STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056820	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE LAKESHORE	7200 NORTH SHERIDAN ROAD , CHICAGO, Illinois, 60626

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S0000	Initial Comments Complaint Investigation 2588129/ 2603183	S0000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 b) 300.3210 t) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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. c) Each direct care-giving staff shall review and be	S9999		

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

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S9999	Continued from page 1 knowledgeable about his or her residents' respective resident care plan. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements are not met as evidenced by: Based on record review and interview, the facility failed to follow their abuse policy for two residents (R1, R2,) out of five residents reviewed abuse. This failure resulted in staff not intervening in a timely manner, thus allowing R2 to hit R1 in the face, causing an injury to R1's right eye and nose. Findings include: R1's 8/26/2025 22:54 Nurses Note Narrative states: "An agitated resident went into resident room and made contact with her. Resident was immediately separated from her and secure her safety. Complete assessment performed, provided first aid interventions and called 911. NP (Nurse Practitioner) notified. Family notified. Administrator, DON (Director of Nursing) and ADON (Assistant Director of Nursing) notified. Offered pain medication. BP (blood pressure)-146/70 P (pulse)-80 R (respirations)18 T (temperature)-97.5 Sat (oxygen saturation)-96% room air. Neuro (neurology checks) initiated." R1's 8/27/2025 05:41 Nurses Note Narrative states: "Resident admitted at Hospital. Diagnosis: Retrobulbar Hematoma." R1's hospital records document: "past medical history CVA (Cerebral Vascular Accident), COPD (Chronic Obstructive Pulmonary Disease), T2DM (type 2 Diabetes Mellitus), HTN (hypertension), hemiplegia. The patient presents emergency department for above complaint, report, nursing home staff witnessed another resident enter patient's room and assault her. Never fell out of bed. Hematoma noted on imaging after an unwitnessed assault at her extended care facility. The patient Physical Exam Vitals reviewed. Head: Comments: Facial trauma with R (right) eyelid edema and laceration Nose with abrasion. Underwent lateral canthotomy secondary to retrobulbar hematoma and increased eye pressures, Ophthalmology evaluation: Assault; Laceration of right	S9999		

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S9999	Continued from page 2 canaliculus, initial encounter." R2's care plan documents potential to be physically or verbally aggressive towards staff related to anger. Poor impulse control and mental illness reviewed 3/27/25. Reviewed 5/7/25 R2 was aggressive with staff, punched a staff member in the face. Reviewed 8/12/25 R2 was throwing objects and spat on Social Service Director. R2's 8/26/2025 19:00 Nurses Note Narrative states: "The resident was noted a little anxious, was redirected back to his room. The writer told the CNA (Certified Nursing Assistant) to accompany her to the resident room in order to give him his PRN (as needed) medication for his anxiety, which he took. Social worker was notified, and he came to the floor to see the resident. Resident was calm afterwards and stayed in his room while staff continued to do their other tasks." R2's Nurses 8/26/2025 20:00 Note Narrative states: "Resident was noted coming out from his room agitated and running on the hallway and ended into another resident's room (residents initials) and made contact with her. He was taken away by staff immediately and placed on 1:1. Complete assessment performed on resident. Maintained 1:1 supervision on resident. Police called and took the resident to (name) Hospital. NP and Dr (doctor) notified. Resident mother notified via (phone number). Administrator, DON and ADON notified." R2's 8/26/2025 20:29 SOCIAL SERVICE Note Text states: "Resident is exhibiting physical aggression to staff and peers, refused PRN. Poses as a danger to himself and others, placed on 1:1. Police transferred resident to Hospital." On 9/2/25 at 10:15 am, V6 (Licensed Practical Nurse) stated she was in another resident room across from R1's room. V6 stated as she was coming out of that room, V6 saw R2 standing in R1's room next to her bed. V6 stated immediately went into R1's room and saw R2 standing next to her bed. V6 stated R2 raised his hand while he was standing over R1 and V6 grabbed his hand before he could strike R1. V6 stated saw R1 lying in her bed and noticed her right eye was bleeding. V6 immediately called for help and asked R2 what happened, but he did not reply. V6 stated R2 can talk, but that day he refused to talk. V6 stated on normal days, R2 can talk and make his needs known. V6 stated gave R1 first aide, called 911 and the doctor. V6 stated the paramedics came and took R1 to the hospital. V6 stated	S9999		

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S9999	Continued from page 3 had taken care both residents and that was the first time they had an altercation. On 9/2/25 at 1:30 pm, V10 (Doctor) stated she was called by the nurse taking care of R1 and told by the nurse R1 was assaulted by another resident. V10 stated according to the hospital records, R1 sustained trauma to her right eye from the other resident assaulting her. V10 stated the assault caused bleeding behind R1's right eye. V10 stated it is too early to say if R1 will have any vision changes. V10 stated R1 is still at the hospital being treated and evaluated for trauma to her right eye. On 9/3/25 at 12:20 pm, V4 (Certified Nurse Aide) stated he was assigned to R1 that evening. V4 stated after dinner, V4 had given R1 hygiene care, gave her roommates water, then left the room. V4 stated a little while later, V4 was giving another resident care when V6 called for help. V4 stated V4 went towards the noise and saw V6 stopping R2 from hitting R1 in the face. V4 stated they intervened and escorted R2 from R1's room. V20 stated saw R1 had been injured in the face from R2. V4 stated V4 was assigned to stay with R2 until the police came to the unit. On 9/2/25 at 11:20 am, V11 (Licensed Practical Nurse) stated after dinner, R2 was pacing and acting anxious. V11 stated she gave R2 a pill that was ordered to be given as needed for anxiety. V11 stated after R2 was given the anti-anxiety pill, he went to his room. V11 stated a little while later, V11 was sitting at the nurse station charting, when suddenly V11 heard a loud scream coming from R1's room. V11 stated ran towards R1s' room. V11 saw V6 and another staff member in there. V11 stated when entering the room, they were escorting R2 out of R1's room. V11 stated V11 saw R1 lying on her bed bleeding from the right side of her face. V11 stated R1 is bedbound and needs assistance getting out of bed. V11 stated R1 does not talk much at all, mostly nonverbal. V11 stated R2 can talk and make his needs known, but is confused at times. On 9/2/25 at 11:45 am, V9 (Social Worker Director) stated for the most part R2 is pleasant but does have a psych diagnosis. V9 stated R2 can talk to you when he wants to talk to you. V9 stated prior to the incident, R2 was agitated, and the nurse had given him some medicine to calm him down. V9 stated he was called to R1's room by the nurse and they were escorting R2 out of her room. V9 stated noted at that time R2 was responding internal stimuli, not sure if he was delusional or having a hallucination. V9 stated they placed R2 on 1:1 supervision until the police and	S9999		

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S9999	Continued from page 4 paramedics arrives. V9 stated R2 was taken to the hospital for agitation. On 9/3/25 at 11:36 am, R7 (R1's Roommate) was sitting up in wheelchair. R7 stated she has been in the facility for twelve years. On the day of the incident, she had just woken up to see R2 over R1, and he was touching R1's face. R7 also stated she called for help; a lot of staff came to take R2 away, and the ambulance came to pick up R1. Facility's abuse policy documents the facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriate of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and sensitive and resident secure environment. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. (B)	S9999		