STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	IL6005177		B. WING		<b>I</b>	C <b>27/2025</b>
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0172	172020
APERIO	N CARE LAKESHORE		RTH SHERIDA ), IL 60626	AN ROAD		
(V4) ID	SLIMMARV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Facility Reported In IL184741	cident of December 19, 2024				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)6)					
	a) The facility of procedures governing facility. The written be formulated by a Committee consisting administrator, the amedical advisory confined for the policies shall complete the facility and shall control to the	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed				
	Nursing and Persor b) The facility scare and services to practicable physical well-being of the re- each resident's con plan. Adequate and care and personal of	shall provide the necessary of attain or maintain the highest l, mental, and psychological sident, in accordance with apprehensive resident care l properly supervised nursing care shall be provided to each e total nursing and personal				
	tment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Electronically Signed** 01/31/25

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	IL6005177		B. WING		<b>I</b>	C <b>27/2025</b>
	PROVIDER OR SUPPLIER	7200 NOR	DRESS, CITY, S TH SHERIDA I, IL 60626	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	c) Each direct and be knowledgearespective resident d) Pursuant to nursing care shall in following and shall seven-day-a-week 6) All necestaken to assure that remains as free of a All nursing personn see that each resides supervision and assure that second and assure that each resides the second and assure that each resides the second and assure that each resides the second and assure that each assure that each resides the second and assure that each assure tha	care-giving staff shall review ble about his or her residents' care plan. subsection (a), general nclude, at a minimum, the pe practiced on a 24-hour,	S9999			
	failed to have fall in a resident from seri one (R1) of three re total sample of four in R1 sustaining two	and record review, the facility terventions in place to prevent ous injury. This failure affects esidents reviewed for falls in a residents. The failure resulted o cervical (neck) fractures and truciating pain while awaiting turies.				
	not limited to: displaced vertebra, displaced vertebra, anterior di Parkinson's disease disorder bipolar typ disorder, major dep disorder, cognitive chigh blood pressure					
R1's BIMS (Brief Interview for Mental Status), dated 1/10/2025, notes R1 is alert. R1's care plan						

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NAME OF PROVIDER OR SUPPLIER  APERION CARE LAKESHORE  T200 NORTH SHERIDAN ROAD  CHICAGO, IL 6026  CRASH DEPCIMENT OF DEFICIENCIES  TAG  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEPCIMENT MUST BE PRECEDED BY FULL  PREFIX  TAG  COMPLETE  CROSS-REPROPRIATE  CROSS-REPROPRIATE  COMPLETE  OBT  CROSS-REPROPRIATE  DEFICIENCY  TAG  CROSS-REPROPRIATE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` 'c			3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  APERION CARE LAKESHORE  T200 NORTH SHERIDAN ROAD  CHICAGO, IL 60628  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCY  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCY  SUMMARY SUMMARY SUMMARY SUMMARY  SUMMARY SUMMARY SUMMARY SUMMARY  SUMMARY SUMMARY SUMMARY SUMMARY  SU			A. BUILDING:					
APERION CARE LAKESHORE    (X4)   ID   SUMMARY STATEMENT OF DEFICIENCIES   CRACH DEFICIENCY MUST BE PRECEDED BY FULL   GRACH DEFICIENCY MUST BE PRECEDED BY FULL   FREEIX TAG   PROVIDER'S PLAN OF CORRECTION (PACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE   COMPLETE CONSTRUCTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE   CONSTRUCTION SHOULD BE CROSS-REFERENCES TO HEAD THE APPROPRIATE CONSTRUCTION SHOULD BE CROSS-REFERENCES TO SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE CONSTRUCTION SHOULD BE CROSS			IL6005177	B. WING	<del></del>	1		
CHICAGO, IL 60626   CALL   C	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PREFEX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 2 notes R1 requires the use of a neck brace due to fracture of the first and second cervical vertebrae. R1 has had a fall due to Parkinson's disease, dementia, abnormal gait and mobility, anxiety disorder, and a history of falls. R1 is at risk for falls. R1 has had an actual fall due to Parkinson's disease, dementia, abnormal gait and mobility, anxiety disorder, and history of falls. R1's care plan goals are not sustaining serious injury through the review date, provide (sticky pad to prevent resident from siding out from the wheelchair) to the wheelchair, and re-educate R1 to lock the wheelchair before sitting down or when stationary.  R1 fall risk assessments, dated 11/22/2024, 12/09/2024, and 12/19/2024, note R1 has had 1.4 falls in the past three months, is chair bound, requires the use of assistive devices, and takes medications such as antiseizure, narcotics, psychotropics and/or sedatives/hypnotics.  Facility final report, dated 12/23/2024, note R1 is alert, able to verbalize his needs, uses a wheelchair as primary locomotion but forgetful, impulsive and needs persistent redirection/education for safety awareness. On 12/19/2024, a loud noise was heard and R1 was observed on the floor. R1 reported he was attempting to pick up something off the floor and he fell forward. R1 had a small skin cut on his forehead. R1 was sent to the hospital and admitted with cervical fracture now pending surgical procedure per hospital nurse. Currently, R1 wears a neek brace around the clock.  Nurse's note, dated 12/19/2024, notes, "around	APERIO	N CARE LAKESHORE			AN ROAD			
