

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058628		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/06/2026	
NAME OF PROVIDER OR SUPPLIER APERION CARE WESLEY				STREET ADDRESS, CITY, STATE, ZIP CODE 1415 WEST FOSTER AVENUE , CHICAGO, Illinois, 60640			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	Initial Comments Annual Licensure Survey 2681601/2736465		S0000			04/06/2026	
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care		S9999			04/06/2026	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 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. 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. Based on interviews and record reviews, the facility failed to notify the physician in a timely manner of a change in condition of one (R74) resident out of three residents reviewed for change in condition in a total sample of twenty. This failure resulted in R74 requiring hospitalization with diagnosis of stroke. These requirements are not met as evidenced by: Findings Include: R74's Minimum Data Set (MDS) dated 10/04/25 noted she was cognitively impaired. R74's Electronic Medical Record (EMR) noted she was initially admitted to the facility on 09/14/22. She was 85 years old with diagnoses not limited to personal history of transient ischemic attack, cerebral infarction due to embolism of right middle cerebral artery, Alzheimer's disease, paroxysmal atrial fibrillation, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and unspecified dementia. On 03/03/26 at 11:49 AM, via telephone V19 (R74's Family Member) stated that she was the principal care giver for R74 for so many years. On 9/19/25 she visited R74 during the morning shift, V24 (Licensed Practical Nurse/LPN), V25 (Certified Nursing Assistant/CNA) and V50 (Registered Nurse Hospice) were on duty. V18 (Family Member) also came to visit R74 in the facility around evening time, and because he is an eye Surgeon, he was able to immediately recognize the sign of stroke when he saw R74.			S9999			04/06/2026

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S9999	Continued from page 2 On 03/03/26 at 12:45 PM, V25 (CNA) stated that she has been in the facility for thirteen years, she works 6:30am-2:30 pm shift, and she is familiar with R74. On 09/19/25, she observed that R74's face was shifted to the right, she was not talking, so she notified V24 (LPN). On 03/03/26 at 1:25 PM, via telephone, V24 (LPN) stated that she has been in the facility for eighteen years, she works 7am-3pm shift on the fourth floor, and she is familiar with R74. On 09/19/25 towards the end of the morning shift, she observed that she was not talking, eyes closed, she checked her vitals, she called the hospice. After she called, V50 (Registered Nurse/RN Hospice) came with V19 at the bed side. V24 stated that she left because R74 was on hospice, and it is the policy of the facility to notify the physician and family when there is any change in condition. On 03/03/26 at 2:05 PM, via telephone V16 (R74's Physician) stated that on 9/19/25, no staff member told her about R74's facial drooping to the right which is a sign of stroke, until V18 spoke with her and she sent R74 to the hospital. She also stated that if V24 or V28 (LPNs) had notified her, she would have sent R74 to the hospital immediately because the initial ninety-minute observation window is very important. On 03/03/26 at 3:48 PM, via telephone V18 (R74's Family Member) stated that on 09/19/25, he came all the way from O'Hare airport to visit R74 in the facility after dinner, and he observed that R74 had suffered stroke because her face was deviated to the right, but V28 (LPN) on duty had not contacted V16 immediately about the change in R74's condition. He requested that V28 call V16 right away so he can speak with V16. He spoke with V16, and she told him that no one reported R74's change in condition to her, so after he spoke with her, she gave order to send R74 to the hospital for evaluation, and she was admitted with diagnosis of stroke. On 03/04/26 at 4:05 PM, via telephone V28 (LPN) stated that she has been in the facility for about twenty years, she works 3pm-11pm shift, full time on the 4th floor. On 9/19/25, she worked 3pm-11pm shift with R74, the outgoing V24 (LPN) endorsed to her that R74 was not doing good, but she did not ask if she notified V16 because R74 was on hospice. V28 also stated that upon her initial rounds around 3:30 PM, she saw R74's mouth deviated to the right, and when she was feeding her with boost drink around dinner time at 5:00 pm with V19 at bedside. V28 stated she did not call V16 at that time, until when V18 came around 7:00 pm, he requested to speak with V16, then she called V16, and she gave order to			S9999			04/06/2026

