STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 Statement of Licensure Violations Complait Investigations 2096377/ IL 125715 2091650/ IL 120668 Facility Reported Incident: FRI of 08-01-20/ IL125719	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 3 300.610a) 300.1210d)3) 300.1210d)6) 300.3100d)2) 300.3240a) 300.3240f) 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 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 d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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		

Section 300.3100 General Building Requirements

d) Doors and Windows

2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.

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 300.3240 Abuse and Neglect

f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 safety of that resident as well as the safety of other residents and employees of the facility. These Regulations were not met as evidenced by: Based on observation, interview and record review the facility failed to follow their abuse policy and prevent an incident of sexual abuse and sexual exploitation of 1 of 2 (R9) residents reviewed for sexual abuse. This failure resulted in R9 being coerced out of the facility for a sexual encounter with a male staff member (V25). Next, based on interview and record review the facility failed to follow their abuse policy and prevent incidents of physical abuse and physical assault of 2 of 11 residents (R3 and R10) reviewed for physical abuse by peers (R10, R15 and R19). This failure resulted in R3 being struck in the face of by a peer (R4) and sustaining a left orbital fracture and R10 being urinated on by a peer (R15). Findings Include: 1. R9 has diagnosis of schizophrenia and major depressive disorder. R9's minimum data set dated 5/4/20 document R9's with brief interview for mental status was scored a 13. A score of 13 indicates cognitive intact. On 8/6/20 at 1259Pm, R9 said V25(housekeeping) approached R9 in the one to one area. V25(housekeeping) grabbed R9's hand and said he wanted to talk to me. We went by (door 3) entranceway and V25(housekeeping)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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		

hugged and kissed me. V25 (housekeeping) asked me if I wanted to have sex and I said yes. R9 said she went to get her shoes from her room, and we left out the door (door 3). R9 said they walked through the back part of the facility and V25 (housekeeping) opened all the gates for her. R9 said she hide behind a van near the east smoking patio and waited for V25 (housekeeping) to pick her up in his car. R9 said he had a nice silver car with 4 doors. R9 said they drove a few blocks and they both got out of the car and went into the back seat. R9 said they had unprotected sex. R9 stated V25 (housekeeping) had a large tattoo on his back with letters and an image. V25 (housekeeping) drove back to the facility and he gave me the code to get back into the building through door 3.

On 8/6/2020 at 3:20pm, Surveyor observed R9, entering the code to door number three, exiting the facility, walking out of the first gate, pass the activity office to the second gate then to the final gated area on the east wing smoke patio while demonstrating how she hid behind the facility van to avoid being seen by staff and reporting walking to V25's car when he pulled up.
On 8/14/2020 at 1:48pm, V25 (Housekeeping) said he took R9 out to have a cigarette break. V25 said he knew he was not supposed to take R9 out of the building but nothing else happened.

Facility final abuse reportable undated documents V25(housekeeping) stated that on Saturday he took a resident out to the patio. V25 stated that it was a "Latino girl". V 25 stated that this was the first time he has let anyone out of the building. V25 stated that R9 asked him if she go out on the employee smoke patio to smoke. V25 stated that R9 asked for a cigarette and he gave her one. V25 stated that de did not let anyone know he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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		

was taking R9 out. V25 stated that he needed to check his phone messages due to personal issues and was walking away from R9. V25 stated that R9 asked if she could go with him. V25 stated they walked to his car and R9 stood by his car and R9 stood outside his car while he checked his messages, V25 stated R9 did not get into his car. V25 stated that R9 then walked back into the building the same way she came out. He stated that he went through the front doors, let her back into the building the same way she came out. Then V25 stated that he went with her the same way they went out, let her in and then doubled back to make sure the gates were secure and then walked through the front.

On 8/20/20 11:18 pm, V2 (DON) said V25 (housekeeping) came in for interview, unsure of date, his story did not seem credible. V25 said he went to take R9 to smoke but R9 doesn't smoke. V25 (housekeeping) said they stood at his car and he walked R9 back to the door (3). V25(housekeeping) said he gave her the code to get into building (DOOR 3) and he double backed to go in front door and another time he said he opened the door to let R9 back in the building and then went back to ensure gates were locked and reentered through front door. The whole situation felt "yucky." V25(housekeeping) denied R9 getting in his car but V2 stated she did not directly ask V25(housekeeping) if he had sexual contact with R9. V2 asked V25 (housekeeping) to write down his statement what he wrote was vague and did not match what he verbalized.

R9's smoking safety risk dated 7/28/20 documents resident is nonsmoker.
Police report 20-0015690 dated 8/3/20 documents R9 said she was approached by facility staff member who requested if R9 wanted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 6	S9999		

to engage in sexual intercourse with him. R9 agreed and left the area with staff member to unknown location. R9 advised she engaged in sexual intercourse with the staff member in his car. R9 advised she did not know staff members name and staff not at facility at time of report. R9 advised the staff had tattoo on his upper back.
On 8/19/20 at 10:59 am, V2 (DON) V2 said they called police to follow up and police reported it was an internal facility investigation and unless nurse/administrator wanted to pursue further there was no ongoing police investigation.

On 8/6/20 at 3:15pm, R17 who was alert and oriented said he was in one to one area and he saw R9 come back in the building through the side patio door but didn't see her leave. R17 said there was no behavior aide and activities aid at one to one area.

On 8/6/20 at 3:47pm, R16 who was alert and oriented said he was in one to one area and saw R9 leave with housekeeper.

On 8/6/20 1:42pm, R21 who was alert and oriented was in his room when he stated he heard a noise from the gate and looked at his window and saw R9 with a male that had on a blue shirt outside the facility.

