, sad, scared, and powerless. R1 said he apologized to V4, and they shook hands. R1 said his roommates (R2 and R3) were in the room.

On 3-20-24 at 10:56 AM, R2 said he did not see the incident that occurred last Saturday because the curtain was drawn but R2 heard R1 and V4 yelling and swearing at each other. R2 said R1 was upset about V4 taking away R1's wheelchair. R2 said R1 and V4 were yelling back and forth however, V4 was inappropriate for yelling at R1. R2 said he does not remember what V4 specifically said to R1 because R2 did not want to get involved and was minding his own business.

On 3-20-24 at 11:01 AM, R3 said (via adaptive tablet) he saw V4 grab R1 by the neck. R3 said R1 was upset and yelling. R3 said he saw V4 tell R1 to "Shut the f*** up!" R3 said V4 was inappropriate and abusive towards R1.

On 3-20-24 at 11:31 AM, V3 (Social Services Director) said V1 brought R1 into the nursing office with V1, V2, and V3 present. V3 said R1 said V4 was being rough with R1. R1 was becoming emotional and had difficulty sharing the details of this incident and was switching topics. R1 said V4 was being too rough with him and R1 did not like it. R1 said V4 took R1's wheelchair and R1 was upset about it. V3 said nursing had already assessed R1 and there was no injury noted. V3 said they spoke to R1 to get details and local police were called after. V3 said she saw R1 had tears in his eyes and was very emotional, thus not willing to talk or share further details. V4 said R1 did show (emotional) signs of abuse. V3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006829	A. BUILDING: ______ B. WING ______	C 03/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE HILLSIDE	323 OAKRIDGE AVENUE HILLSIDE, IL 60162

(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	S9999		

said R1 is at risk for abuse due to his developmental disability.

On 3-20-24 at 2:24 PM, V2 (DON) said (on Monday) R1 spoke to V1 (Administrator) in the dining room about concerns of an employee. V2 said V1 brought R1 to the nursing office and V1, V2, and V3 were present. R1 named V4 and said V4 did this to R1 (choking motion on his neck). R1 said V4 took R1's wheelchair and R1 was upset. R1 said V4 told him to shut up. V2 said during R1's interview, R1 was very emotional and intermittently crying. R1 refused to talk further. R1 was showing signs of abuse.

On 3-21-24 at 10:08 AM, V1 (Administrator) said R1 is alert, oriented, and able to make his needs known. R1 is at risk for abuse because he has intellectual disabilities and intellectual delays. R1 does not have any behaviors of confabulation or manipulative behaviors. V1 said R1 has an innocent mind and gentle soul. V1 said she has never observed any questionable behavior such as lying from R1. V1 said R1 is very transparent and is very truthful and forthcoming. V1 said (on Monday) R1 said V4 was mean to R1. V1 took R1 to the nursing office with V1, V2 (Director of Nursing), and V3 (Social Services Director) present. R1 proceeded to tell administrators V4 took R1's wheelchair and R1 wanted it back. V4 told R1 he could not have it. R1 said he kept asking for R1's wheelchair and R1 said V4 placed his hands on R1's throat and told R1 to "Shut the F*** up!". V1 said R1 appeared to be sad, slightly tearful, and apprehensive. V1 said R1 was noted to be retreating more to his room as the day progressed. V1 said R1 showed a sense of relief after he was able to tell the administrators about the incident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006829	A. BUILDING: ______ B. WING ______	C 03/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE HILLSIDE	323 OAKRIDGE AVENUE HILLSIDE, IL 60162

(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		

On 3-22-24 at 9:00 AM, V1 said the investigation was completed, an abuse allegation was substantiated, and V4 is now terminated effective 3-21-24.

Initial State Reportable dated 3-18-24 documents: Incident Description: Resident alleged CNA (V4) engaged with him inappropriately. Status of Perpetrator: CNA has been suspended pending investigation.

Final State Reportable dated 3-21-24 documents: On 3-18-24 R1 notified V1 that V4 was mean to him on the PM shift of 3-16-24. R1 stated V4 placed his hands on his neck and told him to shut the f*** up. MD and Guardian notified; investigation initiated. Resident received a thorough head to toe assessment with no acute findings, no discoloration, and no deviation from baseline. Resident and roommates interviewed; local police notified. V4 was not in facility at time of allegation, V4 was suspended pending outcome of investigation. Upon conclusion of thorough and comprehensive investigation which included resident interview, interview of resident's roommates, as well as staff interviews, the facility substantiated the allegation made by R1 against V4. Facility ended employment of V4.

V4's Employment Form dated 3-21-24 documents: Status: Terminated. Eligible for Rehire: No. Reason: Abuse.

R1's Statement dated 3-18-24 documents: R1 again stated that CNA "guy V4 was not nice to me. He yelled at me and told me to shut the f*** up. He put his hands on my throat like this (R1 demonstrated a chocking action on his neck). He put my wheelchair in the hall and told me to shut the f*** up then put his hand here (again

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006829	A. BUILDING: ____ B. WING ____	C 03/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE HILLSIDE	**323 OAKRIDGE AVENUE** **HILLSIDE, IL 60162**

(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		

demonstrating a choking action.)"

R2's Statement dated 3-18-24 documents: "The curtain was drawn so I couldn't see anything, I could only hear a little bickering a little bit."

V3's Statement dated 3-18-24 documents: I spoke with R3 about R1 and V4. R3 communicates through his computer. R3 said he saw R1 and V4 arguing and V4 told R1 to shut up. R3 also said he saw V4 grab R1 in the neck area while R1 was crying for his wheelchair.

R3's Statement dated 3-18-24 documents: "They were arguing. R1 was yelling at V4 and V4 said shut the f*** up. V4 grabbed him in the neck area. R1 kept crying and still yelling for his wheelchair."

Abuse Policy (revised 10-24-22) documents: 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, and mistreatment of residents.

(B)