FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED C IL6012173 B. WING 01/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **APERION CARE WESTCHESTER** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint: 2290881/IL143087 Final Observations S9999 S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.3240a) 300.3240e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for **Nursing and Personal Care** 

inois Department of Public Health

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

practicable physical, mental, and psychological

The facility shall provide the necessary

care and services to attain or maintain the highest

TITLE

(X6) DATE

S22T11

Attachment A

Statement of Licensure Violations

TITLI TOIS I	Department of Public	Health					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6012173		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DA	(X3) DATE SURVEY COMPLETED	
		B. WING			C 01/30/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY	, STATE, ZIP CODE		TOULZUZZ	_
APERIO	N CARE WESTCHEST	0001.001	JTH WOLF				
		WESTCH	ESTER, IL	60154			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION SHOULD BE COMPLET. THE APPROPRIATE DATE		_
S9999	Continued From page	ge 1	S9999				_
	well-being of the reseach resident's complan. Adequate and care and personal cresident to meet the care needs of the remeasures shall included following procedures d)  Pursuant to shall in following and shall be seven-day-a-week be assure that the resease free of accident hoursing personnel shall be seven-day-a-week be assure that the resease free of accident hoursing personnel shall be seven-day-a-week be assure that the resident resident resident resident resident and assistance to proceed as a facility shall be seven-day-a-week be assistance to proceed a facility shall be seven-day-a-week be assistance to proceed a facility shall be seven-day-a-week be assistance to proceed a facility shall be seven-day-a-week be assistance to proceed a facility shall be seven-day-a-week be assistance to proceed a facility shall be seven-day-a-week be assistance to proceed a facility shall be a facility in the perpetral employee shall immed further contact with repending the outcome	sident, in accordance with aprehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident. Restorative ude, at a minimum, the secondary of the action (a), general clude, at a minimum, the e practiced on a 24-hour, asis:  y precautions shall be taken sidents' environment remains azards as possible. All hall evaluate residents to see receives adequate supervision event accidents.  Puse and Neglect  e, administrator, employee or all not abuse or neglect a 107 of the Act)  perpetrator of abuse. When report of suspected abuse of based upon credible ployee of a long-term care ator of the abuse, that diately be barred from any esidents of the facility, of any further investigation, inary action against the	\$9999				
	These Regulations w	ere not met as evidenced					

S22T11

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C IL6012173 B. WING 01/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD APERION CARE WESTCHESTER WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 2 S9999 by: Based on interview and record review the facility failed to follow their policy preventing facility staff from physically attacking 1 resident (R1) reviewed for physical abuse. This failure resulted in R1 being assaulted by a facility staff member (V2) where R1 sustained a closed nondisplaced fracture of the left finger and clinical impression of blunt head trauma. Findings include: R1 face sheet shows R1 has diagnosis of bipolar disorder, metabolic encephalopathy, difficulty walking, unsteadiness on feet, abnormal gait and mobility, lack of coordination, dementia. adjustment disorder with depressed mood. R1 emergency room records dated 01/01/22 shows in-part stated complaint; assault. 62-year-old female with a past medical history of anemia, bipolar disorder, dementia, ESRD on hemodialysis, diabetes who is sent from a nursing home for blunt head injury prior to arrival. Patient states that someone at the nursing home assaulted her, states she was asking a staff member to help her brush her teeth and patient states that staff member hit her on the head and also bent her fingers back. Patient is a poor historian but repeats the story same each time. Positive for stated complaint. Redness to cheek consistent with recent injury. No hematoma or deformity, no abrasions or skin breakdown. Left hand tenderness and bony tenderness present. Left hand mild swelling without deformity to base of I ring finger. She is able to flex and extend but with pain. Radiology findings conclusion acute nondisplaced impacted fracture dorsal base

Illinois D	epartment of Public	Health			FORM	APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
· · · · · ·		IL6012173	B. WING		C 01/30/20	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
APERION CARE WESTCHESTER  2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page	ge 3	S9999			
	applied to the left rir	4th digit. A finger splint was ng finger. Clinical Impression: and closed nondisplaced of left finger.				
	investigation form didate of incident occiroom, police report reported by employed abuse-verbal, and pon initial body assess per family request refurther evaluation. In attention-yes, per fasent out for further evaluation R1 has cof phalanx of left ring accused (V2) CNA. the person reporting reported R1 spitting aggressive with her. clinical records of R who may have informing the facility and is the alleged incident. pulled my hands to bredirected if she coultouching her face. The ready to go to dialysiteeth. R1 states CNA then said the girl just	y final resident abuse ated 01/07/2022 shows in part ated 01/07/2022 shows in part aterea of the part				

details regarding the alleged incident. R2 is a currently resides across the room from R1. R2 states on the day of the alleged incident she could hear R1 yelling and cursing at the CNA V2. R2 states she continued to hear R1 shouting and