On 8/7/2020 12:49 pm, V 26 (CNA) said on Saturday (8/1/20) another resident gave me R9's cell phone to give back to her after dinner. V26 went to R9's room and she was not in the room. V26 started looking in other resident's rooms and then found R9 at one to one monitoring area. R9 appeared to have raindrops on her clothes but denied being outside.
On 8/7/20 at 1:00pm, V33 (activities aide) said she was monitoring smoking break at 7:30pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 7	S9999		

and observed R9 was on one to one monitoring. Around 7:45pm, R9 was no longer at one to one area. V33 was asking staff where R9 was and they were going to call code pink. Staff were checking exit doors. R9 was observed back in the one to one area. R9 said she was outside and went through a resident's window. R9's hair was wet, and t-shirt was wet.
On 8/6/20 at 11:59 am, V2 (DON) said R9 was consistent with her encounter with V25 (housekeeping). R9 reported she likes V25 (housekeeping) and he likes me.

On 8/20/20 at 12:53Pm, V22 (HR) said that V25 will be terminated based on the investigation the facility performed related to R9's allegation. The facility could not determine what happened to R9 when she left the facility with V25 (housekeeping). V1 (administrator) and V2 (DON) reported that after viewing the cameras, they observed V25 (housekeeping) leaving with R9 by the east wing smoke patio gates. V22 (HR) said she thinks they were smoking but unsure and then reported V25 and R9 slowly inched their way off camera and away from the facility. It was reported the resident reappeared on camera about 30 minutes later. V22 (HR) said she recalled staff questioning where they were. V22(HR) said she did not see the video but was told information by V1 (administrator) in order to terminate V25 (housekeeping).

Facility reportable dated 8/3/20 documents on 8/1/20 late evening outside facility R9 reports to having consensual sex with V 25 (staff). V25 was immediately suspended.
R9's progress note dated 8/3/2020 at 11:10 documents that R9 reports to staff that she is alleging having sex with male staff evening of 8-2-20. A complete body assessment was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 8	S9999		

rendered and no physical signs of injury. Resident is reporting no pain and discomfort at time of this assessment. Administration and DON are aware. The abuse protocol has been launched and ongoing. Call placed to CHPD to file a report and pending their arrival.

R9's progress note dated 8/4/2020 at 08:35 documents that R9 was approached and informed the need for an ER visit and evaluation connected to her reported allegation. R9 is aware of the need, but politely declined. R9 continues to verbalize no concerns regarding this report and continues to be pain free. Resident is requesting an HIV test. MD made aware and lab.
On 8/20/20 at 11:18 pm, V2 (DON) said they requested R9 to go to hospital on Tuesday but R9 declined. R9 requested HIV test and the Nurse practitioner ordered additional sexual transmitted disease testing. R9 did not have any vaginal swab or rape kit.

On 8/12/2020 at 4:48pm, R9 said she felt scared and thought she was doing something wrong in regard to having sex with V25. R9 said if she says no to sex, then the men will just try to convince her, so she just said yes so, she would not have to go through the convincing stage. R9 said she tried to elope (On 8/10) because she felt she did something bad. R9 expressed feelings of guilt and remorse. "I felt like nothing." R9 said she had thoughts of suicide running through my mind but no plan. R9 said she does not have an appetite and feels depressed. R9 said she cares for V25 (Housekeeping).

R9's petition for involuntary admission dated 8/18/20 documents: Resident is verbalizing wanting to harm self if not supervised by staff. "Once you leave me alone, I don't know what I'll

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 9	S9999		

end up doing" In addition resident exhibiting depressed mood and verbalizing anxiety.
R9's progress note dated 8/18/20 at 17:15 documents Resident had verbalized feelings of anxiety, depressed mood, and potentially harming herself. In her words, "Once you leave me alone, I don't know what I'll end up doing." Resident is currently sitting on 1:1 with nurse for supervision and maintenance of safety. MD was placed on page and awaiting her return call.
R9's progress notes dated 8/18/20 at 17:30 documents MD responded and made aware of resident's current state. MD has given me the order to transfer resident to local hospital with petition. Order noted and carried out. Resident remains on 1:1 with nurse.

On 8/11/20 at 12:54, V2 (DON) said, R9 has history of promiscuous and sexual behavior. R9's behaviors can lead to inappropriate sexual activity with a variety of people. R9 is cognitive and coherent for everyday thinking but if R9 is challenged, her decision making is not 100 percent.
On 8/11/20 at 11:05 PM, V5 (social service) stated R9 is unable to make her decisions. R9 is inconsistent with decision making.
On 8/13/20 at 8:00 AM, V 32 (social service) stated R9 is unable to make her own decision and has poor decision making skills. If you ask R9 to do something she will do it without thinking. R9 would get into a stranger car or go inside a stranger's home.
R9's community survival skills dated 7/28/20 documents the resident does not appear to be capable of unsupervised outside pass privileges at this time. Under the statement, "The resident has knowledge of potentially dangerous situations, such as walking alone after dark, straying into an alley, accepting rides from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 10	S9999		

strangers, carrying valuable items where they are easily seen." The response was marked no. Under the statement "The resident appears able to refrain from self-harmful and/or socially inappropriate behavior while in the community (including abstaining from alcohol and illicit drugs, avoiding persons who constitute a bad influence and is able to practice "harm reduction" strategies." The response is marked no.
R9's Strength, deficit and priority need assessment dated 7/28/20 documents under strengths/deficits symptom or behavior: for coping skills- minimal, self-image- negative, logical thinking-illogical, loose associations.

R9's assessment dated 7/28/20 under section B documents resident has history of promiscuous behavior with other residents.

R9's progress notes dated 2/3/2020 documents, "upon charting at nurses station, resident informed writer that the new male peer entered her room and sexually penetrated her with his penis. Resident states that she shoved male peer away and told him "no", however he did not. Writer then called administrator to report this allegation. Resident was then taken into bathroom for body assessment, no apparent injuries were noted at this time, however, writer made preparation for resident to be sent to nearest hospital post interview with police. Resident was calm and cooperative and giggly at this time and was advised of the serious nature of this accusation. Vital signs within normal limits and resident asked to remain in her room until police arrived."