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S9999	Continued from page 3 send R74 to the hospital for immediate evaluation. V28 stated that she should have notified V16 immediately for further instruction after she observed the facial shifting or drooping because that was a change in condition, and she also stated that shifting of her face to the right is a sign of stroke, but she did not notify the physician because R74 was under hospice care. On 03/05/26 at 9:54 AM, V24 (LPN) stated that she did not observe R74's facial deviation to the right, and she did not tell V28 that she saw R74's mouth deviated to the right during 7am-3pm shift. She also stated that she did not call V16 (R74's Physician), and she would have informed V16 if she observed facial drooping because that was a change in condition which should be reported to V16 immediately. An attempt was made to contact V50, but V1 (Vice President Operation) stated that V50 is no longer working for the Hospice company. On 03/05/26 at 10:19 AM, V2 (Director of Nursing/DON) stated that she has been in this facility for two years. She also stated that it is her expectation that nurses will notify the physician with any change in condition to prevent delays in care. R74 was on hospice, the hospice doctor was notified and made aware of the change in condition, but it was not documented. On 03/05/26 at 11:33 AM, via telephone V31 (R74' Hospice Physician) stated that on 09/19/25, a female hospice nurse (he cannot remember her name), called him around the morning shift (7am-3pm shift) that R74 had weaknesses. He cannot remember the side of the body, and he was not given the details of the change in condition as face shifting/facial drooping to the right side. He would have called V18 before sending her to the hospital, and the delay in care could have contributed to her sustaining stroke. He also stated that R74 was on hospice for comfort care, and he did not know that R74's Physician Orders for Life Sustaining Treatment/POLST form has the option for selective treatment which includes hospitalization. Documents reviewed for this investigation are not limited to the following: R74's Face Sheet, Minimum Data Set (MDS), Physician Order Sheet/POS, Medication Administration Record/MAR, and Care Plan. R74's electronic medical record (EMR) Progress notes dated 9/19/25, noted that V28 notified V16 after V18 request. F74's POLST dated 10/27/22 documents in part: Selective treatment, transfer to hospital, if indicated.			S9999			04/06/2026

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S9999	Continued from page 4 R74's Hospital record dated 9/20/25-9/24/25 document in part: Stroke due to embolism of right middle cerebral artery. Physician-Family Notification-Change in Condition policy dated 11/13/18 documents in part; To ensure that medical care problems are communicated to the attending physician or authorized designee and family/responsible party in a timely, efficient, and effective manner. (A) 2 of 2 300.2050a)1)2)3)4)5) 300.2050C)1)A)B)C) 300.2050C)2)A)i)ii) Section 300.2050 Meal Planning Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. a) Milk and Milk Products Group: 16 ounces or more of Grade A whole or low fat pasteurized milk where milk is used for fluid consumption. Calcium equivalents for eight ounces of milk: 1) 1½ ounces natural cheese, 2) Two ounces processed cheese, 3) One cup yogurt, or one cup frozen yogurt, 4) One cup cottage cheese, or 5) 1½ cups ice cream or ice milk. c) Vegetable and Fruit Group: Five or more servings of fruits or vegetables. 1) A serving consists of: A) ½ cup chopped raw, cooked, canned or frozen fruit or vegetables; B) ¾ cup fruit or vegetable juice; or C) One cup raw leafy vegetable.			S9999			04/06/2026

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S9999	Continued from page 5 2) The five or more servings shall consist of: A) Sources of vitamin C i) One serving of a good source of vitamin C (containing at least 60 mg of vitamin C); or ii) Two servings of a fair source of vitamin C. This may be more than one food item and shall contain a total of at least 65 mg of vitamin C. These requirements were NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to ensure residents receive nutritionally adequate meals by not following planned menus to provide at least five fruits and vegetables and 16 ounces of milk per day. These failures have the potential to affect all 71 residents receiving food prepared in the facility's kitchen. Findings Include: On 03/03/26 at 9:31AM, observed cases of milk cartons in the kitchen walk-in refrigerator. V10 (Dining Manager) stated milk is available to the residents at breakfast and dinner for those who request milk. On 03/04/26 at 11:45 AM, V12 (Cook) stated beverages are sent up on a beverage cart to the unit prior to the start of each meal. V12 stated the juice served at meals including breakfast, lunch and dinner is a drink juice drink that the staff prepares using a powdered mix. On 03/05/26 at 7:50 AM, observed on the 3rd floor a beverage cart containing two large pitchers of pink colored drink, a metal container with six cartons of milk inside covered with ice, coffee/tea and applesauce. On 03/05/26 at 7:55 AM, V38 (Certified Nursing Assistant) stated there are approximately 25 residents living on the 3rd floor and one beverage cart gets delivered to the unit prior to the trays coming up from the kitchen. V38 stated the staff gives out the beverages on the unit with meal trays. V38 stated most of the residents receive the drink from the pitcher but there are a few residents who receive plastic containers of orange juice on their trays (the orange juice is put on by the kitchen staff downstairs before the trays are delivered to the unit). V38 stated the milk is put on the resident trays by	S9999				04/06/2026	

