(X6) DATE

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			
			A. BOILDING.	<del></del>				
	IL6003511		B. WING		03/05/2025			
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
APERION CARE NILES  6601 WEST TOUHY AVENUE  NILES, IL 60714								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Annual Licensure S	urvey						
S9999	Final Observations		S9999					
	Statement of Licensure Violations: 300.610a) 300.661							
	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.							
	Check A facility shall comp Worker Background	ealth Care Worker Background bly with the Health Care d Check Act and the Health ground Check Code.						
	This REQUIREMEN	NT is not met as evidenced by:						
	reviews the facility f procedures for emp not ensuring fingers	ons, interviews, and record failed to follow their policy and ployee background checks by print information was obtained or to beginning work in the						

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

03/19/25 **Electronically Signed** 

TITLE

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		IL6003511	B. WING		03/	05/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
APERIO	N CARE NILES		ST TOUHY AV	'ENUE			
(VA) ID	STIMMADV STA	NILES, IL TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	OPPECTION	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 1	S9999				
	facility. This failure 94 residents curren	has the potential to affect all tly in the facility.					
	Findings include:						
	PM observed V12 (	03/04/2025 between 9 AM - 4 Maintenance Director) ance duties within the facility.					
	V12's (Maintenance Director) personnel folder reviewed onsite 03/04/2025 documents his date of hire as 02/01/2006.						
	Description requirer interactions of being concerning a reside with residents; relat disabled, elderly, er hostile people within	enance Director Job ments include resident g able to: relay information ent's condition; work effectively te to and work with ill, motionally upset, and at times, in the facility; and as necessary ation of residents during ins.					
	from the facility 03/0 from the Health Cai 03/05/2025 docume	orker Registry report received 04/2025 and reviewed directly re Worker Registry on ents V12's work eligibility as and there is no background					
	Resources) stated of background records surveyor requested health care worker result of not yet detection.	O PM V16 (Regional Human when pulling healthcare is for the employees the she did notice that V12's registry record documented a ermined for work eligibility. Empted to have V12's is morning however there was					

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		IL6003511	B. WING		03/0	5/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ADEDIO	N 0485 NII 50	6601 WES	T TOUHY A	/ENUE			
APERIO	N CARE NILES	NILES, IL	60714				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 2	S9999				
	an issue, and he will make another attempt this evening.  On 03/05/25 at 1:50 PM V16 (Regional Human Resources) stated fingerprint appointments for new hires are scheduled as soon as the employment offer is made, and the results are typically received prior to them beginning work on the floor. V16 stated if the fingerprint results are not received within 10 days we shouldn't let them on the floor. V16 stated typically hired employees are already on the healthcare worker registry and if not, we have them sent for fingerprinting after the interview.						
	On 03/05/25 at 02:17 PM V1 (Administrator) reported V12's (Maintenance Director) original hire date was 02/01/2006.						
	Policy received 03/4 "This facility affirms be free from abuse misappropriation of and services by statherefore prohibits a misappropriation of residents. In order attempted to establing resident secure environments attempted to assure the is within its control abuse, neglect, exproperty, deprivation staff and mistreatm This will be done by Conducting pre-ememployees."	the right of our residents to neglect, exploitation, property, deprivation of goods ff or mistreatment. This facility abuse, neglect, exploitation, property, and mistreatment of to do so, the facility has ish a resident sensitive and vironment. The purpose of this hat the facility is doing all that to prevent occurrences of ploitation, misappropriation of n of goods and services by ent of residents.					

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APERIO	N CARE NILES	6601 WES NILES, IL	T TOUHY A	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	exploitation, mistreat resident property. The mploy any staff collisted in the Illinois It Background Check provision of the Actineglect, exploitation misappropriation of Illinois Health Care "Prior to a new empschedule, this facilities Check the Illinois Health Check the Illin	atment, or misappropriation of his facility will not knowingly nvicted of any of the crimes Healthcare Worker Act (unless waived under the highest of abuse, and mistreatment or resident property listed in the Worker Registry."  Soloyee starting a work by will:  Lealth Care Worker Registry on hired for prior reports of hisappropriation of resident ingerprint check results; and ate Police live scan fingerprint ensed individual being hired	\$9999			

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