On 8/25/20 at 3:40 pm, V24 (PRSD) said R9 has only one capacity for sexual consent assessment within last year. The assessment is not completed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 11 because there was not a confirmed relationship between the resident and another resident. R9's capacity for sexual consent dated 8/18/20 documents Resident is not in a known relationship with any peers. R9's care plan revised 7/28/20 documents resident is able to exercise the right to engage in a sexual relationship. I have received counseling as appropriate regarding sexual practice and behavior boundaries, respect for roommate's healthy relationships and only engaging in this type of relationship with counseling party. 2/3/20 male co-peer allegedly physically approached resident without resident consent. Interventions revised on 7/28/20 documented demonstrate how to maintain personal safety in the bedroom and encourage resident to alert staff when she needs assistance; provide individual counseling regarding safe sexual practicing including education regarding transmission of sexually transmitted disease, contraceptives, privacy issues, respect for ones roommates and respect for one's partner; intervention initiated on 2/13/20 documents, Received counseling as appropriate regarding sexual practice and behavior, boundaries, respect for roommates and healthy relationships and only engaging in this type of relationship with a counseling party. 2/3/2020 resident counseled. R9's care plan does not document any effective interventions following incident on 2/3/20. R9's care plan revised 5/12/20 documents R9 wanders and displays poor boundaries. Interventions documented include counsel R9 individually on what the risks are when she displays poor boundaries; redirect R9 to display healthy boundaries. R9's care plan revised 7/28/20 document R9	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 12	S9999		

exhibits sexually inappropriate behavioral symptoms related to strong need for attention. These behavioral symptoms are manifested by physically touching, grabbing and displaying sexual behavior in the hallway. Interventions include encourage R9 to drink lots of fluids and rest when needed; Intervene and redirect when any inappropriate behavior is observed. Communicate assertively that resident must exercise control over impulses and behavior.

R9's abuse and neglect screening dated 2/4/20 signed 2/13/20 documents a yes under history of abuse and neglect; psychiatric history and/or present mental health diagnosis including psychotic symptoms (delusional thinking, hallucinations and possible misinterpretations of events and the intentions of others; diagnosis of depression: presents with signs and symptoms of depression/mood distress, low self-esteem, isolation and withdrawn behavior; history and presence of dysfunctional behavior. There is no other abuse screening noted in the progress.

Facility abuse policy revised 1-22-19 documents the resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation.
Sexual abuse is nonconsensual sexual contact of any kind with a resident. Sexual abuse includes but not limited to unwanted initiate touching of any kind, all types of sexual assault or battery such as rape, sodomy and coerced nudity. Generally sexual contact is nonconsensual if the resident either appears to want the contact to occur but lacks the cognitive ability to consent or does not want the contact to occur. During the course of the investigation of an allegation of resident sexual abuse the facility shall assess and make the determination of whether the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 13	S9999		

sexual activity was consensual on the part of the resident. A resident apparent consent to engage in sexual activity is not valid if it is obtained from a resident lacking the capacity to consent, or consent is obtained through intimidation, coercion or fear whether it is expressed by the resident or suspected staff. Any forced, coerced or extorted sexual activity with a resident, regardless of the existence of a preexisting or current sexual relationship is considered to be sexual abuse.
On 8/6/20 at 1159 pm, V2 (DON) said V25 attempted to be contacted but unable to reach him since allegation. We sent text message to inform him that he was suspended, pending the investigation.
On 8/20/20 11:18 pm, V2 (DON) said facility was able to contact V25 to come in for interview. After V25 gave his statement we have not been able to get back in touch with him to give termination papers.
V25 employee file documented an office of the inspector general (OIG) search on 5/22/20 with no results found. No other background checks or fingerprints were completed for V25 prior to employment or documented in V25's employee file. V25's employee file did not contain any photo identification or birth certificate or social security card.

2. R3 has diagnosis unspecified psychosis. R3's minimum data set dated 2/28/20 document R3 with brief interview for mental status was scored a 0. A score of 0 indicates severe impairment.
R3's minimum data set dated 2/28/20 document R3 is one person assist with transfers, walking in room/corridor and on/off unit.
R4 has diagnosis of schizophrenia and mood disorder. R4's minimum data set dated 5/16/20 document brief interview for mental status was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 14	S9999		

scored a 15. A score of 13-15 indicates cognitively intact.

On 8/5/20 at 1:50 pm, R4 said he remember R3 "an old man in bed one that would urinate on the floor and would put plates of food in the drawers." R4 stated he asked R3 to remove plates/dirty dishes and R3 refused. R4 stated R3 pushed him because he was removing the plates and he pushed R3 back. R4 stated he made "second contact" with R3 and hit him in the cheek or eye. R4 was taken out of room and does not recall anything else.
On 8/5/20 1235 pm V7 (nurse) said R4 hit R3 because R3 was disturbing him. V7 unable to recall what R3 was doing but stated R4 admitted to hitting R3. R3 sustained an injury to his eye and was sent out to the hospital.
R4's progress note dated 3/1/20 document R4 stated, " he was going through my closet and stealing my belongings, so I got physically aggressive."
Police reported dated 3/1/20 documents R4 punched R3 in the face causing a laceration under left eye. Spoke to R4 who stated R3 was going through R4's clothing and spit inside a lotion bottle at which time R4 struck R3 in the face with a closed fist.
Facility preliminary abuse investigation dated 3/1/20 documents R3 stated R4 was physically aggressive towards him in the room. Facility final report dated 3/6/20 documents abuse could not be substantiated. "It is unclear why the incident started, but it is clear that R4 was physically aggressive towards R3."
Local hospital records dated 3/1/20 document patient (R3) got in a physical altercation with one of the other residents in the group home. Patient was punched several times in the face. CT of facial bones on 3/1/20 document a left orbital