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED C IL6012173 B. WING 01/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD APERION CARE WESTCHESTER WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 heard R1 spit and slap the CNA and she saw V2 walked immediately out the room to report the incident to the nurse. R2 states she also goes to dialysis center and R1 is always being mean to the staff at the dialysis center. V2 states on the day of the alleged incident she was not assigned to R1 but her transportation was here and she was asked to assist in getting R1 ready. V2 states she came in and told R1 it was time for dialysis. V2 states that R1 started shouting to her that she needed to brush her teeth. V2 transferred R1 to her wheelchair and brought a cup and brush to brush her teeth. R1 started shouting she wanted to go to the washroom to brush her teeth. V2 states she went to wheel R1 and R1 held the wheels with her hands and shouted stop. V2 states she immediately stopped because she was not aware, R1 was holding the wheels, at this time R1 started spitting at her and started cursing and shouting at her. V2 immediately stepped out of the room and reported the incident to the nurse. R1 progress notes dated 01/04/22 completed by the physician shows in-part, CC: Alleged abuse. Subjective: This is a 62-year-old female was seen today for alleged abuse within in the facility. The patient alleged abuse by a staff member. Administration was notified. She was sent to hospital for assault workup. She was found to have a fracture of the left 4th digit, splint in place. No edema or ecchymosis noted elsewhere. Pain controlled. Denies headache, chest pain, abdominal pain, N/V/D, numbness and tingling. fever or chills. Past medical history: Diabetes Mellitus, heart failure, asthma, history of acute respiratory failure, moderate protein calorie malnutrition, ESRD, bipolar disorder. hypertension, metabolic encephalopathy. hyperlipidemia, secondary hyperparathyroidism,

nois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED C IL6012173 B. WING 01/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD APERION CARE WESTCHESTER WESTCHESTER, IL 60154 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 and pulmonary hypertension. Family history: Reviewed, no pertinent family medical history. Social history: Denies nicotine, alcohol and illicit drug use. Allergies: NKDA. Code: FULLROS: a 6 point review of symptoms negative other then mentioned in HPI. Medications: please refer to medication reconciliation. Objective: Vitals: BP 140/74 T 98.3 P 76 RR 17 BS 182 O2 98% Wt 108.2, Gen:NAD CV: RRR, no m/r/g, S1 and S2 heard. Resp: clear to auscultation bilaterally. Skin: warm, dry and intact. Right chest perma cath. Musc: fracture to left digit, splint in place. Neuro: No focal or sensory deficit. Psych: A/O x 2. Labs 01/03/21. CT Head: negative for depressed calvarial fracture, coup/contracoup intraparenchymal contusion, intracranial hemorrhage or further evidence of acute intracranial process. Chronic encephlomalacic changes are demonstrated in right occipital lobe, in the vascular territory supplied by the right posterior cerebral artery. Senescent changes of parenchymal volume loss with sequela of chronic microvascular ischemic diesase. Large vessel arthrosclerosis. Xray: Acute non displaced impacted fracture dorsal base middle phalanx left 4th digit. Assessment and Plan 1. Fracture of left 4th digit: splint in place. Pain controlled. 2. Suspected dementia: increased. Poor historian. CT of head illustrated senescent changes of parenchymal volume loss with sequela of chronic microvascular ischemic diesase. Continue safety precautions and memory care. 3. Neuropathy: stable. Continue Gabapentin. Pain controlled. 4. Insomnia: stable. Continue melatonin. Sleeping through the night. R1's progress note dated 01/03/2022 at 9:54 am shows in-part late entry for 1-3-22 8:30am. V6 (Nurse) reported that R1 made an allegation that