notes R1 requires the use of a neck brace due to fracture of the first and second cervical vertebrae. R1 has had a fall due to Parkinson's disease, dementia, abnormal gait and mobility, anxiety disorder, and a history of falls. R1 is a trisk for falls. R1 has had an actual fall due to Parkinson's disease, dementia, abnormal gait and mobility, anxiety disorder, and history of falls. R1's care plan goals are not sustaining serious injury through the review date, provide (sticky pad to prevent resident from sliding out from the wheelchair) to the wheelchair, and re-educate R1 to lock the wheelchair before sitting down or when stationary.  R1 fall risk assessments, dated 11/22/2024, 12/09/2024, and 12/19/2024, note R1 has had 1-4 falls in the past three months, is chair bound, requires the use of assistive devices, and takes medications such as antiseizure, narcotics, psychotropics and/or sedatives/hypnotics.  Facility final report, dated 12/23/2024, notes R1 is alert, able to verbalize his needs, uses a wheelchair as primary locomotion but forgetful, impulsive and needs persistent redirection/education for safety awareness. On 12/19/2024, a loud noise was heard and R1 was observed on the floor. R1 reported he was attempting to pick up something off the floor and he fell forward. R1 had a small skin cut on his forehead. R1 was sent to the hospital and admitted with cervical fracture now pending surgical procedure per hospital nurse. Currently, R1 wears a neck brace around the clock.  Nurse's note, dated 12/19/2024, notes, "around	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	COMPLETE	
12:00 PM, this writer heard a noise coming from (R1's) room. Writer immediately went to (R1's)	S9999	notes R1 requires to fracture of the first R1 has had a fall dodementia, abnormation disorder, and a hist falls. R1 has had an disease, dementia, anxiety disorder, ar plan goals are not so through the review prevent resident frow heelchair) to the voto lock the wheelch when stationary.  R1 fall risk assessr 12/09/2024, and 12 1-4 falls in the past requires the use of medications such a psychotropics and/or Facility final report, alert, able to verbal wheelchair as primatimpulsive and need redirection/education 12/19/2024, a loud observed on the floattempting to pick to the fell forward. R1 forehead. R1 was so admitted with cervical surgical procedure R1 wears a neck but Nurse's note, dated 12:00 PM, this writes.	he use of a neck brace due to and second cervical vertebrae. Use to Parkinson's disease, al gait and mobility, anxiety ory of falls. R1 is at risk for a actual fall due to Parkinson's abnormal gait and mobility, and history of falls. R1's care sustaining serious injury date, provide (sticky pad to om sliding out from the wheelchair, and re-educate R1 air before sitting down or ments, dated 11/22/2024, 2/19/2024, note R1 has had three months, is chair bound, assistive devices, and takes as antiseizure, narcotics, or sedatives/hypnotics.  dated 12/23/2024, notes R1 is ize his needs, uses a ary locomotion but forgetful, its persistent on for safety awareness. On noise was heard and R1 was or. R1 reported he was up something off the floor and had a small skin cut on his sent to the hospital and cal fracture now pending per hospital nurse. Currently, race around the clock.  I 12/19/2024, notes, "around er heard a noise coming from	S9999				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6005177	B. WING			C <b>27/2025</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
APERIO	N CARE LAKESHORE		RTH SHERIDA , IL 60626	AN ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	writer observed (R1 the room's door, an forehead. A head-to (R1) was observed centimeters long ar complained of a head-to to hospital emerge to hospital staff. (Ridiagnoses of cervice Fall Occurrence Re R1 had an un-witner room. R1 was lying door, and bleeding "While sitting on mpick up something to balance, fell to the foor".  Cervical Spine X-rahas an acute transvibase of the density fracture with mild prodontoid process. If the foor the foor the foor to his wheelchair and the floor. R1 lost coface forward.  On 1/25/2025, at 9: bed. R1 had a C-cosupport and immobilistic for the foor the foor the foor the foor to his wheelchair and the floor to his wheelchair and the floor that the floo	I) lying on his left side facing d blood coming from his betoe assessment was done. with laceration about 3 and 0.5 centimeters deep. (R1) adache and a pain level of cale. At 5:22 PM, writer called gency department and spoke 1) was be admitted with the eal spine fracture."  Poort, dated 12/19/2024, notes essed fall on 12/19/2024 in his on his left side, facing the from his forehead. R1 stated, y wheelchair, I was trying to from the floor. I lost my floor, and hit my head on the left side of the pe II. Acute type II odontoid osterior displacement of there is a communicated fractures involving the anterior for arches bilaterally.	S9999			