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 15 fracture. 3. R10 has a diagnosis of schizophrenia and major depressive disorder. R10's brief interview for mental status on 7/15/20 was 14. At time of interview R10 was alert and oriented x1. R15 has a diagnosis of schizophrenia and intellectual disabilities. R15 is alert and oriented x3. On 8/11/20 R10 was alert and oriented x1 (Self). R10 stated R15 hit him and tried to make him drink urine on Christmas day. R10 was unable to provide any further details related to incident. On 8/11/20 at 9 42 am and on 8/12/20 at 3:15 pm, R15 was alert and oriented x 3 during these interviews. R15 said when he was roommates with R10, he admitted to hitting R10 in the face because he was snoring. On another occasion he admitted to pouring a bottle of urine on the resident while he was sleeping because it was funny. R15 also admitted to urinating on R10 while R10 was sitting on the toilet in their common bathroom, because R15 had to go to the bathroom and R10 was not moving fast enough to get off the toilet. Facility preliminary abuse reportable dated 6/1/20 documents R10 reported being hit by R15 a few days ago. Bruise noted around R10's right eye. Facility abuse reportable dated 6/5/20 documents R10 stated he has had issue with 2 roommate R15 and R19. R15 tried to have him drink pee and has choked and slapped him. R19 gave him "birthday licks." R15 stated that a week ago R10 was coming out of the bathroom and he accidently hit him with his elbow and then R10 hit the door. R19 stated that R15 told him that he punched R10 in the eye and poured urine on him. R10's care plan dated 6/16/20 documents that R10 is at risk for abuse related to mental illness.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 16 R15's care plan dated 6/1/20 documents R15 became physically aggressive/abusive towards his roommate. The facility abuse policy revised 1-22-19 documents the resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse and mental abuse including abuse facilitated or enabled through the use of technology. Willful as used in this definition of abuse, means the individual must have acted deliberately, not the individual must have intended to inflict injury or harm. (A) Statement of Licensure Violations 2 of 3 300.610a) 300.1210b) 300.1210d)3) 300.1210d)6) 300.3100d)2) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 17 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 18	S9999		

Section 300.1210 General Requirements for Nursing and Personal Care

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3100 General Building Requirements

d) Doors and Windows

2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 19 employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Based on observation, interview and record review the facility failed to provide supervision and monitoring for residents at risk for elopement or a resident exhibiting negative behaviors, failed to have staff available to monitor a wandering resident and failed to have a resident on their list for residents at high risk for elopement; to prevent and/or immediately alert the facility's staff members when a resident is eloping out of the facility via an exit door. This failure involves 3 residents (R22, R23 and R28) who either eloped or attempted to elope from the facility at the time of the survey. As a result, on 8/18/20 R22 a newly admitted resident with a history of negative behaviors, left out of an exit door without the staff being alerted and later was seen within the local community by an off duty staff member (V37). Finding Includes: 1. R9 was admitted to facility on 3/21/18 with diagnosis of Schizophrenia and Major Depressive Disorder. R9's minimum data set (MDS) dated 7/28/2020 documents: R9's brief interview for mental status is a fifteen which indicates cognitively intact. R9's care plan dated 5/11/2020 documents: R9 is an elopement risk. R9 attempted to leave the facility unauthorized. R9's care plan initiated 5/12/2020 documents: R9 wander and display poor boundaries.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 20 On 8/4/2020 at 1:42pm, Surveyor observed, R21's bed adjacent to the window. The window showed an unobstructed view of the outside patio. R21's window had a wooden stick screwed into the bottom of the window frame. The window had the ability to open approximately a few inches but the secure stick prevented the window from opening wide enough to allow for any adult to climb through. On 8/6/20 at 12:59 pm, R9 said V25 (Housekeeper) approached R9 in the one to one behavior aide monitoring area. V25 (housekeeping) grabbed R9's hand and said he wanted to talk to me. We went by employee's exit/entry way (door 3). V25 hugged and kissed me. V25 asked, if I wanted to have sex. I said yes. R9 said, we left out the employee exit door (door 3). V25 told me the code, so I could get back in. R9 said, they walked through the back part of the facility. V25 opened all the gates for her. R9 said, she hid behind a van near the east smoking patio in the facility driveway and waited for V25. V25 pulled up in a nice silver car with four doors. I walked to V25's car and got in. We drove a few blocks away. We parked, got out of the front seat and got into the back seat. We had unprotected sex. R9 stated, V25 had a large tattoo on his back with letters and an image of a picture but I didn't want to know what the tattoo was so I wouldn't have to identify V25. V25 drove back to the facility, walked me near the employee smoke door entrance, I put in the code and entered the back into the building through door #3. On 8/6/2020 at 1:42pm, R21 who was alert and oriented said, he heard a noise from the gate outside, looked out of his window and saw R9 outside of the facility with a male that had on a blue shirt.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 21	S9999		

On 8/6/2020 at 3:15pm, R17 who was alert and oriented to person, place and time said, he saw R9 come in through the side patio door but didn't see her leave. There was no behavior aide in the one to one monitoring station when R9 came back in the building.
On 8/6/2020 at 3:47pm, R16 who was alert and oriented said, he saw R9 leave with the housekeeper while he was in the one to one monitoring area.

On 8/6/2020 at 3:20pm, Surveyor observed R9, entering the code to door number three, exiting the facility, walking out of the first gate, pass the activity office to the second gate then to the final gated area on the east wing smoke patio while demonstrating how she hid behind the facility van to avoid being seen by staff in the front of the building. R9 reported walking to V25's car when he pulled up and riding away with V25 for a few blocks.