nois Department of Public Health

V2 (CNA-Certified Nursing Assistant) was,

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED IL6012173 B. WING 01/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **APERION CARE WESTCHESTER** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 6 S9999 "touching all in her face." CNA V2 had already left for the day. She was called and notified she was suspended pending investigation. V6 performed an assessment and no bruising, swelling or marks to face and body were noted. Family Notified and MD notified. On 01/29/22 at 11:59a.m V2 CNA(Certified Nursing Assistant) said she did not hit R1 in the face, she did not hit R1 in the left cheek, she did not hit R1 in the right eye, V2 said she did not pull Rt's hair, V2 said she did not fight with R1. V2 said this was the first time she was interviewed about slapping R1 in the face, this was the first time she was interviewed about hitting R1 on the left cheek, and this was the first time she was interviewed about pulling R1's hair. V2 said this was the first time that she was interviewed about the injury to R1's finger. V2 said this was the first time she was interviewed about hitting R1 in the right eye. V2 said she did receive a call and was informed that she was suspended pending an abuse allegation alleged by R1. V2 said on 1/03/22 around 6:00, her shift was ending, she was asked to assist R1 with getting up in the chair because R1's transportation had arrived to take R1 to dialysis. V2 said she was not R1's aide but she was helping because R1's aide had left for the day and the nurse asked V2 to assist. V2 said she transferred R1 to the wheelchair, and R1 requested to brush her teeth before going to dialysis. V2 said she gave R1 a cup so that R1 could brush her teeth at the bed side but R1 wanted to go to the bathroom sink to brush her teeth. V2 said R1's hand was on her lap and she remembers this because R1 had a magnifying glass in her hand, V2 said she began to back the wheelchair up to turn around to take R1 to the bathroom to allow R1 to brush her teeth. V2 said that's when R1 yelled out "my hand" V2 said as

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED IL6012173 B. WING 01/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **APERION CARE WESTCHESTER** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 she leaned in to assess R1's hand and R1 spit on her and R1 started yelling and swearing at V2. V2 said R1 also pushed the bedside table into her. V2 said she'd had enough when R1 spit on her and so she left the room and reported to the nurse that R1 spit on her and she was going home. V2 said she does not know what happened to R1's finger, maybe R1 tried to stop the wheelchair because R1 thought V2 was taking her out of the room and on to the transportation that was waiting instead of to the bathroom to brush her teeth. V2 said before she left the facility she reported to the V6 that R1 had spit on her she does not know if she reported that R1 had complained about her hand, V2 said she did not report that R1 pushed the table into her. On 1/29/22 at 1:18p.m V6 (Nurse) said "V2 reported to her before she left that morning that R1 spit on her and she was going home". V6 said V2 did not report that R1 had complaints about her hand. V6 said once V2 informed her that R1 spit on her she went to R1's room to find out what happened and that's when R1 reported to her that V2 slapped her in the face, and pulled her hair (R1 made motioning of being hit). V2 said R1 did not mention anything about her hand at that time. V2 said she did an assessment, and she did not notice any bruising, scratches, or marks on R1's face. V2 said R1 went to dialysis as scheduled. V2 said she reported what R1 told her to V7 (regional consultant) as soon as he arrived at the facility, and she also paged and called the Director of Nursing with no response. V2 said she wrote a statement, and in her statement she documented that R1 said V2 slapped her in the face and hit her. V6 said she did not report to the facility that V2 was touching all in R1's face. V6 said V2 had already left the facility for the day, so she did not have to send V2 home.

PRINTED: 03/28/2022

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6012173 01/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **APERION CARE WESTCHESTER** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 8 S9999 On 01/29/22 at 11:43a.m V1 (Administrator) said she conducted the investigation of the above allegation of abuse, V1 said she did not ask V2 if she slapped R1 in the face and hit R1 as reported by V6, she did not ask V2 if she pulled R1's hair. as documented by V6 in her investigation, V1 said R1's story kept changing. V1 said R1 did not mention that V2 hit her in the cheek. V1 was made aware of the allegation of R1 being hit in the check and in the right eye. V1 said all allegations of abuse should be investigated. On 01/30/22 at 11:40a.m V1 said she asked R1 about the "touching of the face" because that what was originally reported by R1 and she got this information from the progress notes. V1 said the staff should not be touching a resident in the face if the resident does not want to be touched in the face. V1 also said V2 could have been helping R1 wash her face and that can be considered touching. V1 said she did not ask R1 if V2 was appropriately touching her face during care. V1 said she interviewed R1, but she did not review V6's statement and ask R1 about the information in V6's statement. On 01/30/22 at 2:19p.m V1 said R1 said she does feel safe in the facility. V1 said V2 is not allowed to work with R1. V2 works on a different unit from R1. V1 said she informed R1 that V2 is still employed at the facility however V2 will not be working with her. V1 said R1 was okay with the plan, V1 said V2 was suspended pending investigation and there were no findings and V2 was allowed to return to work. V2 said the facility does inservices with staff for

abuse prevention and staff should report all allegations of abuse, they should report all details of occurrences during the investigation. Staff must report all incidents and complaints from residents. V1 said reporting is important for gathering information and conducting a thorough

