STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049247	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE FOREST PARK	8200 WEST ROOSEVELT ROAD , FOREST PARK, Illinois, 60130

(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation 25910019/IL2645221	S0000		
S9999	Final Observations Statement of Licensure Violations 300.690b) 300.690c) Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This requirement is NOT MET as evidenced by: Based on interview and record reviews, the facility failed to report a serious accident/incident involving a resident hitting the door with his feet while using a motorized wheelchair resulting in a right leg fracture. This deficiency affects one (R4) of three residents reviewed for accidents.	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 Findings include: R4 is a 50-year-old, male, admitted in the facility on 08/30/24 with diagnoses of Multiple Sclerosis, Unspecified; Paraplegia, Incomplete; and Functional Quadriplegia. MDS (Minimum Data Set) dated 07/31/25 documented R4's BIMS (Brief Interview for Mental Status) score is 14 which means intact cognition. R4 uses motorized wheelchair for locomotion. Progress notes dated 10/12/25, R4 hit his both feet against the door accidentally while he is moving on his motorized wheelchair. R4 was assessed to have swelling and bruising on lower extremities. X-ray was ordered which resulted to oblique and slightly spiral fracture of the distal tibia and oblique fracture of the proximal fibula. Hospital records dated 10/12/25 documented R4 presented to the hospital as Level II trauma from field status post motorized accident. R4 was riding his motorized scooter at his care facility when he hit a door frame and injured both his legs. Cast was applied to his (R4) right leg. On 12/02/25 at 12:58 PM, V3 (Director of Nursing) was asked regarding R4. V3 stated, "He had an incident last October, he broke his right leg while propelling himself in his scooter and it hit the doorway. He was sent out to the hospital. His incident was not reported because I did not consider it as an injury because it is a pathological fracture. It was investigated but not reported. The incident should be reported to the state agency within 24 hours, but I considered it as pathological fracture. There was a note from the nurse practitioner that it was pathological fracture." On 12/02/25 at 10:44 AM, V1 (Administrator) was also asked regarding R4's incident on 10/12/25. V1 replied, "He hit his leg into the door frame and had a right leg fracture. We don't believe we have to report it to state agency because it was pathological fracture." Progress notes dated 12/02/25 recorded: History Details: Patient (R4) seen today via telehealth. Patient (R4) sustained a right leg fracture after an incident in October involving a wheelchair accident where the patient (R4) states he was going too fast and accidentally ran into the door frame. Assessment/Plan: Oblique fracture of proximal right fibula and distal tibia after minor trauma (October	S9999		

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S9999	Continued from page 2 2025) - pathological in setting of MS (multiple sclerosis). R4's progress note regarding pathological fracture was only done 12/02/25 via telehealth. Facility's policy titled "Incident and Accidents - Illinois," dated 4/7/2019 stated in part but not limited to the following: Policy: The Incident/Accident report is completed for all unexplained bruises or abrasions, all accidents or incidents where there is injury or the potential to result in injury, allegations of theft and abuse registered by residents, visitors or other, and resident to resident altercations. Procedure: An "incident" is defined as any happening, not consistent with the routine operation of the facility, that does not result in bodily or property damage. Physical or mental mistreatment (abuse-actual or suspected) of a resident is considered an "incident" whether or not actual injury has occurred. An "accident" is defined as any happening, not consistent with the routine operation of the facility that results in bodily injury other than abuse. An incident/accident report will be completed for: 1. All serious accidents or incidents of residents. 4. All situations requiring the emergency services of a hospital, the police, fire department, or coroner. 6. All unexpected events that occur that cause actual or potential harm to a resident or employee. Note: 3. The Director of Nursing, Assistant Director of Nursing, or Nursing Supervisor must notify the following if an actual injury occurs: a. (Name of local State Agency) by phone, within twenty-four (24) hours of the occurrence. During normal work hours, the Regional Office must be called. On weekends and holidays, the Long-Term Care Complaint Hotline phone number is to be used. i. A narrative summary of the incident is to be sent to the (name of local state agency) within five (5) working days.	S9999		

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S9999	Continued from page 3 ii. Public Health is to be notified of the following: (fire, suicide, unusual situations that would require intervention by (name of local stage agency) or other government agencies (e.g. response to severe weather, evacuation of part or all of the facility, chemical spills, etc…), incident resulting in emergency services provided by the policy, the fire department, the coroner, etc…, accidents or medication errors resulting in death or serious injury resulting hospitalization, or any incident or accident which has, or is likely to have, a significant effect on health, safety, or welfare of a resident or residents. 5. All incident/accident reports are reviewed, signed, and investigated by: a. The Administrator; and b. The Director of Nursing or the Assistant Director of Nursing. (C)	S9999		