On 8/7/2020 12:49 pm, V26 (Certified Nursing Assistance/CNA) said, I saw R9 on Saturday (8/1/2020) in the behavior aide monitoring station. R9 ate dinner there. We pass the dinner trays and housekeeping dispose of them. V25 was the only housekeeper working that night. I was looking for R9 for ten to twenty minutes. I would have called a code yellow. I searched the east wing first, then the resident's rooms and I found R9 sitting in the behavior aide one to one monitoring area. R9's pink shirt and hair was wet from what appeared to be rain drops. It was raining outside
On 8/7/2020 at 1:00pm, V33 (Activity Aide) said, R9 was observed around 7:30pm in the behavior aide station on one to one monitoring. Around 7:45pm, R9 was no longer in that area. V33 asked, staff where was R9 and if they were going

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 22 to call a code pink. We checked the exit doors. R9 was observed back in the one to one area. R9 said, she was outside and went through a resident's window. R9's hair and t-shirt was wet. On 8/11/2020 at 9:50am, V5 (Social Service/ Behavior Aide Supervisor) said, residents should not have the code to door number three. On 8/11/2020 at 12:54pm, V2 (Director of Nursing), said, when R9 is challenged her decision making is not a hundred percent. R9 is an elopement risk and should have been on the elopement list. R9 used the facility code to exit out of door #3. I was not aware R9 used the code until being updated by the Surveyor on 8/6/2020. R9 has a history of promiscuity sexual behaviors, this is not the first time. R9 behaviors lead to inappropriate sexual activity with a variety of people. R9 was able to leave the building because there was another incident with another resident. We had two investigations on the same night. It was storming that night. On 8/12/2020 at 4:48pm, R9 said, I tried to elope on August 10, 2020, because I did something bad with an employee and I wanted the support of my family. On 8/13/2020 at 8:00am, V32 (Counselor) said, R9 has poor decision making skills which is based on the community survival skill assessment. R9 is delusional at times. R9 is very sexually promiscuous with men. If you ask R9 to do something, R9 will do it without thinking. R9 might get into a strangers car which is why R9 must be supervised. I have not had any follow-up with R9. Social service is responsible for making sure the resident is safe. I am R9's counselor. On 8/14/2020 at 1:48pm, V25 (Housekeeper), I took R9 out to have a cigarette break. I know, I	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 23 wasn't suppose too. On 8/19/2020 at 9:02am, R9 said, it's called the "Hidden Place" because there are no cameras. On 8/20/2020 at 11:17am, V2 (DON) said, we were able to speak to V25. We asked V25 if R9 got into his car. V25 said, no. The only part of V25's story credible is when V25 admitted leaving the building with R9. I don't know about R9 changing her story. When I talked to R9, R9 was very direct. On 8/13/2020, during the interview with V1, R9 did not elaborate on her answers and started to giggle. When R9 giggles, it is a coping mechanism and she is nervous. Listening to R9 talking about the incident with V25, made me feel yucky. R9 only recanted climbing out the window. R9 never recanted her story to me. We did not think to get a vaginal swab. R9's nurse practitioner did not think to do a vaginal swab either. On 8/20/20 at 12:53pm, V22 (Human Resource/ HR) said, that V25 (Housekeeper) will be terminated based on the investigation the facility performed related to R9's allegation. The facility could not determine what happened to R9 when she left the facility with V25. V1 (administrator) and V2 (DON) reported, after viewing the cameras, they observed V25 (housekeeper) leaving with R9 by the east wing smoke patio gates. V22 (HR) said, she thinks they were smoking but was unsure and then reported V25 and R9 slowly inched there way off camera and away from the facility. It was reported that R9 reappeared on camera about thirty minutes later. V22 (HR) said, she recalls staff questioning where they were. V22 (HR) said, she did not see the video but was told information by V1 (administrator) in order to terminate V25 (housekeeper).	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 24 Elopement/ Unauthorized Leave Risk Review 5/10/2020: R9 is not at risk to elope. Social Service note dated 5/11/2020 documents: R9 attempted to elope from the facility. Staff was able to bring R9 back to the facility. Social Service Look Back Summary dated 7/28/2020 documents: R9 has a history of promiscuous behavior with other residents. Feeling down and depressed or hopeless two to six days, Progress note dated 8/3/2020 documents: R9 reported having sex with male staff on the evening of 8/2/2020. Progress note dated 8/4/2020 documents: R9 politely decline an emergency room visit but requested an HIV test. Social Service note dated 8/10/2020 document: R9 attempted to elope from facility. Staff was able to bring R9 back to the facility. R9 was not documented on the elopement list dated 5/2020 R9's elopement/unauthorized leave risk review dated 5/10/20, 7/28/20, 8/12/20 documents not at risk to elope at this time and placement on the elopement risk protocol is not indicated. R9's smoking assessment dated 7/28/2020 documents: R9 does not smoke. Community Survival Skills dated 7/28/2020 documents: R9 does not know how to contact the facility emergency, unable to refrain from self-harm, social inappropriate behavior while in the community, unable to avoid persons who constitute a bad influence and is unable to practice, no knowledge of potentially dangerous situations such as walking alone after dark, straying into an alley or accepting rides from strangers. R9 does not appear to be capable of unsupervised outside pass privileges. Final Abuse Investigation documents: V25 said, he took R9 out on the patio on 8/1/2020. That	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 25	S9999		

was the first time, I let anyone out of the building.
Human Resources Notice of Corrective Action dated 8/14/2020 documents: V25 was discharge for negligent or willful act of conduct detrimental to customer service or facility operations. Unable to contact employee via phone and email.
Code Pink-Missing Resident/ Elopement Policy dated 11/15/17 Revised 11/15/18: Guidelines: All personnel are responsible for reporting cognitively resident attempting to leave the premises or suspected of missing. This included any resident that did not sign out on pass and/or did not notify a staff member of his/her leaving. #4 upon return of the resident the facility, Director of Nursing or Charge Nurse should: complete a new elopement risk assessment and update the plan of care as appropriate. Review and update the elopement risk binder.

