Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6015333	B. WING		01/1	7/2025		
APERION CARE FOREST PARK 8200 WEST				DRESS, CITY, STATE, ZIP CODE ST ROOSEVELT ROAD PARK, IL 60130				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Annual Licensure S	survey						
S9999	Final Observations		S9999					
	Statement of Licensure Violations:							
	300.661							
	Section 300.661 He Check	ealth Care Worker Background						
	Worker Background	oly with the Health Care d Check Act and the Health ground Check Code.						
	This requirement WAS NOT MET as evidenced by:							
	failed to comply witl Background Check background checks employee start date	and record review, the facility the Health Care Worker Act by not ensuring that were completed before the E. This failure has the potential idents currently residing in the						
	Findings include:							
	Assistant/CNA), V4	40 (Certified Nursing 1 (CNA) and V42 (Dietary 43 (Human Resource ewed.						
	on 01/16/2025 indic start date of 11/20/2 Police Registry Sea	Worker Registry last updated cated position type of CNA and 2024. V40's Illinois State urch, National Sex Offender Office of Inspector General)						

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

**Electronically Signed** 02/05/25

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TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		IL6015333	B. WING		01/1	7/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
APERIO	APERION CARE FOREST PARK  8200 WEST ROOSEVELT ROAD						
(X4) ID PREFIX		TOREST INTERPRETATION OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	PARK, IL 60130  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETE	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE	
S9999	Continued From page 1		S9999				
	Exclusions search were conducted on 01/16/2025. V40's offer letter is dated 11/19/2024.						
	V41's Health Care Worker Registry last updated on 01/06/2025 indicated position type of CNA and start date of 12/02/2024. V41's Illinois State Police Registry Search, National Sex Offender Registry and OIG (Office of Inspector General) Exclusions search were conducted on 01/16/2025. V41's offer letter is dated 11/12/2024.						
	on 01/16/2025 indic Waitress, and start Illinois State Police Offender Registry a General) Exclusion	Worker Registry last updated cated position type of Waiter, date of 01/01/2025. V40's Registry Search, National Sex and OIG (Office of Inspector s search were conducted on offer letter is dated 11/19/2024.					
	V43 (Human Resonall employee backg 7 days from the dat V43 also stated that V43 being off, other checks were not constated that the faciliaccess for V3 (Assido the background around. At 10:50AM background checks V43 stated that the	0:01AM during interview with arce Director), V43 stated that be used in the control of the holidays and remployee background ompleted as it should be. V43 ity is working on getting istant Administrator) so V3 can checks when V43 is not A, V43 stated that all employee is should be done before hire. It date on the offer letter is the employee and offered the					
		:05PM during interview with sing), V2 stated that V40 is a son all units.					
	On 01/17/2025 at 1	0:39AM, V1 confirmed that					

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6015333	B. WING		01/	17/2025	
NAME OF PROVIDER OR SUPPLIER  APERION CARE FOREST PARK  STREET ADDRESS, CITY, STATE, ZIP CODE  8200 WEST ROOSEVELT ROAD  FOREST PARK, IL 60130							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
S9999	V41 is a floater and Review of facility do Handbook dated 01 The Employee Han provide you with infi practices and proce Background Check All employee backg otherwise, will be pe employment is exte requirements of sta	works on multiple units.  ocument entitled Employee 1/2023 indicated the following: dbook has been designed to ormation about the policies, edures of the facility.	S9999				

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