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED С IL6012173 B. WING 01/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **APERION CARE WESTCHESTER** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 9 S9999 investigation. V1 said all residents are at risk for abuse. V1 said R2 is interview able and if R2 said she heard a spitting sound followed by a slapping sound, she believes that's what happened. V1 said the facility concluded that the fracture to R1's finger was due to R1 abruptly stopping the wheelchair when V2 was wheeling R1, V1 said the fracture was not a result of abuse. V1 said the facility is not trying to cover up alleged abuse. On 01/30/22 at 11:43a.m V7 said the nurse reported to him that R1 said V2 was "touching her in the face", V7 said he reported this as soon as he found about it, he called V3 (friend of R1) and informed him that the police would be called, and V3 arrived to the facility and requested that R1 be sent to the hospital for an evaluation. V7 said per the request R1 was sent to the hospital. V7 said he did not get the information confused, he knows this because he reported it right away to IDPH. On 01/29/22 at 10:40am V4 (Nurse) said she is the nurse responsible for R1's care today, V4 said R1 has behaviors of hitting and spitting on staff. R1 swears at staff and R1 uses racial slurs towards staff. V4 said R1 also pulled her by the neck and she hurt her back as a result and required physical therapy for 6 weeks. V4 said there's nothing particular that sets R1 off, R1 has behaviors throughout the day. V4 said she heard that R1 was fighting with the aide and that's how R1's finger got broken. V4 did not say who told her about R1 fighting. Review of the initial report to IDPH shows the time the initial report was sent to IDPH was at 10:46 on 01/03/22. Review of V6's handwritten statement shows she reported to V7 at 8:15am on 01/03/22.

Illinois Department of Public Health

Illinois [	Department of Public	Health			FORM	MAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DAT	E SURVEY	
	IDENTIFICATION NUMBER:		A. BUILDING:		COM	IPLETED
		IL6012173	B. WING			С
NAME OF			4		01/	30/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
APERIO	N CARE WESTCHEST		JTH WOLF R ESTER, IL 6			
(X4) ID	SUMMARY STA		<del></del>			
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	LD BE COMPLETE	
S9999	Continued From page 10		S9999			
	mentioned that V2 phandwritten statemed documents that R1 face and hit her. Restatement does not table on her, there is made a complaint all interaction with V2, that R1 slapped V2.  Review of R1 abuse 01/03/22 shows a sorisk on abuse screer care, R1 does not has abuse prevention.  On 01/30/22 at 9:42 as self-propelling in whe interview R2, R2 agr R2's room. R2 obserto person, place and she was sitting in her room on 01/03/2022, because she had to gaid she heard when V2. R2 said V2 then reported to the nurse she did not see R1 spit sound followed beaid she has never hereview of R2 BIMS of score of 15, and R2 is Using reason person	shows in-part that R1 culled R1's hair. V6's cent produced by V1, calleged V2 slapped her in the view of V2's hand written document that R1 pushed a cent produced by V1, calleged V2 slapped her in the view of V2's hand written document that R1 pushed a cent of documentation that R1 cout her hand during that here were no documentation  //neglect screening dated core of 6, 6 represents high hing. Review of R1's plan of care in place for  care R2 was observed celchair, request made to				
	was the slap allegedly because V2 did not m	vinitiated by V2 towards R1 pention that R1 slapped V2				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED С IL6012173 B. WING 01/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **APERION CARE WESTCHESTER** WESTCHESTER, IL 60154 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 11 S9999 to the surveyor. V2 did not report to V6 that R1 slapped her that morning, V2 did report to V1 that R1 slapped her during the facility investigation. Also, V2 did not document in her statement that R1 slapped her during that interaction with R1 on 01/03/2022. Although V1 stated R1's statement changed throughout the facility investigation, R1 reported to the nurse that V2 slapped her in the face. When V1 interviewed R1, V1 approached the interview with R1 by stating "could you recall details of the CNA touching her (R1) face". The information was not presented how R1 initially reported it to the nurse. Using a reasonable person concept it cannot be concluded that R1 initially changed her statement. Facility policy Titled " Abuse Prevention and Reporting" dated 11/2016 shows in-part under internal investigations, any incidents or allegation involving abuse, neglect, exploitation. mistreatment, or misappropriation of residents property will result in an investigation, internal reporting requirements and identification of allegation: employees are required to report any incident, allegation or suspicious of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property they observe, hear about, or suspect. (B)