2. R22 was admitted on 8/13/2020 with the diagnosis of Schizoaffective Disorder. R22's MDS dated 8/13/2020 did not document a score for R22's brief interview for mental status which would have determined cognition.
Behavior note dated 8/18/2020 at 5:46pm documents: R22 exited the facility without staff supervision on 8/18/2020. Staff was unable to locate R22. R22 was discharge from facility against medical advice (AMA).
Nursing Note dated 8/18/2020 at 6:39pm documents: R22 left the building unauthorized through west wing door during smoke break. Staff went to the community in search of R22 but was unsuccessful. Police report made for a missing person.

The following interviews were conducted involving R22's elopement from the facility on 8/18/2020:
On 8/18/2020 at 4:16pm, V23 (Activity Director) said, I was on the west end patio monitoring the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 26	S9999		

smoking cart and the residents for social distancing. V41 (Behavior Aide) was walking back and forth between the door #6 and the behavior aide desk. Smoke break started at 3:30pm and last for forty-five minutes. R22 had on a red shirt that looked pink, jeans and some gym shoes. R22 has a habit of going around the corner of the west end patio and sitting in a chair against the wall. There was no other staff members outside during smoke break. It was supposed to be a behavior aide monitoring the smoking patio. I was walking back and forth between the smoking cart and the patio. R22 left from the patio, R22 was authorized to be on the patio from smoking break. I never saw R22 come back in or leave the facility. Based on staff description (V37 the Care Plan Coordinator/Restorative Nurse), R22 was seen by staff running down the street. We called a code pink. There is gate that leads to the back of dietary/ laundry and off the facility property. R22 was in the facility for a couple days and I know R22 had some issues about getting some money from the financial service money transfer place. Typically, social service will go get the money but under these circumstances, they had R22 face sheet and identification to get his money. Residents can't go outside during Covid-19.

On 8/18/2020 at 4:37pm, V23 (Activity Director) toured the Surveyor through the west end resident smoking patio, the building exterior wall pass door #6 formed an "L" shape area. An area that cannot be visualized from patio door #6. V23 pointed, to a chair in place in the middle of the lower portion of the "L" shape facility's exterior wall. V23 said, R22 sits right there when he smokes. There was a camera on the facility wall near the gate facing the smoking patio.

On 8/19/2020 at 9:08am, V5 (Social Service), R22's whole concern was to try to get some

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 27	S9999		

money from the financial service money transfer place. R22 mentioned the need to get his money on 8/14/2020. I told R22, I won't be able to take him. I didn't want it to look like, I was creating fraud. R22 kept asking if someone could take him so I told V23 (Activity Director). V23 was going to try to take R22 to get his money.
On 8/19/2020 at 9:32am, V46 (Social Service) said, R22 use the phone on Saturday 8/15/2020, to call his grandmother to ask for some money and a television. R22 said, his grandmother was going to send R22 some money and a television. When I came to work yesterday, I was informed R22 asked a whole bunch of people to take him to get his money. We can't take residents to get any money.
On 8/19/2020 at 1:21pm, V37 (Care Plan Coordinator/Restorative Nurse) said, I was coming back to work from a lunch break. I was in my car. I turned right on the local street. I saw a man running down the street at approximately 4:00pm. It looked like R22. The man had on a pink shirt. I tried to call the facility but no one answered. I came back into the facility. I stopped in my office, checked the census for R22's room number. I remember seeing R22 with a pink shirt on. I checked R22's room and the smoking patio. I told the receptionist, I think I just saw R22 on route 30. The facility didn't answer the phone because they were in an in-service. I told V40 (Behavior Aide), we checked R22 room and patio again. V40 called the code pink. I updated V2 (DON).
On 8/19/2020 at 2:21pm, V39 (Nurse) said, R22 was mumbling about a financial service money transfer place and snacks when he was first admitted on 8/13/2020. R22 never told me he had money and I didn't correlate that R22 had money

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 28	S9999		

On 8/19/2020 at 2:24pm, V13 (Certified Nursing Assistant/CNA) said, I was R22's CNA for yesterday. R22 mumbled to staff. R22 was talking about money. R22 requested, I take him to his counselor. I told R22, I would have his counselor come to him. I updated V38 (Counselor).
On 8/19/2020 at 2:30pm, V38 (Counselor) said, R22 came to the social service office two or three times the day he eloped. R22 came to the office between 10am or 11am. R22 asked, if someone could take him to financial service money transfer place to get some money. I explained to R22, that we could not do that. R22 asked, if he could go out. I told R22, he could not leave the building. Our protocol is to get the resident's identification and V23 (Activity Director) will go take care of any situation like that. R22 walked out the office without talking. R22 came back to the office around 2:30pm or 3:00pm. R22 asked for his identification. We gave R22 his identification. R22 walked off. R22 appeared to be alert and oriented with some delay. R22 had cognitive issues. R22 affect was flat with a blank stare. R22 didn't process information like other high functioning residents. R22 was fixated on going to the financial service money transfer place to get his money. We were not monitoring R22 for exit seeking behaviors because we know that the residents are in there room due to Covid-19. I was in an in-service around 3:30pm or 4:00pm when the code pink was called.
On 8/19/2020 at 4:43pm while with V1 (Administration) the surveyor observed, R22 on the facility's recorded video tape leaving the building unauthorized at 3:24pm through door #6. No staff was observed outside, it was not smoking time. R22 was observed wearing blue jeans and a pink short sleeve shirt walking hurriedly on the inside of the facility's smoking patio to the gate. R22 disappeared out of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 29	S9999		