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STATE FORM 9LNR11 If continuation sheet 4 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
IL6005177		B. WING		C <b>01/27/2025</b>		
	PROVIDER OR SUPPLIER	7200 NOR	TH SHERID	STATE, ZIP CODE AN ROAD		
		CHICAGO	, IL 60626			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
39999	know what happened neck. I do not reme can get out of bed it me to. I can get up myself, but they do  On 1/25/2025, at 9: Assistant) stated, "(must help him go to tell him to push the something. But he i get up and do thing He has always been himself. I was here with another resider came out of the roon nurse that called my was someone in the was a fall. It was (V	ed. I have a lot of pain in my mber if I could walk around. I by myself, but they do not want and go to the bathroom by not let me."  48 AM, V2 (Certified Nursing (R1) is alert and oriented. I be the bathroom. I always must call light if he needs so not compliant. He wants to so by himself, but he cannot. In this way. He cannot walk by when he had the fall. I was not helping them change. I be m. I heard my name. It was a let we went there but there is room. Everyone came up. It in the country in the cannot walk by when he had the fall. I was not helping them change. I be m. I heard my name. It was a let we went there but there is room. Everyone came up. It in the country in the cannot walk by when he had the fall. I was not helping them change. I be m. I heard my name. It was a let we went there but there is room. Everyone came up. It	<b>Эээээ</b>			
	Assistant). He was When I got there, corendered."  On 1/25/2025, at 9: Nurse) stated, "I was almost at the end of sounded like a big to The bathroom door entering. (R1) state was trying to get so he fell forward out to he got up from the whimself, and he is wold possibly due to he for help. I asked (R so I could get in. I ghim. He was bleeding at his baseline. He	the first one in the room. are was already being  55 AM, V3 (Licensed Practical as (R1's) nurse the day he fell. as at the nurse's station. It was f my shift. I heard a noise. It thump. I ran with (V11, Nurse). was blocking us from d he was alright. He stated he mething from the closet, and of the wheelchair. It looks like wheelchair. He cannot walk by wheelchair bound. He shakes a his Parkinson's. (V11) called 1) if he could push backwards not in the room and assessed ng from the forehead. He was denied hitting his head. I sent e could have hit his head. He				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:			
IL6005177		B. WING		C 01/27/2025	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
APERION CARE LAKESHORE		RTH SHERIDA ), IL 60626	AN ROAD		
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
pain from his head."  On 1/25/2025, at 1:0 Restorative Aide that round, I started my conurses yelling. The dislim enough to rescustaff could get in. I say on the floor. He was knowledge he was not he was locked. He can lock a shoes on, and his be always fall. He is can things by himself. He uses his wheelchair whis fall risk assessment resulted in first and to the interventions in light in reach to use whis center of gravity with the floor, educate to dycem to the wheelch his wheelchair when pad) is a sticky mat the slip out of the wheelch understand the educ wheelchair. I believe root cause of this fall on the floor. He lost In The resident was about interventions in place reacher and grabber.	ed and just complained of  88 PM, V10 stated, "I was the t day. After I finished my charting. I heard one of the door was halfway open. I was ue (R1). I opened the door so aw the resident on his side bleeding a little. To my not complaining of anything. close to him, but it was not and unlock himself. He had ed was low. He does not utious. He does a lot of e cannot walk by himself. He to move around."	\$9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	IL6005177		B. WING			C 2 <b>7/2025</b>
			l .		01/2	2112023
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
APERIO	N CARE LAKESHORE		RTH SHERIDA , IL 60626	AN ROAD		
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	if his wheelchair wa	s locked. If the wheelchair he fell forward, this could				
	wheelchair locked a pad). It is a pad, an wheelchair. It is use slide. Per his staten	:30 AM, V3 stated, "I saw the and I saw the (wheelchair d it attaches. Staff put it in the ed for support for him not to nent he got up to get was far from his call light."				
	On 1/26/2025, at 12:25 PM, V13 (Medical Physician) stated, "I am his physician. I was notified of his fall. I was aware of his significant injuries. I think he hit his forehead, and it caused a fracture. A forehead injury can cause a fracture."					
		dical record and fall note if R1's wheelchair was 1 from falling out of his				
	dated 11/21/2017, residents in the faci program will include the individual needs assessing the risk cappropriate interver supervision and assuecessary. Safety in	Fall Prevention Program, notes to assure the safety of all lity, when possible. The emeasures which determine s of each resident by of falls and implementation of notions to provide necessary sistive devices are utilized as necession terventions will be ch resident identified at risk.				
	(A)					

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