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S9999	Continued from page 6 the staff on the unit if the residents request milk. V38 observed the mental container with the six cartons of milk inside. V38 stated if they run out of milk, they call down to the kitchen for more. On 03/05/26 at 7:57 AM, R45 overheard the conversation the surveyor was having with V38 and stated she (R45) has never received orange juice, and she has been living in the facility for over 1.5 years. R45 stated that no one ever gave her the option to receive orange juice. R45 stated she only receives the pink punch they deliver to the unit and that is not juice. R45 stated she wishes she was given real orange juice because she would like that, and it would be better for her to drink. On 03/05/26 at 8:02 AM, V39 (Dietary Aide) stated she was the one who prepared the pink punch sent up to the units on the beverage cart for breakfast today. V39 stated this is the same punch she always makes for breakfast, lunch and dinner. V39 showed surveyor the powdered mix packet labeled Fruit Punch Drink Mix and stated this is what she uses to make the punch for all meals. V39 stated there are only six to seven residents in the entire facility who do not like the fruit punch, so she gives them individual containers of orange juice when they are available. V39 stated today there are only two (4-ounce) containers of orange juice left over and there are no more containers in the freezer. V39 stated not all the residents receive cartons of milk at breakfast or dinner (they do not give out milk on resident's individual trays). V39 stated she sends up eight cartons per floor in a metal container filled with ice for the staff to give out to residents who request milk with their meals. On 03/05/26 at 12:54 PM, V32 (Director of Regional Dietitian Consultant) stated on the menu when it lists "Assorted Juice" at breakfast the kitchen should be serving real juice, not powdered fruit drink. V32 stated the powdered fruit drink is okay to serve for the evening snack as listed on the menus as "Fruit Drink." On 03/05/26 at 12:57 PM, V47 (Director of Nutrition Service for Contracted Menu Company) stated via telephone interview that she signs off on all the menus as a state licensed Registered Dietitian to confirm that the menus meet the nutritional requirements and regulations for the state. V47 stated she uses the Administrative Code from the Department of Public Health Section 300.2050 Meal Planning and there is a regulation to provide a good source of Vit C daily (60 mg of Vit C), at least five fruits and vegetables servings daily and at least 16			S9999			04/06/2026

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S9999	Continued from page 7 ounces of milk to residents daily and if the menus were followed this is what the residents would be receiving. V47 stated the menu is nutritional adequate if they are followed as planned and specified. V47 stated assorted juice is listed on the menus to be provided at breakfast every day and the assorted juice needs to be 100% fruit juice. V47 stated the facility should be providing orange juice in the morning every day to meet 100% Vitamin C requirements and Vitamin C is important for immunity and wound healing. V47 stated the kitchen should not be providing fruit drink at breakfast in place of the orange juice because the fruit drink is not 100% real juice. V47 stated five fruits and vegetables should be served daily and the orange juice which should be served in the morning is counted as one fruit serving. V47 stated Fruit Punch Drink does not count as a fruit serving because it is not real juice. V47 stated it is important for the residents to receive at least five fruits and vegetables per day to ensure residents are receiving adequate Vitamin C, micronutrients and fiber. V47 went over the cycle menu dated 03/03/26, 03/04/26, 03/05/26, 03/06/26, 03/07/26 and pointed out that because the facility is not providing orange juice as 100% real juice at breakfast the residents are receiving four servings of fruits and vegetables instead of the required five servings. V47 stated the soup served on 03/04/26 does not count as a vegetable serving because there is no guarantee there is a ½ cup vegetables in each serving of the soup. V47 stated on 03/05/26 even though there are some extra vegetables in the turkey pot pie and marinara sauce they would not add up to ½ cup and therefore cannot be counted as a full serving. V47 stated residents should be served 16 ounces of milk per day and that is why it is listed on the menu to be served as 8 ounces at breakfast and dinner. V47 stated this is regulation to meet calcium needs and milk is also fortified with Vit D. V47 stated if a resident does not like milk they could be provided with cottage cheese, yogurt, ice cream as a calcium equivalent but this would need to be individualized by the Registered Dietitian covering the facility. V47 stated milk should be provided to every resident not only upon request. On 03/03/26, facility provided list of diet orders for all residents in the facility. The diet order list indicates there is one resident receiving nothing by mouth (NPO). Per R45's electronic health record (EHR) she admitted to the facility on 05/30/24 and is on a regular diet with cut-up meat and double portions vegetables with lunch and dinner per her request.			S9999			04/06/2026

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S9999	Continued from page 8 Based on R45's MDS (Minimum Safety Set) dated 12/26/25 R45 is cognitively intact. Week At A Glance Week 1-4 lists Assorted Juice everyday for breakfast and milk at breakfast and dinner every day. Diet Spreadsheet Week 3 lists 6-ounces Assorted Juice at breakfast and 8-ounces milk at breakfast and dinner. Facility provided policy titled, Guidelines in Menu Planning undated which documents in part all menus meet the Centers of Medicare & Medicaid Services health requirements. Menu planning includes but not limited to five servings of fruit and vegetables per day and two cups of milk. Facility provided policy titled Menus undated which documents in part, menus are planned in advanced and followed as written to meet the nutritional needs of the resident and a Registered Dietitian licensed in the state signs and approves the menus and menus are served as written unless changed due to an unpopular item on the item, an item could not be procured, or in the event of a special meal. (C)	S9999				04/06/2026	