video frame for a moment. At 3:25pm, R22 was seen running outside the facility gate adjacent to the pave alley way toward the public sidewalk away from the facility.
On 8/19/2020 at 5:06pm, V19 (Behavior Aide) said, I heard someone eloped yesterday. I do not remember hearing the door alarm going off. I did not hear an alarm when R22 left. When I, heard the alarm, I believed they were doing smoke break.
On 8/19/2020 at 5:12pm, V40 (Behavior Aide) said, when I got here yesterday door #6 alarm was not active. When the alarm sounded, it was smoke break. I looked on the monitor. I saw V23 (Activity Director) with the smoking cart and the residents lining up for the 3:30pm smoke break. I usually check to make sure the doors are locked when I report to work but yesterday, I was asked to go to an in-service when I got here. I cut off the alarm when I saw V23 on the video monitor and went back into the in-service. I did not hear the alarm when R22 left but I heard the alarm for smoke break. R22 said, I going to get my ID and leave. V38 (Counselor) gave R22 his ID
On 8/21/2020 at 9:12am, V46 (Social Service) said, I complete the elopement assessment dated 8/13/2020, based on R22's hospital paperwork, R22 should have been an elopement risk. We were in an in-service when R22 left. I heard the code pink announcement. I did not hear a door alarm. When the alarm goes off, it can be heard on all sides of the building. Staff conducting the in-service was talking in a normal tone. The in-service started at 3:30pm, we were fifteen minutes into the in-service before we stopped, heard the code pink announcement and started looking for R22.
On 8/21/2020 at 12:13pm, V1 (Administrator) said, R22 was not given a pass to the community. R22 left unauthorized. R22 eloped. No one talk to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 30 R22 about leaving against medical advice (AMA). On 8/27/2020 at 2:55pm, V1 (Administrator) said, I don't know where R22 is at this time. Referral packet dated 8/9/2020 documents: R22 has poor coping skills and lack insight. R22 has the diagnosis of schizophrenia/schizoaffective disorder and present with exacerbation of mood. R22 was admitted with acute psychosis. R22 exhibited guarded demeanor and paranoid ideation. R22 behavior appears impulsive and unpredictable. R22 was aggressive and paranoid. R22 exhibits psychotic disorganized thought process, loose associations and appears to be responding to internal stimuli R22 verbalized wanting to kill himself and anyone in his way. R22 was brought to emergency room by the fire department for bizarre behavior, talking to self and running in front of vehicles. R22 fully alert and oriented time two, memory intact for recent events, insight and judgment impaired. R22' weakness is chronic mental illness and impulsivity. Nursing Facility Placement Assessment dated 8/19/2020 documents: R22 was admitted because he had nowhere to go. Medical records states R22 had an increase symptoms in psychotic symptoms. Recommends: twenty-four hour supervision. R22 history of antisocial/maladaptive/risk behavior assessment documents: Behavior type: Antisocial behavior. Elopement/unauthorized leave risk dated 8/13/2020 documents: R22 has a diagnosis of severe mental illness, spends time on the first floor or wanders between floors or units. R22 has the physical ability to leave the building. R22 is not at risk to elope at this time. Personal inventory sheet date 8/13/2020 documents: R22 had on blue jeans, pink short sleeve shirt and gym shoes on admission. Human Recourses Notice of Corrective Action	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 31 dated 8/19/2020 documents: V23 (Activity Director) was discharged for failure to meet requirements of a performance improvement plan dated 6/15/2020. Security, Supervision and Safety Policy effective 1-11-18: Purpose: To ensure the ongoing security and close supervision of all resident. Due to the nature of the resident population served, the facility employs a number of measure to ensure the ongoing security and close supervision of all residents. The facility maintains a moderate to high level of supervision on an ongoing basis to provide for early detection of and response to any demonstrated behavior changes. 3. According to the face sheet R28 admitted to facility on 7/22/20 with diagnosis schizoaffective disorder, seizures, major depression and suicidal ideations. R28 minimum data set assessment indicated he is alert and oriented with moderately intact cognitive status (brief interview for mental status score of 12/15). R28's progress notes dated 8/24/20 at 19:01 document R28 left the building unauthorized through west wing door, staff went into community in attempt to escort resident back to building but R28 was not found. Missing person report filed. No emergency contact on file. R28's progress notes dated 8/24/20 at 20:51 document police called to inform resident being transferred to local hospital. R28's community survival skills dated 7/29/20 document R28 appears to be capable of outside pass privileges. R28's elopement risk assessment dated 7/23/20 documents not at risk for elopement. R28's progress notes document on 7/27/20 document resident knocked on the social service door, resident stated he wanted to leave the facility against medical advice. Social service staff	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 32	S9999		

advised the resident about safety of leaving against medical advice. Resident became verbally aggressive towards staff and left out of the office.
R28's progress notes document on 7/31/20 document R28 called 911 that he did not want to be there anymore and sent to local hospital.
On 8/25/20 at 4:42 PM, V40 (behavior aide) said he was working with one other behavior aide on 8/24/20. R28 was delusional and not acting himself. R28 said he did not get his medications and said there were people in his room and R28 was trying to fight with them. V40 said he informed nurse. V40 said he escorted R28 back to his room and showed him no one was in his room. V40 said about 10 minutes later the alarms on exit door near R28's room went off and R28 left through the doors. V40 said he was unable to locate R28.
On 8/25/20 at 4:06PM, V1(administrator) said R28 was observed standing by Door 6 looking outside then just pushed the doors opened and left the facility. Alarms sounded and code pink initiated. R28 left before dinner. Police called and informed facility R28 called 911 and transferred to local hospital.
R28's local hospital records dated 8/24/20 document 911 call received at 17:39 (5:39pm). R28 reported medications were not working. R28 admitting to seeing and hearing things that were not there. R28 transferred to local hospital for evaluation. R28's ER records document R28 had complaints of hearing voices. Patient states he is being stalked and someone is trying to get him. Under Clinical recommendations: Patient appears to be psychotic, patient appears with auditory and visual hallucinations, disorganized speech and thought processes. Patient denies suicidal and homicidal ideation.
On 8/25/20, V24 (PRSD) confirmed that there

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 33	S9999		

were only 2 behavior aides working on unit at time of R28's elopement.
The behavior aide schedule dated 8/24/20 documents 2 behavior aides scheduled for 300pm to 1100pm.

4. On 8/21/10 at 2:46pm, the surveyor observed staff responding to code pink called at door. At 2:50pm, R23 was observed walking with V40 (behavior aide) to central nursing station.
On 8/21/20 at 3:39pm, V40 (behavior aide) stated R23 is usually redirect able but some days has behaviors where he will not listen/comply to redirection. He will pace the hallways but does not try to leave. R23 walked to smoke patio and was sitting on bench per V40 behavior aide. Unsure what R23 was doing prior to opening the door.
R23 has diagnosis schizophrenia and dementia without behavioral disturbances. R23's minimum data set dated 5/25/20 documents Brief Interview for Mental Status score of 00/15. Score of 00 indicate cognitively impaired.
R 23's progress notes document dated 11/29/19 document resident had an authorized departure from the facility. Staff members intervened in a timely manner and he was redirected back into the facility. Resident was monitored at this time.
R23's Elopement risk review dated 12/4/19 documents R23 is at risk to elope and should be placed on the elopement risk protocol. A care plan for elopement is indicated. R23's medical record documents elope risk review performed on 7/16/2018, 11/29/2019, 12/4/2019 and 8/21/2020.
Facility's Elopement risk list 8/21/20 did not document R23.
On 8/21/20 at 4:06pm, V1 (administrator) said R23 was looking for his wife and pushed opened Door 1. Door alarm went off. Code pink called and staff were able to redirect Resident back to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 34 the building. V1 was unclear where or what resident was doing prior to elopement. V1 said hopefully in his room. V1 said she started in February and unsure why R23 was not on current elopement risk list. (A) Statement of Licensure Violations 3 of 3 300.610a) 300.1210a)b) 300.1210d)3) 300.1220b)2)3) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 35 and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 36 nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 37 plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Based on interview and record review the facility failed to follow its behavior management program by not proving therapeutic programing to address the psychosocial needs for a diagnosis of major depression for 1 of 1 (R9) reviewed for therapeutic programming. This failure resulted in R9 becoming depressed, and having thoughts of helplessness and suicidal and was petitioned to the hospital for a psychiatric evaluation and treatment. Findings include: R9 was admitted to facility on 3/21/18 with diagnosis of Schizophrenia and Major Depressive Disorder. R9's minimum data set (MDS) dated 7/28/2020 documents: R9's brief interview for mental status as a fifteen which indicates cognitively intact.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 38 On 8/13/2020 at 8:00am, V32 (Counselor) said, I am R9's counselor. I have not had any follow-up with R9. On 8/19/2020 at 9:00am V5 (Behavior Aide Supervisor/ Assistant PRSC) said, we don't have any groups. On 8/19/2020 at 9:50am, V24 (Social Service Director), said, I am not aware of any group being ran, the groups can be completed on a one to one basis. On 8/19/2020 at 10:17am, V35 (Group Coordinator), we are not running groups due to Covid-19. On 08/12/2020 at 4:48pm, R9 said, I feel like I'm in a deep depression. When I was going to groups I felt a lot better. Now that I'm not going to groups, I feel bad. Maybe, if I was going groups, I wouldn't have sex with the staff member. I would have thought about losing out on going to the program. I would have behaved better. On 8/19/2020 at 12:10pm and 1:51pm, V1 (Administrator) said, groups are still on hold. We are meeting the resident's psychosocial needs with activities, walks, coffee, snacks and hallway games while they remain in their room for social distancing. The residents can't be in a group setting. We do family care cards, phone calls and window visits. I was informed by V35 (Group Coordinator), that the groups could not be ran until everyone has their own tablet. We have one tablet. On 8/19/2020 at 1:53pm, V10 (Psychotropic Nurse) said, R9 is not participating in any psychoactive groups or therapy via telehealth,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 39 due to Covid-19, the residents are not attending groups. Social service note dated 3/4/2020 and 3/13/2020: R9 attended a social service groups for thirty minutes in Boundaries discussing personal boundaries. R9 is motivated by being in the boundaries groups. R9's Physician Progress note dated 6/3/2020 and 7/6/2020 documents: Encourage group and activity participation. R9's attendance sheet for Boundaries documents: R9's last date for attending group was 3/9/2020. On 8/12/2020 at 4:48pm, R9 said she felt scared and thought she was doing something wrong in regard to having sex with V25. R9 said if she says no to sex, then the men will just try to convince her, so she just said yes so she would not have to go through the convincing stage. R9 said she tried to elope (On 8/10) because she felt she did something bad. R9 expressed feelings of guilt and remorse. "I felt like nothing." R9 said she had thoughts of suicide running through my mind but no plan. R9 said she does not have an appetite and feels depressed. R9 said she cares for V25 (Housekeeping). A review of R9's petition for involuntary admission dated 8/18/20 documents: Resident is verbalizing wanting to harm self if not supervised by staff. "Once you leave me alone, I don't know what Ill end up doing" In addition, resident exhibiting depressed mood and verbalizing anxiety. R9's progress note dated 8/18/20 at 5:15 documents Resident had verbalized feelings of anxiety, depressed mood, and potentially harming herself.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008064	A. BUILDING: _____ B. WING _____	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE CHICAGO HEIGHTS	490 WEST 16TH PLACE CHICAGO HEIGHTS, IL 60411

(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 40 In her words, "Once you leave me alone, I don't know what I'll end up doing." Resident is currently sitting on 1:1 with nurse for supervision and maintenance of safety. MD was placed on page and awaiting her return call. R9's progress notes dated 8/18/20 at 5:30pm documents MD responded and made aware of resident's current state. MD has given me the order to transfer resident to local hospital with petition. Order noted and carried out. Resident remains on 1:1 with nurse. Behavior Management Program Policy effective 11/28/12 revised 1/15/20: Purpose: To establish a system for identifying behaviors and implementing appropriate intervention consistent with the individualized plan of care to ensure that each resident receives appropriate treatment and services to attain the highest practicable mental and psychosocial well-being. (B)	S9999		